

# 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

Committee to Defend the President

ADDRESS (number and street) 441 North Lee Street

Check if different than previously reported. (ACC) Ste 205

Alexandria VA 22314

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

C C00544767

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

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)  General (12G)  Runoff (12R)

Convention (12C)  Special (12S)

Election on 11 / 08 / 2016 in the State of  

(d) 30-Day POST-Election Report for the:

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

Election on   /   /   in the State of  

5. Covering Period 10 / 01 / 2016 through 10 / 19 / 2016

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 12 / 19 / 2018

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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Page 2

Write or Type Committee Name

**Committee to Defend the President**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		126048.43
(b) Cash on Hand at Beginning of Reporting Period.....	189386.61	
(c) Total Receipts (from Line 19) .....	1192572.55	2552601.67
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1381959.16	2678650.10
7. Total Disbursements (from Line 31).....	927517.69	2224208.63
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	454441.47	454441.47
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	43047.51	

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

Write or Type Committee Name

**Committee to Defend the President**

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2016 To: M M / D D / Y Y Y Y 10 / 19 / 2016

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).....	572.00	4122.00
(ii) Unitemized .....	8550.00	74229.70
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	9122.00	78351.70
(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) .....	9122.00	78351.70
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).....	0.00	248.82
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	1183450.55	2474001.15
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)).....▶	1192572.55	2552601.67
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1192572.55	2552601.67

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	736.05	12431.47
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	736.05	12431.47
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	7000.00
24. Independent Expenditures (use Schedule E) .....	826521.12	1784758.27
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 .....	0.00	23872.91
(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)).....	0.00	23872.91
29. Other Disbursements (Including Non-Federal Donations).....	100260.52	396145.98
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)) ..	927517.69	2224208.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	927517.69	2224208.63

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	9122.00	78351.70
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	23872.91
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9122.00	54478.79
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	736.05	12431.47
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	248.82
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	736.05	12182.65

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

Form/Schedule: F3XA

Transaction ID :

Resulting amendment from prior amendments.Previous Text: This report amended to include debt entries on Schedule D for independent expenditures disseminated in one period and paid in another.

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 783
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. DISMUKES, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 38 CLUBSIDE DR.  
 City ASHEVILLE State NC Zip Code 28804-1800  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA11A.553865**  
 Amount of Each Receipt this Period 300.00  
 Memo Item CONTRIBUTION

**B. FRENCH, CHERISE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2506 LIMESTONE LN  
 City GARLAND State TX Zip Code 75040-3737  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GARLAND ISD Occupation (for Individual) SPED AIDE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA11A.553897**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

**C. HUANG, DAVID, LK, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1462 25TH AVE  
 City SAN FRANCISCO State CA Zip Code 94122-3318  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED. Occupation (for Individual) PROPERTY MANAGER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1295.06

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA11A.553870**  
 Amount of Each Receipt this Period 22.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	522.00
<b>TOTAL</b> 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 783  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**SQUIRES, MELODY, , ,**

Mailing Address 3202 PORTOFINO PT. N-4  
 APT N4

City POMPANO BEACH    State FL    Zip Code 33066-1246

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 223.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 05 / 2016

**Transaction ID : SA11A.553873**

Amount of Each Receipt this Period  
 50.00

Memo Item CONTRIBUTION

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

Mailing Address

City    State    Zip Code

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City    State    Zip Code

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

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50.00
<b>TOTAL</b> This Period (last page this line number only).....▶	572.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. ABLAMIS, ROGER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 144 MAGNESON LOOP LOS GATOS CA  
 City LOS GATOS State CA Zip Code 95032-4636  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) A&M MOTOR SUPPLY Occupation (for Individual) AUTO PARTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.553578**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. ABOYOUN, CAROL & MONROE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23 PERERA AVE.  
 City WAYNE State NJ Zip Code 07470-4329  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.564760**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. ABOYOUN, CAROL & MONROE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23 PERERA AVE.  
 City WAYNE State NJ Zip Code 07470-4329  
 FEC ID number of contributing 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 10 / 13 / 2016  
**Transaction ID : SA17.581763**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	625.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. ACQUISTO, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5700 STONERIDGE MALL RD  
 350  
 City PLEASANTON State CA Zip Code 94588-2822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RRCS INC. Occupation (for Individual) CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.589063**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. ADAMS, ALBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5602 WELLINGTON DRIVE  
 City AUSTIN State TX Zip Code 78723-4012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.564770**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. ADAMS, ALBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5602 WELLINGTON DRIVE  
 City AUSTIN State TX Zip Code 78723-4012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 291.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.572431**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	278.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. ADAMS, CYNTHIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2167 N PROVIDENCE RD  
 City MEDIA State PA Zip Code 19063-1809  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.563048**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. ADAMS, FRANKLIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 128 GOVERNORS ROAD  
 City PONTE VEDRA BEACH State FL Zip Code 32082-3948  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.564772**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. ADAMS, GARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3420-H W MACARTHUR BLVD  
 City SANTA ANA State CA Zip Code 92704-6853  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ADAMS PROPERTIES Occupation (for Individual) PROPERTY MANAGEMENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.554675**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**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		FOR LINE NUMBER: (check only one)	PAGE 12 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. ADAMS, GARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3420-H W MACARTHUR BLVD  
 City SANTA ANA State CA Zip Code 92704-6853  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ADAMS PROPERTIES Occupation (for Individual) PROPERTY MANAGEMENT  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.554678**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. ADAMS, GARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3420-H W MACARTHUR BLVD  
 City SANTA ANA State CA Zip Code 92704-6853  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ADAMS PROPERTIES Occupation (for Individual) PROPERTY MANAGEMENT  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.554679**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. ADAMS, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2003 THOUSAND PINEES DR.  
 City HUMBLE State TX Zip Code 77339-3147  
 FEC ID number of contributing 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 **10 / 01 / 2016**  
**Transaction ID : SA17.563265**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**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

FOR LINE NUMBER: PAGE 13 OF 783  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. ADAMS, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1616 S. PENINSULA DR.  
 City DAYTONA BEACH State FL Zip Code 32118-4948  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 421.95

Date of Receipt 10 / 04 / 2016  
**Transaction ID : SA17.564320**  
 Amount of Each Receipt this Period 27.95  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. ADAMS, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1616 S. PENINSULA DR.  
 City DAYTONA BEACH State FL Zip Code 32118-4948  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 421.95

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.572434**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. ADAMS, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1616 S. PENINSULA DR.  
 City DAYTONA BEACH State FL Zip Code 32118-4948  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 421.95

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.572437**  
 Amount of Each Receipt this Period 31.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 83.95  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. ADAMS, JOHN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1616 S. PENINSULA DR.

City DAYTONA BEACH	State FL	Zip Code 32118-4948
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
421.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	12	/	2016

**Transaction ID : SA17.581769**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. ADAMS, JOHN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2003 THOUSAND PINEES DR.

City HUMBLE	State TX	Zip Code 77339-3147
----------------	-------------	------------------------

FEC ID number of contributing 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 M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2016

**Transaction ID : SA17.594696**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. ADAMS, JOHN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2003 THOUSAND PINEES DR.

City HUMBLE	State TX	Zip Code 77339-3147
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FEC ID number of contributing 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 M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2016

**Transaction ID : SA17.594697**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> 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 15 OF 783  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**ADAMS, JOHN, , ,**

Mailing Address **2003 THOUSAND PINEES DR.**

City **HUMBLE** State **TX** Zip Code **77339-3147**

FEC ID number of contributing 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  
**10 / 09 / 2016**

**Transaction ID : SA17.594698**

Amount of Each Receipt this Period  
 **25.00**

Memo Item  
**CONTRIBUTION**

**NON CONTRIBUTION ACCOUNT**

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**ADAMS, JOHN, , ,**

Mailing Address **2003 THOUSAND PINEES DR.**

City **HUMBLE** State **TX** Zip Code **77339-3147**

FEC ID number of contributing 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  
**10 / 09 / 2016**

**Transaction ID : SA17.594699**

Amount of Each Receipt this Period  
 **25.00**

Memo Item  
**CONTRIBUTION**

**NON CONTRIBUTION ACCOUNT**

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**ADAMS, JOHN, , ,**

Mailing Address **2003 THOUSAND PINEES DR.**

City **HUMBLE** State **TX** Zip Code **77339-3147**

FEC ID number of contributing 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  
**10 / 10 / 2016**

**Transaction ID : SA17.594700**

Amount of Each Receipt this Period  
 **10.00**

Memo Item  
**CONTRIBUTION**

**NON CONTRIBUTION ACCOUNT**

**SUBTOTAL** of Receipts This Page (optional)..... **60.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. ADAMS, JOHN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2003 THOUSAND PINEES DR.

City HUMBLE	State TX	Zip Code 77339-3147
----------------	-------------	------------------------

FEC ID number of contributing 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 M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2016

**Transaction ID : SA17.594701**

Amount of Each Receipt this Period  
10.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. ADAMS, JOHN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2003 THOUSAND PINEES DR.

City HUMBLE	State TX	Zip Code 77339-3147
----------------	-------------	------------------------

FEC ID number of contributing 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 M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2016

**Transaction ID : SA17.594702**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 8306 JORDAN VALLEY WAY

City FREDERICK	State MD	Zip Code 21702-5800
-------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HEALTH CARE PROFESSIONAL
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
307.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2016

**Transaction ID : SA17.590365**

Amount of Each Receipt this Period  
307.95

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	342.95
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. ADDY, MIKE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1850 ARUNDEL RD  
 City MYRTLE BEACH State SC Zip Code 29577-5907  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ADDY'S HARBOR DODGE Occupation (for Individual) AUTO DEALER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.554685**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. ADKISSON, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5652 HUNT CLUB DR.  
 City FONTANA State CA Zip Code 92336-1135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TOSHIBA AMERICA MEDICAL SYSTEMS Occupation (for Individual) IMAGING SUPPORT ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.594076**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. AGRAWAL, SATENDRA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3908 AUTUMN DR.  
 City HURON State OH Zip Code 44839-2104  
 FEC ID number of contributing 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 **10 / 07 / 2016**  
**Transaction ID : SA17.568531**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	325.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. AGRAWAL, SATENDRA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3908 AUTUMN DR.  
 City HURON State OH Zip Code 44839-2104  
 FEC ID number of contributing 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 **10 / 09 / 2016**  
**Transaction ID : SA17.570455**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. AGRAWAL, SATENDRA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3908 AUTUMN DR.  
 City HURON State OH Zip Code 44839-2104  
 FEC ID number of contributing 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 **10 / 10 / 2016**  
**Transaction ID : SA17.572443**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. AGRAWAL, SATENDRA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3908 AUTUMN DR.  
 City HURON State OH Zip Code 44839-2104  
 FEC ID number of contributing 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 **10 / 17 / 2016**  
**Transaction ID : SA17.581782**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	55.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. AHEARN, GEORGE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1565 MARSH WREN LN.  
 City NAPLES State FL Zip Code 34105-2792  
 FEC ID number of contributing 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  
 10 / 08 / 2016  
**Transaction ID : SA17.569011**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. AHEARN, GEORGE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1565 MARSH WREN LN.  
 City NAPLES State FL Zip Code 34105-2792  
 FEC ID number of contributing 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  
 10 / 09 / 2016  
**Transaction ID : SA17.570456**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. AINLEY, PAT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P O BOX 3908  
 City CRESTLINE State CA Zip Code 92325-3908  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AINLEY ENTERPRISES LLC Occupation (for Individual) PROPERTY MANAGEMENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2016  
**Transaction ID : SA17.554826**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	325.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. ALIX, LOUIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7974 TREVINO AVE  
 City HEMET State CA Zip Code 92545-8930  
 FEC ID number of contributing 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  
 10 / 05 / 2016  
**Transaction ID : SA17.564789**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. ALLEGRA, VINCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 449 S EVERGREEN ST  
 City BENSENVILLE State IL Zip Code 60106-2505  
 FEC ID number of contributing 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  
 10 / 05 / 2016  
**Transaction ID : SA17.564790**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. ALLEN, JEAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1523 LAKE SHORE DR.  
 City LONG BEACH State IN Zip Code 46360-1455  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 395.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2016  
**Transaction ID : SA17.564796**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 783
	<input 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 checked="" 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)  
**Committee to Defend the President**

**A. ALLEN, JEAN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1523 LAKE SHORE DR.

City LONG BEACH	State IN	Zip Code 46360-1455
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
395.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2016

**Transaction ID : SA17.581799**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. ALLEN, W J, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5163 BUFFALO FORD RD

City RAMSEUR	State NC	Zip Code 27316-8009
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
395.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2016

**Transaction ID : SA17.563741**

Amount of Each Receipt this Period  
3.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. ALLEN, W J, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5163 BUFFALO FORD RD

City RAMSEUR	State NC	Zip Code 27316-8009
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
395.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2016

**Transaction ID : SA17.564801**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	78.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**ALLEN, W J, , ,**

Mailing Address **5163 BUFFALO FORD RD**

City <b>RAMSEUR</b>	State <b>NC</b>	Zip Code <b>27316-8009</b>
------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**395.00**

Date of Receipt  
**10 / 08 / 2016**

**Transaction ID : SA17.569016**

Amount of Each Receipt this Period  
**3.00**

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**ALLEN, W J, , ,**

Mailing Address **5163 BUFFALO FORD RD**

City <b>RAMSEUR</b>	State <b>NC</b>	Zip Code <b>27316-8009</b>
------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**395.00**

Date of Receipt  
**10 / 12 / 2016**

**Transaction ID : SA17.576628**

Amount of Each Receipt this Period  
**5.00**

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**ALLIBONE, GEORGE, , ,**

Mailing Address **3749 INWOOD DRIVE**

City <b>HOUSTON</b>	State <b>TX</b>	Zip Code <b>77019-3001</b>
------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>SELF</b>	Occupation (for Individual) <b>DOCTOR</b>
--	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
**10 / 10 / 2016**

**Transaction ID : SA17.592175**

Amount of Each Receipt this Period  
**250.00**

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>258.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 783
<input 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 checked="" 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)  
**Committee to Defend the President**

**A. ALLISON, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6116 BERMUDA DUNES  
 City HOUSTON State TX Zip Code 77069-1308  
 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 BE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 20000.00

Date of Receipt 10 / 18 / 2016  
**Transaction ID : SA17.553593**  
 Amount of Each Receipt this Period 20000.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. ALONS, KEVIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 140 GALLAND ST  
 City SALIX State IA Zip Code 51052-8101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) IAANG Occupation (for Individual) PILOT  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.559508**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. AMES, STEPHEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address POB 3766  
 City FEDERAL WAY State WA Zip Code 98063-3766  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BERKSHIRE HATHAWAY Occupation (for Individual) RE BROKER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 12 / 2016  
**Transaction ID : SA17.555638**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	20550.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. AMOS, HAZEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4908 N CR450 W  
 City MUNCIE State IN Zip Code 47304-8866  
 FEC ID number of contributing 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 10 / 07 / 2016  
**Transaction ID : SA17.568542**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. AMOS, HAZEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4908 N CR450 W  
 City MUNCIE State IN Zip Code 47304-8866  
 FEC ID number of contributing 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 10 / 09 / 2016  
**Transaction ID : SA17.570477**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. ANDERSON, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 10027  
 City AUGUSTA State GA Zip Code 30903-2627  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RBW LOGISTICS CORP Occupation (for Individual) BUSINESSMAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.562795**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. ANDERSON, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21495 E BRIARWOOD DR  
 City AURORA State CO Zip Code 80016-2654  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HIGH COUNTRY COATINGS Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 18 / 2016  
**Transaction ID : SA17.558969**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. ANDERSON, EDWIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6337 GLEN HOLLOW DR.  
 City LIBERTY TWP State OH Zip Code 45011-0442  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1262.95

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.564827**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. ANDERSON, EDWIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6337 GLEN HOLLOW DR.  
 City LIBERTY TWP State OH Zip Code 45011-0442  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1262.95

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.572473**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	575.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
ANDERSON, EDWIN, , ,

Mailing Address 6337 GLEN HOLLOW DR.

City LIBERTY TWP	State OH	Zip Code 45011-0442
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1262.95

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		10		2016

**Transaction ID : SA17.572477**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
ANDERSON, EDWIN, , ,

Mailing Address 6337 GLEN HOLLOW DR.

City LIBERTY TWP	State OH	Zip Code 45011-0442
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1262.95

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		10		2016

**Transaction ID : SA17.572478**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
ANDERSON, EDWIN, , ,

Mailing Address 6337 GLEN HOLLOW DR.

City LIBERTY TWP	State OH	Zip Code 45011-0442
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1262.95

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		12		2016

**Transaction ID : SA17.586697**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. ANDERSON, EDWIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6337 GLEN HOLLOW DR.  
 City LIBERTY TWP State OH Zip Code 45011-0442  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1262.95

Date of Receipt 10 / 11 / 2016  
**Transaction ID : SA17.587748**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. ANDERSON, GAIL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 416 UNION AVE  
 City SARATOGA SPRINGS State NY Zip Code 12866-6422  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) SELF EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3450.00

Date of Receipt 10 / 14 / 2016  
**Transaction ID : SA17.588284**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. ANDERSON, JUDITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2303 S MAIN ST  
 City HOPKINSVILLE State KY Zip Code 42240-1761  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.564822**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. ANDERSON, JUDITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2303 S MAIN ST  
 City HOPKINSVILLE State KY Zip Code 42240-1761  
 FEC ID number of contributing 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 10 / 10 / 2016  
**Transaction ID : SA17.572475**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. ANDERSON, JUDITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2303 S MAIN ST  
 City HOPKINSVILLE State KY Zip Code 42240-1761  
 FEC ID number of contributing 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 10 / 12 / 2016  
**Transaction ID : SA17.581823**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. ANDERSON, JUDITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2303 S MAIN ST  
 City HOPKINSVILLE State KY Zip Code 42240-1761  
 FEC ID number of contributing 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 10 / 12 / 2016  
**Transaction ID : SA17.581824**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**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: (check only one)	PAGE 29 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. ANDES, JERRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1243 MIRAMAR DR  
 City FULLERTON State CA Zip Code 92831-2038  
 FEC ID number of contributing 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 10 / 10 / 2016  
**Transaction ID : SA17.572479**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. ANDREWS, KIRSTEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 26932 BOULDER CREST DRIVE  
 City STEVENSON RANCH State CA Zip Code 91381-0626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NOT EMPLOYED Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.559207**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. ANDREWS, KIRSTEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 26932 BOULDER CREST DRIVE  
 City STEVENSON RANCH State CA Zip Code 91381-0626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NOT EMPLOYED Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.559208**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. ANDREWS, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1409 MORAN RD  
 City FRANKLIN State TN Zip Code 37069-6301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.564831**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. ANDREWS, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1409 MORAN RD  
 City FRANKLIN State TN Zip Code 37069-6301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 10 / 16 / 2016  
**Transaction ID : SA17.587751**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. ANGELINI, SHIRLEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12209 AVILES CIRCLE  
 City PALM BEACH GARDENS State FL Zip Code 33418-8989  
 FEC ID number of contributing 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 10 / 12 / 2016  
**Transaction ID : SA17.586698**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 31 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. ANGELINI, SHIRLEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12209 AVILES CIRCLE  
 City PALM BEACH GARDENS State FL Zip Code 33418-8989  
 FEC ID number of contributing 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 **10 / 12 / 2016**  
**Transaction ID : SA17.587752**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. ANTHONY, LUTHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 810 WOODLAND LAKE DR.  
 City ATLANTA State TX Zip Code 75551-3228  
 FEC ID number of contributing 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 **10 / 19 / 2016**  
**Transaction ID : SA17.587753**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. ANTONIO, FRANKLIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2765 CORDOBA COVE  
 City DEL MAR State CA Zip Code 92014-3504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) QUALCOMM Occupation (for Individual) CHIEF SCIENTIST  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.562657**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1200.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 783
	<input 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 checked="" 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)  
**Committee to Defend the President**

**A. APRUZZESE, VINCENT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 OCEAN RD.  
 APT 207  
 City GULF HAMMOCK State FL Zip Code 32639-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.564840**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. ARCHER, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14002 N US HWY 83  
 City UVALDE State TX Zip Code 78801-7344  
 FEC ID number of contributing 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 10 / 15 / 2016  
**Transaction ID : SA17.588324**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. ARCHULETA, DIANNA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 196  
 City LA BARGE State WY Zip Code 83123-0196  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.564845**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	550.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 33 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. ARCHULETA, DIANNA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 196

City LA BARGE	State WY	Zip Code 83123-0196
------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 08 / 2016

**Transaction ID : SA17.569033**

Amount of Each Receipt this Period  
 100.00

Memo Item  
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. ARCHULETA, DIANNA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 196

City LA BARGE	State WY	Zip Code 83123-0196
------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2016

**Transaction ID : SA17.570495**

Amount of Each Receipt this Period  
 50.00

Memo Item  
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. ARCHULETA, DIANNA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 196

City LA BARGE	State WY	Zip Code 83123-0196
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2016

**Transaction ID : SA17.570496**

Amount of Each Receipt this Period  
 100.00

Memo Item  
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. ARNOLD, FLO, M., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 231 NORTH MANNING ST  
 City HILLSDALE State MI Zip Code 49242-1216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 207.95

Date of Receipt 10 / 01 / 2016  
**Transaction ID : SA17.563273**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. ARNOLD, FLO, M., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 231 NORTH MANNING ST  
 City HILLSDALE State MI Zip Code 49242-1216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 207.95

Date of Receipt 10 / 07 / 2016  
**Transaction ID : SA17.568547**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. ARNOLD, FLO, M., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 231 NORTH MANNING ST  
 City HILLSDALE State MI Zip Code 49242-1216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 207.95

Date of Receipt 10 / 09 / 2016  
**Transaction ID : SA17.570500**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	50.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 35 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. ARNOLD, FLO, M., MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 231 NORTH MANNING ST

City HILLSDALE	State MI	Zip Code 49242-1216
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
207.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2016

**Transaction ID : SA17.570502**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. ARNOLD, FLO, M., MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 231 NORTH MANNING ST

City HILLSDALE	State MI	Zip Code 49242-1216
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
207.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2016

**Transaction ID : SA17.576674**

Amount of Each Receipt this Period  
5.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. ARNOLD, FLO, M., MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 231 NORTH MANNING ST

City HILLSDALE	State MI	Zip Code 49242-1216
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
207.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2016

**Transaction ID : SA17.581164**

Amount of Each Receipt this Period  
15.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	45.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. ARNOLD, FLO, M., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 231 NORTH MANNING ST  
 City HILLSDALE State MI Zip Code 49242-1216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 207.95

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.581855**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. ARON, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1705 LANDS END ROAD  
 City LAKE WORTH State FL Zip Code 33462-4759  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THE KENWOOD ORGANIZATION INC Occupation (for Individual) SELF EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 377.95

Date of Receipt 10 / 01 / 2016  
**Transaction ID : SA17.591128**  
 Amount of Each Receipt this Period 27.95  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. ARON, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1705 LANDS END ROAD  
 City LAKE WORTH State FL Zip Code 33462-4759  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THE KENWOOD ORGANIZATION INC Occupation (for Individual) SELF EMPLOYED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 377.95

Date of Receipt 10 / 09 / 2016  
**Transaction ID : SA17.591138**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	152.95
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 37 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. ARON, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1705 LANDS END ROAD  
 City LAKE WORTH State FL Zip Code 33462-4759  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THE KENWOOD ORGANIZATION INC Occupation (for Individual) SELF EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 377.95

Date of Receipt 10 / 09 / 2016  
**Transaction ID : SA17.591139**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. ARTHUR, ALAL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18921 GRASSY BRANCH RD  
 18921 GRASSY BRANCH RD  
 City WESTFIELD State IN Zip Code 46074-9695  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.564856**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. ARTHUR, ALAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18921 GRASSY BRANCH RD  
 City WESTFIELD State IN Zip Code 46074-9695  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.564857**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	325.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 38 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
ARTHUR, KENNETH, , ,

Mailing Address 7224 SPINNAKER AVE NE

City TUSCALOOSA	State AL	Zip Code 35406-1306
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2016

**Transaction ID : SA17.568548**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
ARTHUR, KENNETH, , ,

Mailing Address 7224 SPINNAKER AVE NE

City TUSCALOOSA	State AL	Zip Code 35406-1306
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2016

**Transaction ID : SA17.581860**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
ARTHUR, KENNETH, , ,

Mailing Address 7224 SPINNAKER AVE NE

City TUSCALOOSA	State AL	Zip Code 35406-1306
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2016

**Transaction ID : SA17.586704**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	175.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. ARTHUR, KENNETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7224 SPINNAKER AVE NE  
 City TUSCALOOSA State AL Zip Code 35406-1306  
 FEC ID number of contributing 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 10 / 19 / 2016  
**Transaction ID : SA17.587757**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. ARTIGAS, RICARDO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2270 SANDERLING LN  
 City VERO BEACH State FL Zip Code 32963-9495  
 FEC ID number of contributing 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 10 / 08 / 2016  
**Transaction ID : SA17.569035**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. ATTAWAY, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5710 OAKTREE AVE  
 City HOLLYWOOD State FL Zip Code 33312-6376  
 FEC ID number of contributing 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 10 / 13 / 2016  
**Transaction ID : SA17.588285**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. ATWOOD, BYRON, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 23 JALBERT ROAD

City BARRE	State VT	Zip Code 05641-9791
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) DMS MACHINING & FABRICATION	Occupation (for Individual) OWNER/OPERATOR STEEL FABRICA
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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
10		12		2016

**Transaction ID : SA17.557433**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. AZINGER, JANET, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5500 GREENMONT TERRACE

City VIENNA	State WV	Zip Code 26105-3296
----------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) REAL ESTATE
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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
10		18		2016

**Transaction ID : SA17.591225**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. B. CONKLIN, PATRICIA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5593 TERRA GRANADA DR.  
2B

City WALNUT CREEK	State CA	Zip Code 94595-4074
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) HOMEMAKER
---	--

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
10		05		2016

**Transaction ID : SA17.559164**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 41 OF 783
<input 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 checked="" 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)  
**Committee to Defend the President**

**A. BAIRD, MINNIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3742 ELLA LEE LANE  
 City HOUSTON State TX Zip Code 77027-4019  
 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 ▼ 250.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.590040**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. BAKER, BARRETT D., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1499 BLAKE ST, SUITE 7K  
 City DENVER State CO Zip Code 80202-1360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DANIELS Occupation (for Individual) OIL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.557093**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. BAKER, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3676 WEST LONG LANE  
 City DOYLESTOWN State PA Zip Code 18902-1292  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.564887**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	390.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 42 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BALA, DOTTI & BOB, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3410 HAMRICK CT  
 City CONYERS State GA Zip Code 30013-2335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) SELF EMPLOYED PRINTER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **10 / 10 / 2016**  
**Transaction ID : SA17.591011**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. BALA, DOTTI & BOB, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3410 HAMRICK CT  
 City CONYERS State GA Zip Code 30013-2335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) SELF EMPLOYED PRINTER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **10 / 18 / 2016**  
**Transaction ID : SA17.591012**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. BALA, DOTTI & BOB, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3410 HAMRICK CT  
 City CONYERS State GA Zip Code 30013-2335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) SELF EMPLOYED PRINTER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **10 / 12 / 2016**  
**Transaction ID : SA17.591013**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 43 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BANFORD, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2197 VANCORUM CIRCLE  
 City LOVELAND State CO Zip Code 80538-6618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AFEC Occupation (for Individual) OPTOMETRIST  
 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  
 10 / 05 / 2016  
**Transaction ID : SA17.554768**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. BANFORD, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2197 VANCORUM CIRCLE  
 City LOVELAND State CO Zip Code 80538-6618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AFEC Occupation (for Individual) OPTOMETRIST  
 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  
 10 / 05 / 2016  
**Transaction ID : SA17.554769**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. BANFORD, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2197 VANCORUM CIRCLE  
 City LOVELAND State CO Zip Code 80538-6618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AFEC Occupation (for Individual) OPTOMETRIST  
 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  
 10 / 08 / 2016  
**Transaction ID : SA17.554770**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BANFORD, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2197 VANCORUM CIRCLE  
 City LOVELAND State CO Zip Code 80538-6618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AFEC Occupation (for Individual) OPTOMETRIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 09 / 2016  
**Transaction ID : SA17.554771**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. BANG, ERIC, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 940 CHICKADEE DRIVE  
 City RENO State NV Zip Code 89506-8908  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) R.H.B. Occupation (for Individual) HEAVY MECHANIC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.562708**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. BANG, ERIC, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 940 CHICKADEE DRIVE  
 City RENO State NV Zip Code 89506-8908  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) R.H.B. Occupation (for Individual) HEAVY MECHANIC  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 10 / 15 / 2016  
**Transaction ID : SA17.562709**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 45 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BARBATO, CANDICE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1735 W STATE OF FRANKLIN RD  
 SUITE 5 BOX 276  
 City JOHNSON CITY State TN Zip Code 37604-6586  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BRISTOL Occupation (for Individual) TRUCK DRIVER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.594053**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. BARCO, SHARON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23 GOLFVIEW PL  
 City ROTONDA WEST State FL Zip Code 33947-2228  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BARCO-BUELOW & ASSOICATES Occupation (for Individual) ACCOUNTING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 11 / 2016  
**Transaction ID : SA17.555508**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. BARNA, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 122 HEQTHER COURT  
 City PALM DESERT State CA Zip Code 92260-6748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 409.00

Date of Receipt 10 / 03 / 2016  
**Transaction ID : SA17.563761**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	353.00
<b>TOTAL</b> 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 783  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BARNA, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 122 HEQTHER COURT  
 City PALM DESERT State CA Zip Code 92260-6748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 409.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2016  
**Transaction ID : SA17.564908**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. BARNA, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 122 HEQTHER COURT  
 City PALM DESERT State CA Zip Code 92260-6748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 409.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2016  
**Transaction ID : SA17.570535**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. BARNA, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 122 HEQTHER COURT  
 City PALM DESERT State CA Zip Code 92260-6748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 409.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2016  
**Transaction ID : SA17.575230**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 56.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 47 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BARNA, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 122 HEQTHER COURT  
 City PALM DESERT State CA Zip Code 92260-6748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 409.00

Date of Receipt 10 / 17 / 2016  
**Transaction ID : SA17.581948**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. BARNA, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 122 HEQTHER COURT  
 City PALM DESERT State CA Zip Code 92260-6748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 409.00

Date of Receipt 10 / 11 / 2016  
**Transaction ID : SA17.587770**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. BARNES, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 805 ALDWYCH CIRCLE  
 City FRANKLIN State TN Zip Code 37069-4012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BARNES REAL ESTATE SERVICES Occupation (for Individual) REAL ESTATE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 08 / 2016  
**Transaction ID : SA17.555517**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BARNES, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 213BENTPINETRACE  
 City HENDERSONVILLE State NC Zip Code 28739-  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.564913**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. BARNES, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 213BENTPINETRACE  
 City HENDERSONVILLE State NC Zip Code 28739-  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.564914**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. BARNES, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 662 CARSON CT.  
 662 CARSON CT.  
 City VACAVILLE State CA Zip Code 95687-5618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.564915**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**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	FOR LINE NUMBER: (check only one)	PAGE 49 OF 783
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BARR, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2675 FREWOOD DRIVE  
 City DALLAS State TX Zip Code 75220-2510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) IMAGE Occupation (for Individual) SALESMAN  
 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  
 10 / 12 / 2016  
**Transaction ID : SA17.559582**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. BARSTOW, LEWIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10195 E. ROSE GLEN BLVD.  
 City CLAREMORE State OK Zip Code 74019-3827  
 FEC ID number of contributing 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  
 10 / 05 / 2016  
**Transaction ID : SA17.564920**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. BARSTOW, LEWIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10195 E. ROSE GLEN BLVD.  
 City CLAREMORE State OK Zip Code 74019-3827  
 FEC ID number of contributing 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  
 10 / 13 / 2016  
**Transaction ID : SA17.588647**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 783
<input 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 checked="" 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)  
**Committee to Defend the President**

**A. BARTH, MARTA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3521 NW 82 AVE  
 City MIAMI State FL Zip Code 33122-1027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PULSAR Occupation (for Individual) BUSINESS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.562635**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. BARTHELEMY, SCOTT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 154 MARTIN RD  
 City FREMONT State NH Zip Code 03044-3226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) L C B TRANSPORT INC. Occupation (for Individual) SELF EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 18 / 2016  
**Transaction ID : SA17.560217**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. BASKIN, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 1380  
 City MENLO PARK State CA Zip Code 94026-1380  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) REAL ESTATE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.591131**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	700.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 51 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BASS, DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 419 E. LOCKWOOD  
 City COVINGTON State LA Zip Code 70433-2969  
 FEC ID number of contributing 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  
 10 / 05 / 2016  
**Transaction ID : SA17.564930**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. BAXTER, GREGORY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9885 N. TIMPANOGOS CIRCLE  
 City KAMAS State UT Zip Code 84036-5053  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) R/E DEVELOPMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2016  
**Transaction ID : SA17.591079**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. BEAN, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1107 NORTH JORDAN AVENUE  
 City LIBERAL State KS Zip Code 67901-2409  
 FEC ID number of contributing 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  
 10 / 05 / 2016  
**Transaction ID : SA17.564941**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 52 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BEAN, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1107 NORTH JORDAN AVENUE  
 City LIBERAL State KS Zip Code 67901-2409  
 FEC ID number of contributing 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 10 / 16 / 2016  
**Transaction ID : SA17.586736**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. BECKER, DALE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2615 PARK MARINA DR. # 11  
 City REDDING State CA Zip Code 96001-2843  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.589505**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. BECKENDORF, J SCOTT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 IRONWOOD ROAD  
 City SAN ANTONIO State TX Zip Code 78212-2541  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WINE CONSULTANTS, INC Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.595369**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	175.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 53 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BECKENDORF, J SCOTT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 IRONWOOD ROAD

City SAN ANTONIO	State TX	Zip Code 78212-2541
---------------------	-------------	------------------------

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

Name of Employer (for Individual) WINE CONSULTANTS, INC	Occupation (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 Y Y  
 10 / 05 / 2016

**Transaction ID : SA17.595370**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. BECKENDORF, J SCOTT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 IRONWOOD ROAD

City SAN ANTONIO	State TX	Zip Code 78212-2541
---------------------	-------------	------------------------

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

Name of Employer (for Individual) WINE CONSULTANTS, INC	Occupation (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 Y Y  
 10 / 10 / 2016

**Transaction ID : SA17.595371**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. BECKENDORF, J SCOTT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 IRONWOOD ROAD

City SAN ANTONIO	State TX	Zip Code 78212-2541
---------------------	-------------	------------------------

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

Name of Employer (for Individual) WINE CONSULTANTS, INC	Occupation (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 Y Y  
 10 / 05 / 2016

**Transaction ID : SA17.595372**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 54 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BEENE MD, STEPHEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1001 BAYBERRY CIR  
 City SHREVEPORT State LA Zip Code 71106-8424  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.564951**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT; REFUNDED \$100.00 ON 11/10/2016

**B. BELL, JANET, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1620 KESSLER BOULEVARD  
 City LONGVIEW State WA Zip Code 98632-3633  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.564963**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. BELL, JANET, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1620 KESSLER BOULEVARD  
 City LONGVIEW State WA Zip Code 98632-3633  
 FEC ID number of contributing 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 10 / 08 / 2016  
**Transaction ID : SA17.569086**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 55 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BELL, KAREN B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 162 KENTWOOD LN  
 NC  
 City PISGAH FOREST State NC Zip Code 28768-9567  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 239.00

Date of Receipt 10 / 04 / 2016  
**Transaction ID : SA17.556377**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. BELL, KAREN B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 162 KENTWOOD LN  
 NC  
 City PISGAH FOREST State NC Zip Code 28768-9567  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 239.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.556378**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. BELL, KAREN B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 162 KENTWOOD LN  
 NC  
 City PISGAH FOREST State NC Zip Code 28768-9567  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 239.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.593886**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	33.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 56 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BELL, KAREN B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 162 KENTWOOD LN  
 NC  
 City PISGAH FOREST State NC Zip Code 28768-9567  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 239.00

Date of Receipt 10 / 13 / 2016  
**Transaction ID : SA17.593887**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. BENNETT, LYNNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 581 BUCKEYE COURT  
 City SANTA ROSA State CA Zip Code 95409-5926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MYSELF Occupation (for Individual) BUSINESS OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.561359**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. BENSING, GEORGE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 MICHAEL RD  
 City SICKLERVILLE State NJ Zip Code 08081-4930  
 FEC ID number of contributing 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 10 / 15 / 2016  
**Transaction ID : SA17.588286**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	503.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 57 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BENSON, KENNETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1100 WILLS PL  
 City MINNEAPOLIS State MN Zip Code 55422-4742  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.564979**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. BERGEN, FRANCIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4876 VALKYRIE DRIVE  
 City BOULDER State CO Zip Code 80301-4355  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AKAMAI TECHNOLOGIES Occupation (for Individual) BUSINESS DEVELOPMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.554854**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. BERGMANN, PEGGY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8879 N PROMONTORY RANCH ROAD  
 City PARK CITY State UT Zip Code 84098-6290  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DELTA PEGASUS MGT LLC Occupation (for Individual) INVESTMENTS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt 10 / 08 / 2016  
**Transaction ID : SA17.590546**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	68.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 58 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BERGMANN, PEGGY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8879 N PROMONTORY RANCH ROAD

City PARK CITY	State UT	Zip Code 84098-6290
-------------------	-------------	------------------------

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

Name of Employer (for Individual) DELTA PEGASUS MGT LLC	Occupation (for Individual) INVESTMENTS
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2016  
**Transaction ID : SA17.590547**

Amount of Each Receipt this Period  
 5.00

Memo Item  
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. BERGMANN, PEGGY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8879 N PROMONTORY RANCH ROAD

City PARK CITY	State UT	Zip Code 84098-6290
-------------------	-------------	------------------------

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

Name of Employer (for Individual) DELTA PEGASUS MGT LLC	Occupation (for Individual) INVESTMENTS
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 11 / 2016  
**Transaction ID : SA17.590548**

Amount of Each Receipt this Period  
 25.00

Memo Item  
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. BERGMANN, PEGGY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8879 N PROMONTORY RANCH ROAD

City PARK CITY	State UT	Zip Code 84098-6290
-------------------	-------------	------------------------

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

Name of Employer (for Individual) DELTA PEGASUS MGT LLC	Occupation (for Individual) INVESTMENTS
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
208.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2016  
**Transaction ID : SA17.590549**

Amount of Each Receipt this Period  
 25.00

Memo Item  
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	55.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 59 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BERKFIELD, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1479 GLENWOOD  
 City SYLVAN LAKE State MI Zip Code 48320-1734  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BERKFIELD & CO LTD Occupation (for Individual) INSURANCE AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.555635**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. BERNHARD, ALEX, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6000 IMUS  
 City CARSON CITY State NV Zip Code 89706-0165  
 FEC ID number of contributing 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 **10 / 09 / 2016**  
**Transaction ID : SA17.570577**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. BEST III, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1487 PEACHTREE BATTLE AVE  
 City ATLANTA State GA Zip Code 30327-1425  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) H&F BREAD CO, LLC Occupation (for Individual) PRESIDENT & CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 327.95

Date of Receipt **10 / 15 / 2016**  
**Transaction ID : SA17.558735**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 60 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BEST III, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1487 PEACHTREE BATTLE AVE  
 City ATLANTA State GA Zip Code 30327-1425  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) H&F BREAD CO, LLC Occupation (for Individual) PRESIDENT & CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 327.95

Date of Receipt **10 / 13 / 2016**  
**Transaction ID : SA17.558736**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. BEST III, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1487 PEACHTREE BATTLE AVE  
 City ATLANTA State GA Zip Code 30327-1425  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) H&F BREAD CO, LLC Occupation (for Individual) PRESIDENT & CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 327.95

Date of Receipt **10 / 18 / 2016**  
**Transaction ID : SA17.558737**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. BETTS, GERALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 535 BUSHNELL LANE  
 City EUGENE State OR Zip Code 97404-2117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 215.00

Date of Receipt **10 / 13 / 2016**  
**Transaction ID : SA17.581177**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 165.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 61 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BETTS, GERALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 535 BUSHNELL LANE  
 City EUGENE State OR Zip Code 97404-2117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 215.00

Date of Receipt 10 / 11 / 2016  
**Transaction ID : SA17.582052**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. BIEKER, ROBIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1130 S. FLOWER STREET 319  
 City LOS ANGELES State CA Zip Code 90015-2139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) COMMERCIAL REAL ESTATE AND R  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 04 / 2016  
**Transaction ID : SA17.592124**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. BIGAR, PHILIPPE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 55 EAST 76TH STREET 55 EAST 76TH STREET  
 City NEW YORK State NY Zip Code 10021-1843  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 12 / 2016  
**Transaction ID : SA17.587782**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 62 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BILLS, STEPHEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1323 SOUTH 250 EAST  
 City MAPLETON State UT Zip Code 84664-5519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TONATEC EXPLORATION Occupation (for Individual) GM  
 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  
 10 / 13 / 2016  
**Transaction ID : SA17.594069**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT

**B. BINGHAM, ANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 149 WEAVER STREET  
 City GREENWICH State CT Zip Code 06831-4300  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2016  
**Transaction ID : SA17.565005**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT

**C. BINGHAM, ANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 149 WEAVER STREET  
 City GREENWICH State CT Zip Code 06831-4300  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 330.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2016  
**Transaction ID : SA17.568567**  
 Amount of Each Receipt this Period  
 27.95  
 Memo Item  
**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	577.95
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 63 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BINGHAM, ANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 149 WEAVER STREET  
 City GREENWICH State CT Zip Code 06831-4300  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.90

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.572603**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. BINGHAM, ANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 149 WEAVER STREET  
 City GREENWICH State CT Zip Code 06831-4300  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.90

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.582065**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. BJURQUIST, CRAIG, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O.BOX 615  
 City OZONA State FL Zip Code 34660-0615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BREMER-BJURQUIST,INC Occupation (for Individual) R.E. BROKER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.555875**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 64 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BLANCO, NESTOR, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15813 SW 101TH ST.

City MIAMI	State FL	Zip Code 33196-6123
---------------	-------------	------------------------

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

Name of Employer (for Individual) FS RESIDENTIAL	Occupation (for Individual) PROPERTY MANAGER
---	---

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
10		03		2016

**Transaction ID : SA17.558327**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. BLANCO, NESTOR, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15813 SW 101TH ST.

City MIAMI	State FL	Zip Code 33196-6123
---------------	-------------	------------------------

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

Name of Employer (for Individual) FS RESIDENTIAL	Occupation (for Individual) PROPERTY MANAGER
---	---

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
10		05		2016

**Transaction ID : SA17.558328**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. BLANCO, NESTOR, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15813 SW 101TH ST.

City MIAMI	State FL	Zip Code 33196-6123
---------------	-------------	------------------------

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

Name of Employer (for Individual) FS RESIDENTIAL	Occupation (for Individual) PROPERTY MANAGER
---	---

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
10		12		2016

**Transaction ID : SA17.582083**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 65 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BLASCHKE, JERRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4629 COLLINWOOD AVE.  
 City FORT WORTH State TX Zip Code 76107-4160  
 FEC ID number of contributing 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 10 / 13 / 2016  
**Transaction ID : SA17.588287**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. BLEVINS, KEITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1934 BYRNES ROAD  
 City NORTH AUGUSTA State SC Zip Code 29841-2090  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.565027**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. BLOCH, HEATHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 465 MAGELLAN AVE  
 City SAN FRANCISCO State CA Zip Code 94116-1922  
 FEC ID number of contributing 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 10 / 19 / 2016  
**Transaction ID : SA17.588288**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	550.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 66 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BLOMSNESS, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 WILLOW BAY DRIVE  
 City SOUTH BARRINGTON State IL Zip Code 60010-7116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NORTH AMERICAN MIDWAY ENTERTAINMENT Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 09 / 2016  
**Transaction ID : SA17.561804**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. BLUNK, TOM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9224 S 82ND AVE  
 City HICKORY HILLS State IL Zip Code 60457-1910  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THB INC Occupation (for Individual) SELF  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.593872**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. BOGGS, FLO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 443 MEADOWLARK ACRES DRIVE  
 City KEYSER State WV Zip Code 26726-7279  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 245.00

Date of Receipt 10 / 08 / 2016  
**Transaction ID : SA17.569112**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	610.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 67 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BOGGS, FLO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 443 MEADOWLARK ACRES DRIVE  
 City KEYSER State WV Zip Code 26726-7279  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.582112**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. BOGGS, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6622 STATE ROUTE 361  
 City KINGSTON State OH Zip Code 45644-9637  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.00

Date of Receipt 10 / 07 / 2016  
**Transaction ID : SA17.568571**  
 Amount of Each Receipt this Period 21.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. BOGGS, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6622 STATE ROUTE 361  
 City KINGSTON State OH Zip Code 45644-9637  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 326.00

Date of Receipt 10 / 08 / 2016  
**Transaction ID : SA17.569113**  
 Amount of Each Receipt this Period 21.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	67.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 68 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BOGGS, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6622 STATE ROUTE 361

City KINGSTON	State OH	Zip Code 45644-9637
------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
326.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2016  
**Transaction ID : SA17.581757**

Amount of Each Receipt this Period  
21.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. BOHANNON, GARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1500 MIWOK CT

City BRENTWOOD	State CA	Zip Code 94513-4343
-------------------	-------------	------------------------

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

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

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  
 10 / 12 / 2016  
**Transaction ID : SA17.559386**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. BONYNGE, JEFF, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4007 E. COLONIAL DR.

City ORLANDO	State FL	Zip Code 32803-5211
-----------------	-------------	------------------------

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

Name of Employer (for Individual) IMAGES MANAGEMENT LLC	Occupation (for Individual) EXECUTIVE
--	--

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  
 10 / 05 / 2016  
**Transaction ID : SA17.559583**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	371.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 69 OF 783
<input 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 checked="" 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)  
**Committee to Defend the President**

**A. BOSS, RONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13202 WORD OF LIFE DRIVE  
 154  
 City HUDSON State FL Zip Code 34669-2466  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 233.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 08 / 2016  
**Transaction ID : SA17.569123**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. BOSS, RONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13202 WORD OF LIFE DRIVE  
 154  
 City HUDSON State FL Zip Code 34669-2466  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 233.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2016  
**Transaction ID : SA17.570617**  
 Amount of Each Receipt this Period  
 3.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. BOSS, RONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13202 WORD OF LIFE DRIVE  
 154  
 City HUDSON State FL Zip Code 34669-2466  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 233.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2016  
**Transaction ID : SA17.570618**  
 Amount of Each Receipt this Period  
 3.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	31.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 70 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BOSS, RONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13202 WORD OF LIFE DRIVE  
 154  
 City HUDSON State FL Zip Code 34669-2466  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 233.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2016  
**Transaction ID : SA17.572643**  
 Amount of Each Receipt this Period  
 5.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. BOSS, RONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13202 WORD OF LIFE DRIVE  
 154  
 City HUDSON State FL Zip Code 34669-2466  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 233.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2016  
**Transaction ID : SA17.575288**  
 Amount of Each Receipt this Period  
 3.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. BOSS, RONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13202 WORD OF LIFE DRIVE  
 154  
 City HUDSON State FL Zip Code 34669-2466  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 233.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2016  
**Transaction ID : SA17.575289**  
 Amount of Each Receipt this Period  
 3.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	11.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 783
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BOSS, RONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13202 WORD OF LIFE DRIVE  
 154  
 City HUDSON State FL Zip Code 34669-2466  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 233.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 18 / 2016  
**Transaction ID : SA17.575290**  
 Amount of Each Receipt this Period  
 3.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. BOSS, RONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13202 WORD OF LIFE DRIVE  
 154  
 City HUDSON State FL Zip Code 34669-2466  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 233.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2016  
**Transaction ID : SA17.575291**  
 Amount of Each Receipt this Period  
 3.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. BOSS, RONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13202 WORD OF LIFE DRIVE  
 154  
 City HUDSON State FL Zip Code 34669-2466  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 233.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2016  
**Transaction ID : SA17.576841**  
 Amount of Each Receipt this Period  
 5.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	11.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 72 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BOSS, RONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13202 WORD OF LIFE DRIVE  
 154  
 City HUDSON State FL Zip Code 34669-2466  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 233.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2016  
**Transaction ID : SA17.576842**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. BOSWELL, MIKE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4721 CHEROKEE TRAIL  
 City DALLAS State TX Zip Code 75209-1917  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BRIARPATCH PARTNERS Occupation (for Individual) BUSINESSD ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2016  
**Transaction ID : SA17.555882**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. BOU, RENEE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 581 STONE HOUSE RD  
 City AUBURN State CA Zip Code 95603-9594  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ME Occupation (for Individual) FREE SPIRIT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 342.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2016  
**Transaction ID : SA17.560896**  
 Amount of Each Receipt this Period 57.95  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	162.95
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 783
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**BOU, RENEE, , ,**

Mailing Address **581 STONE HOUSE RD**

City <b>AUBURN</b>	State <b>CA</b>	Zip Code <b>95603-9594</b>
-----------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>ME</b>	Occupation (for Individual) <b>FREE SPIRIT</b>
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **342.95**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2016

**Transaction ID : SA17.560897**

Amount of Each Receipt this Period  

25.00
-------

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**BOU, RENEE, , ,**

Mailing Address **581 STONE HOUSE RD**

City <b>AUBURN</b>	State <b>CA</b>	Zip Code <b>95603-9594</b>
-----------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>ME</b>	Occupation (for Individual) <b>FREE SPIRIT</b>
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **342.95**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2016

**Transaction ID : SA17.560898**

Amount of Each Receipt this Period  

25.00
-------

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**BOU, RENEE, , ,**

Mailing Address **581 STONE HOUSE RD**

City <b>AUBURN</b>	State <b>CA</b>	Zip Code <b>95603-9594</b>
-----------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>ME</b>	Occupation (for Individual) <b>FREE SPIRIT</b>
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼ **342.95**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2016

**Transaction ID : SA17.560899**

Amount of Each Receipt this Period  

25.00
-------

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>75.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 74 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**BOU, RENEE, , ,**

Mailing Address **581 STONE HOUSE RD**

City <b>AUBURN</b>	State <b>CA</b>	Zip Code <b>95603-9594</b>
-----------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>ME</b>	Occupation (for Individual) <b>FREE SPIRIT</b>
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**342.95**

Date of Receipt  
**10 / 17 / 2016**

**Transaction ID : SA17.560900**

Amount of Each Receipt this Period  
**25.00**

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**BOU, RENEE, , ,**

Mailing Address **581 STONE HOUSE RD**

City <b>AUBURN</b>	State <b>CA</b>	Zip Code <b>95603-9594</b>
-----------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>ME</b>	Occupation (for Individual) <b>FREE SPIRIT</b>
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**342.95**

Date of Receipt  
**10 / 12 / 2016**

**Transaction ID : SA17.560901**

Amount of Each Receipt this Period  
**25.00**

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**BOU, RENEE, , ,**

Mailing Address **581 STONE HOUSE RD**

City <b>AUBURN</b>	State <b>CA</b>	Zip Code <b>95603-9594</b>
-----------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>ME</b>	Occupation (for Individual) <b>FREE SPIRIT</b>
--	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
**342.95**

Date of Receipt  
**10 / 15 / 2016**

**Transaction ID : SA17.560902**

Amount of Each Receipt this Period  
**25.00**

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>75.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 75 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BOWEN, CHRISTOPHER, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 131 OLD COLONY ROAD

City EASTFORD	State CT	Zip Code 06242-9456
------------------	-------------	------------------------

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

Name of Employer (for Individual) EASTFORD FIRE & RESCUE SALES, INC.	Occupation (for Individual) BUSINESS OWNER
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2016

**Transaction ID : SA17.557645**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. BOWEN, CHRISTOPHER, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 131 OLD COLONY ROAD

City EASTFORD	State CT	Zip Code 06242-9456
------------------	-------------	------------------------

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

Name of Employer (for Individual) EASTFORD FIRE & RESCUE SALES, INC.	Occupation (for Individual) BUSINESS OWNER
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2016

**Transaction ID : SA17.557646**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. BOWEN, CHRISTOPHER, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 131 OLD COLONY ROAD

City EASTFORD	State CT	Zip Code 06242-9456
------------------	-------------	------------------------

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

Name of Employer (for Individual) EASTFORD FIRE & RESCUE SALES, INC.	Occupation (for Individual) BUSINESS OWNER
---	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2016

**Transaction ID : SA17.557647**

Amount of Each Receipt this Period  
75.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	175.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 76 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BOWERS, BRIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 390283

City MINNEAPOLIS	State MN	Zip Code 55439-0283
---------------------	-------------	------------------------

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

Name of Employer (for Individual) FINANCIAL RECOVERY SERVICES, INC.	Occupation (for Individual) EXECUTIVE MANAGEMENT
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1850.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2016

**Transaction ID : SA17.558321**

Amount of Each Receipt this Period  
 500.00

Memo Item  
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. BOWERS, BRIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 390283

City MINNEAPOLIS	State MN	Zip Code 55439-0283
---------------------	-------------	------------------------

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

Name of Employer (for Individual) FINANCIAL RECOVERY SERVICES, INC.	Occupation (for Individual) EXECUTIVE MANAGEMENT
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1850.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2016

**Transaction ID : SA17.558322**

Amount of Each Receipt this Period  
 250.00

Memo Item  
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. BOWERS, BRIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 390283

City MINNEAPOLIS	State MN	Zip Code 55439-0283
---------------------	-------------	------------------------

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

Name of Employer (for Individual) FINANCIAL RECOVERY SERVICES, INC.	Occupation (for Individual) EXECUTIVE MANAGEMENT
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 1850.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 18 / 2016

**Transaction ID : SA17.558323**

Amount of Each Receipt this Period  
 100.00

Memo Item  
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 77 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BOWERS, GUY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 8090

City RUIDOSO	State NM	Zip Code 88355-8090
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2016

**Transaction ID : SA17.572650**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. BOWERS, GUY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 8090

City RUIDOSO	State NM	Zip Code 88355-8090
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2016

**Transaction ID : SA17.582152**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. BOWES, JUDITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7476 KING GEORGE DRIVE

City INDIANAPOLIS	State IN	Zip Code 46260-3438
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FEC ID number of contributing 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  
 10 / 05 / 2016

**Transaction ID : SA17.565063**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 78 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BOWLING, NANCY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 597

City POND CREEK	State OK	Zip Code 73766-0597
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 320.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2016

**Transaction ID : SA17.588544**

Amount of Each Receipt this Period  

40.00
-------

 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. BRADSHAW, MARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11241 MARBLEHEAD MANOR CT

City FORT MYERS	State FL	Zip Code 33908-4954
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2016

**Transaction ID : SA17.565074**

Amount of Each Receipt this Period  

25.00
-------

 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. BRADSHAW, MARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11241 MARBLEHEAD MANOR CT

City FORT MYERS	State FL	Zip Code 33908-4954
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2016

**Transaction ID : SA17.572665**

Amount of Each Receipt this Period  

100.00
--------

 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	165.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 79 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BRAND, BARBARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 400

City HOLMDEL	State NJ	Zip Code 07733-0400
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
850.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2016

**Transaction ID : SA17.565080**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. BRAND, BARBARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 400

City HOLMDEL	State NJ	Zip Code 07733-0400
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
850.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2016

**Transaction ID : SA17.572668**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. BREAU, WARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 888

City LOREAUVILLE	State LA	Zip Code 70552-0888
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BREAU BROTHERS	Occupation (for Individual) SHIPBUILDER
---	--

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  
 10 / 08 / 2016

**Transaction ID : SA17.555873**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 80 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BREED, STAFF, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 2318  
 City CLACKAMAS State OR Zip Code 97015-2318  
 FEC ID number of contributing 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 10 / 09 / 2016  
**Transaction ID : SA17.570642**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. BREEN, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1008 WOODMAN DRIVE  
 City COLUMBUS State OH Zip Code 43085-2965  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WEALTHSTONE, INC. Occupation (for Individual) CPA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.595157**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. BREEN, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1008 WOODMAN DRIVE  
 City COLUMBUS State OH Zip Code 43085-2965  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WEALTHSTONE, INC. Occupation (for Individual) CPA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 18 / 2016  
**Transaction ID : SA17.595158**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	330.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 81 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BREERWOOD, AARON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11325 WILLOW DRIVE  
 City NEW ORLEANS State LA Zip Code 70131-3114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MARINE SYSTEMS INC. Occupation (for Individual) DIESEL MECHANIC  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 19 / 2016**  
**Transaction ID : SA17.560746**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. BRETT, DARRELL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10000 SE MAIN ST, STE 360  
 City PORTLAND State OR Zip Code 97216-2474  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) SURGEONS  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 10 / 2016**  
**Transaction ID : SA17.591830**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. BRODIE, ALEXANDER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3791 AHONUI PLACE UNIT F  
 City PRINCEVILLE State HI Zip Code 96722-5561  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KAUAI KOA FARM Occupation (for Individual) FARM MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 03 / 2016**  
**Transaction ID : SA17.560233**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 82 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BROOKS, JERRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7149 LAS VENTANAS  
 City AUSTIN State TX Zip Code 78731-1813  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 611.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2016  
**Transaction ID : SA17.565112**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. BROOKS, JERRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7149 LAS VENTANAS  
 City AUSTIN State TX Zip Code 78731-1813  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 611.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2016  
**Transaction ID : SA17.582228**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. BROOKS, JERRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7149 LAS VENTANAS  
 City AUSTIN State TX Zip Code 78731-1813  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 611.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2016  
**Transaction ID : SA17.582231**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 83 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BROOKS, JERRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7149 LAS VENTANAS  
 City AUSTIN State TX Zip Code 78731-1813  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 611.00

Date of Receipt 10 / 12 / 2016  
**Transaction ID : SA17.582232**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. BROOKS, JERRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7149 LAS VENTANAS  
 City AUSTIN State TX Zip Code 78731-1813  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 611.00

Date of Receipt 10 / 13 / 2016  
**Transaction ID : SA17.582233**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. BROWN, LINDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1093 N. WIDE OPEN TRAIL  
 City PRESCOTT VALLEY State AZ Zip Code 86314-1480  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 10 / 08 / 2016  
**Transaction ID : SA17.569148**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**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: (check only one)	PAGE 84 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BROWN, LINDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1093 N. WIDE OPEN TRAIL  
 City PRESCOTT VALLEY State AZ Zip Code 86314-1480  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.572705**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. BROWN, LINDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1093 N. WIDE OPEN TRAIL  
 City PRESCOTT VALLEY State AZ Zip Code 86314-1480  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.572709**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. BROWN, LINDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1093 N. WIDE OPEN TRAIL  
 City PRESCOTT VALLEY State AZ Zip Code 86314-1480  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 10 / 13 / 2016  
**Transaction ID : SA17.582241**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 85 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BROWN, LINDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1093 N. WIDE OPEN TRAIL  
 City PRESCOTT VALLEY State AZ Zip Code 86314-1480  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 10 / 17 / 2016  
**Transaction ID : SA17.582246**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. BROWN, WARREN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 381 SPRING HILL ROAD  
 City EASTON State PA Zip Code 18042-9607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ASBURY GRAPHITE Occupation (for Individual) SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : SA17.555254**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. BROWN, WARREN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 381 SPRING HILL ROAD  
 City EASTON State PA Zip Code 18042-9607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ASBURY GRAPHITE Occupation (for Individual) SALES  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.555255**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 86 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BROWN, WARREN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 381 SPRING HILL ROAD  
 City EASTON State PA Zip Code 18042-9607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ASBURY GRAPHITE Occupation (for Individual) SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 14 / 2016  
**Transaction ID : SA17.555256**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. BROWN, WARREN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 381 SPRING HILL ROAD  
 City EASTON State PA Zip Code 18042-9607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ASBURY GRAPHITE Occupation (for Individual) SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 18 / 2016  
**Transaction ID : SA17.555257**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. BROWN, WESLEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 519 N.KINSTON AVE.  
 City ATLANTIC BEACH State NC Zip Code 28512-5213  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.565127**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 87 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BRUMFIELD, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 117 W. MAGNOLIA ST.  
 City CENTRALIA State WA Zip Code 98531-4357  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) RENTAL PROPERTY OWNER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **10 / 09 / 2016**  
**Transaction ID : SA17.591308**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. BRYANT, DON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13611 MONTFORT AVE.  
 City HERALD State CA Zip Code 95638-9723  
 FEC ID number of contributing 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 **10 / 18 / 2016**  
**Transaction ID : SA17.588289**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. BUCKLER, MARILYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 709 TORIA LANE  
 City SAINT AUGUSTINE State FL Zip Code 32095-6831  
 FEC ID number of contributing 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 **10 / 19 / 2016**  
**Transaction ID : SA17.588274**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	550.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 88 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BUCKLER, MARILYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 709 TORIA LANE  
 City SAINT AUGUSTINE State FL Zip Code 32095-6831  
 FEC ID number of contributing 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 10 / 19 / 2016  
**Transaction ID : SA17.588275**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. BUERGER, MARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 115 STONY RIDGE CT.  
 City HILLSDALE State MI Zip Code 49242-1154  
 FEC ID number of contributing 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 10 / 08 / 2016  
**Transaction ID : SA17.569155**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. BUESING, JERRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9795 EAST KEMPER WAY  
 City SCOTTSDALE State AZ Zip Code 85255-6271  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BUESING CORP. Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : SA17.555942**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> 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 783  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BUI, BILL M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4700 - 42ND AVE., SW #600  
 #600  
 City SEATTLE State WA Zip Code 98116-4593  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BERKSHIRE HATHAWAY NW Occupation (for Individual) REALTOR  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 207.95

Date of Receipt: 10 / 05 / 2016  
**Transaction ID : SA17.555644**  
 Amount of Each Receipt this Period: 10.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. BUI, BILL M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4700 - 42ND AVE., SW #600  
 #600  
 City SEATTLE State WA Zip Code 98116-4593  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BERKSHIRE HATHAWAY NW Occupation (for Individual) REALTOR  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 207.95

Date of Receipt: 10 / 05 / 2016  
**Transaction ID : SA17.555645**  
 Amount of Each Receipt this Period: 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. BUI, BILL M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4700 - 42ND AVE., SW #600  
 #600  
 City SEATTLE State WA Zip Code 98116-4593  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BERKSHIRE HATHAWAY NW Occupation (for Individual) REALTOR  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 207.95

Date of Receipt: 10 / 19 / 2016  
**Transaction ID : SA17.555646**  
 Amount of Each Receipt this Period: 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 60.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 90 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BUITRON, PASTOR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 919 N. CENTRAL AVENUE  
 City CHICAGO State IL Zip Code 60651-2740  
 FEC ID number of contributing 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 M / D D D / Y Y Y Y Y Y  
 10 / 08 / 2016  
**Transaction ID : SA17.569156**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. BUITRON, PASTOR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 919 N. CENTRAL AVENUE  
 City CHICAGO State IL Zip Code 60651-2740  
 FEC ID number of contributing 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 M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2016  
**Transaction ID : SA17.570668**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. BUITRON, PASTOR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 919 N. CENTRAL AVENUE  
 City CHICAGO State IL Zip Code 60651-2740  
 FEC ID number of contributing 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 M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2016  
**Transaction ID : SA17.579450**  
 Amount of Each Receipt this Period 7.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	27.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 91 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BUITRON, PASTOR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 919 N. CENTRAL AVENUE  
 City CHICAGO State IL Zip Code 60651-2740  
 FEC ID number of contributing 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 10 / 11 / 2016  
**Transaction ID : SA17.579652**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. BULLARD, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 201 N PLAZA BLVD  
 City CHILLICOTHE State OH Zip Code 45601-1761  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OMSC Occupation (for Individual) DENTIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.562028**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. BULLARD, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 201 N PLAZA BLVD  
 City CHILLICOTHE State OH Zip Code 45601-1761  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OMSC Occupation (for Individual) DENTIST  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.562029**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	110.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 92 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BULLARD, DAVID, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 201 N PLAZA BLVD

City CHILLICOTHE	State OH	Zip Code 45601-1761
---------------------	-------------	------------------------

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

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

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
10		19		2016

**Transaction ID : SA17.562030**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. BULLARD, DAVID, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 201 N PLAZA BLVD

City CHILLICOTHE	State OH	Zip Code 45601-1761
---------------------	-------------	------------------------

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

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

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
10		12		2016

**Transaction ID : SA17.562031**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. BUNN, DANIEL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address POBOX 5005 PMB116

City RANCHO SANTA FE	State CA	Zip Code 92067-5005
-------------------------	-------------	------------------------

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

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

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
10		05		2016

**Transaction ID : SA17.590556**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	175.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 93 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BUNNELL, RAY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 141 SUBURBAN RD  
 STE A5  
 City SAN LUIS OBISPO State CA Zip Code 93401-7504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) GENERAL CONTRACTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 15 / 2016**  
**Transaction ID : SA17.590334**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. BUONINFANTE, TERESA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 55 VICTORIA LANE  
 City YONKERS State NY Zip Code 10701-5315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MOD A CAN, INC. Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt **10 / 12 / 2016**  
**Transaction ID : SA17.561178**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. BUONINFANTE, TERESA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 55 VICTORIA LANE  
 City YONKERS State NY Zip Code 10701-5315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MOD A CAN, INC. Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.561179**  
 Amount of Each Receipt this Period 35.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	310.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 94 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BUONINFANTE, TERESA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 55 VICTORIA LANE  
 City YONKERS State NY Zip Code 10701-5315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MOD A CAN, INC. Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 255.00

Date of Receipt 10 / 09 / 2016  
**Transaction ID : SA17.561180**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. BURANDT, MARGARET, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6335 SUNBRIAR DRIVE  
 City CUMMING State GA Zip Code 30040-7079  
 FEC ID number of contributing 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 10 / 08 / 2016  
**Transaction ID : SA17.569159**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. BURGESS, BARBARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1267 PROFESSIONAL PKWY.  
 City GAINESVILLE State GA Zip Code 30507-8705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROCARE PBM Occupation (for Individual) BUSINESS OWNER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.562572**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 95 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BURGESS, BARBARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1267 PROFESSIONAL PKWY.  
 City GAINESVILLE State GA Zip Code 30507-8705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROCARE PBM Occupation (for Individual) BUSINESS OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.562573**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. BURGESS, BARBARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1267 PROFESSIONAL PKWY.  
 City GAINESVILLE State GA Zip Code 30507-8705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROCARE PBM Occupation (for Individual) BUSINESS OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.562574**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. BURGESS JR., JOHN J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27758 SANTA MARGARITA PARKWAY #284  
 City MISSION VIEJO State CA Zip Code 92691-6709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THE BURGESS ENGINEERING GROUP Occupation (for Individual) CONSULTING ENGINEER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.593882**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	700.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 96 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BURGESS JR., JOHN J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27758 SANTA MARGARITA PARKWAY #284

City MISSION VIEJO	State CA	Zip Code 92691-6709
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) THE BURGESS ENGINEERING GROUP		Occupation (for Individual) CONSULTING ENGINEER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2016

**Transaction ID : SA17.593883**

Amount of Each Receipt this Period  

25.00
-------

 Memo Item  
**CONTRIBUTION**  
**NON CONTRIBUTION ACCOUNT**

**B. BURGESS JR., JOHN J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27758 SANTA MARGARITA PARKWAY #284

City MISSION VIEJO	State CA	Zip Code 92691-6709
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) THE BURGESS ENGINEERING GROUP		Occupation (for Individual) CONSULTING ENGINEER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2016

**Transaction ID : SA17.593884**

Amount of Each Receipt this Period  

100.00
--------

 Memo Item  
**CONTRIBUTION**  
**NON CONTRIBUTION ACCOUNT**

**C. BURGIS, MALCOLM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 INC		Occupation (for Individual) GM
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 350.00	

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2016

**Transaction ID : SA17.593993**

Amount of Each Receipt this Period  

100.00
--------

 Memo Item  
**CONTRIBUTION**  
**NON CONTRIBUTION ACCOUNT**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 783
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BURGIS, MALCOLM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 INC		Occupation (for Individual) GM
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2016

**Transaction ID : SA17.593994**

Amount of Each Receipt this Period  

50.00
-------

 Memo Item  
**CONTRIBUTION**  
**NON CONTRIBUTION ACCOUNT**

**B. BURNS, GARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 828 NORTH 25TH TERRACE

City CORNELIUS	State OR	Zip Code 97113-7444
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 319.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2016

**Transaction ID : SA17.563814**

Amount of Each Receipt this Period  

10.00
-------

 Memo Item  
**CONTRIBUTION**  
**NON CONTRIBUTION ACCOUNT**

**C. BURNS, GARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 828 NORTH 25TH TERRACE

City CORNELIUS	State OR	Zip Code 97113-7444
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 319.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2016

**Transaction ID : SA17.565152**

Amount of Each Receipt this Period  

3.00
------

 Memo Item  
**CONTRIBUTION**  
**NON CONTRIBUTION ACCOUNT**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	63.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 98 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BURNS, GARY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 828 NORTH 25TH TERRACE

City CORNELIUS	State OR	Zip Code 97113-7444
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
319.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		05		2016

**Transaction ID : SA17.565153**

Amount of Each Receipt this Period  
6.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. BURNS, GARY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 828 NORTH 25TH TERRACE

City CORNELIUS	State OR	Zip Code 97113-7444
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
319.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		05		2016

**Transaction ID : SA17.565154**

Amount of Each Receipt this Period  
18.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. BURNS, GARY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 828 NORTH 25TH TERRACE

City CORNELIUS	State OR	Zip Code 97113-7444
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
319.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		07		2016

**Transaction ID : SA17.568580**

Amount of Each Receipt this Period  
15.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	39.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 99 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BURNS, GARY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 828 NORTH 25TH TERRACE

City CORNELIUS	State OR	Zip Code 97113-7444
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
319.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		08		2016

**Transaction ID : SA17.569162**

Amount of Each Receipt this Period  
12.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. BURNS, GARY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 828 NORTH 25TH TERRACE

City CORNELIUS	State OR	Zip Code 97113-7444
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
319.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		08		2016

**Transaction ID : SA17.569163**

Amount of Each Receipt this Period  
15.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. BURNS, GARY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 828 NORTH 25TH TERRACE

City CORNELIUS	State OR	Zip Code 97113-7444
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
319.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		10		2016

**Transaction ID : SA17.572738**

Amount of Each Receipt this Period  
14.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	41.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 100 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BURNS, GARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 828 NORTH 25TH TERRACE

City CORNELIUS	State OR	Zip Code 97113-7444
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
319.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2016  
**Transaction ID : SA17.579657**

Amount of Each Receipt this Period  
 10.00

Memo Item  
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. BURNS, GARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 828 NORTH 25TH TERRACE

City CORNELIUS	State OR	Zip Code 97113-7444
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
319.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 12 / 2016  
**Transaction ID : SA17.581146**

Amount of Each Receipt this Period  
 11.00

Memo Item  
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. BURNS, GARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 828 NORTH 25TH TERRACE

City CORNELIUS	State OR	Zip Code 97113-7444
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
319.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2016  
**Transaction ID : SA17.581463**

Amount of Each Receipt this Period  
 16.00

Memo Item  
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	37.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 101 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BURT, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9208 BRILLIANT ORE DR.  
 City LAS VEGAS State NV Zip Code 89143-2305  
 FEC ID number of contributing 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  
 10 / 17 / 2016  
**Transaction ID : SA17.587803**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. BURT, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9208 BRILLIANT ORE DR.  
 City LAS VEGAS State NV Zip Code 89143-2305  
 FEC ID number of contributing 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  
 10 / 19 / 2016  
**Transaction ID : SA17.587804**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. BURTCH, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1540 YORK AVENUE 11-S  
 City NEW YORK State NY Zip Code 10028-5962  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MANIPAL EDUCATION AMERICAS Occupation (for Individual) ACCOUNTANT  
 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  
 10 / 12 / 2016  
**Transaction ID : SA17.560706**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 102 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BURTON, ANDREW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 304281 E. 1800 RD  
 City RATLIFF CITY State OK Zip Code 73481-5831  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.565163**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. BUSHEY, HAROLD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5025 HILL DR.  
 City HOUSE SPRINGS State MO Zip Code 63051-2212  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.565165**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. BUTGER, JOSEF, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 501 LA SALLE STR.  
 City WAUSAU State WI Zip Code 54403-4939  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.565167**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	275.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 103 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BUTGER, JOSEF, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 501 LA SALLE STR.  
 City WAUSAU State WI Zip Code 54403-4939  
 FEC ID number of contributing 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 **10 / 08 / 2016**  
**Transaction ID : SA17.569167**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. BUTGER, JOSEF, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 501 LA SALLE STR.  
 City WAUSAU State WI Zip Code 54403-4939  
 FEC ID number of contributing 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 **10 / 08 / 2016**  
**Transaction ID : SA17.569168**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. BUTGER, JOSEF, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 501 LA SALLE STR.  
 City WAUSAU State WI Zip Code 54403-4939  
 FEC ID number of contributing 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 **10 / 14 / 2016**  
**Transaction ID : SA17.582324**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 104 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BUTGER, JOSEF, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 501 LA SALLE STR.  
 City WAUSAU State WI Zip Code 54403-4939  
 FEC ID number of contributing 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 **10 / 13 / 2016**  
**Transaction ID : SA17.582325**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. BUTLER, COOLEIDGE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 517 DERRY DOWN RD  
 City ORLANDO State FL Zip Code 32806-7005  
 FEC ID number of contributing 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 **10 / 12 / 2016**  
**Transaction ID : SA17.588290**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. BUTLER, HARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 DOVER PLANTATION DRIVE  
 City GEORGETOWN State SC Zip Code 29440-4781  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BUTLER PROPERTIES Occupation (for Individual) DEVELOPER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **10 / 10 / 2016**  
**Transaction ID : SA17.555968**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 105 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BUTLER, HARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 DOVER PLANTATION DRIVE  
 City GEORGETOWN State SC Zip Code 29440-4781  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BUTLER PROPERTIES Occupation (for Individual) DEVELOPER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 12 / 2016  
**Transaction ID : SA17.555969**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. BUXTON, EDYTH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 86 P.O. BOX 86  
 City DAYTON State TN Zip Code 37321-0086  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.565171**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. BUZBEE, JACK, A., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 E DOUGLAS ST  
 City DE SOTO State IL Zip Code 62924-1512  
 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 ▼ 325.00

Date of Receipt 10 / 07 / 2016  
**Transaction ID : SA17.568581**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 106 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BUZBEE, JACK, A., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 E DOUGLAS ST

City DE SOTO	State IL	Zip Code 62924-1512
-----------------	-------------	------------------------

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 ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2016

**Transaction ID : SA17.569170**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. BUZBEE, JACK, A., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 E DOUGLAS ST

City DE SOTO	State IL	Zip Code 62924-1512
-----------------	-------------	------------------------

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 ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2016

**Transaction ID : SA17.570687**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. BUZBEE, JACK, A., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 E DOUGLAS ST

City DE SOTO	State IL	Zip Code 62924-1512
-----------------	-------------	------------------------

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 ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2016

**Transaction ID : SA17.572756**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 107 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. BUZBEE, JACK, A., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 E DOUGLAS ST

City DE SOTO	State IL	Zip Code 62924-1512
-----------------	-------------	------------------------

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 ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2016

**Transaction ID : SA17.582332**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. BYRNE, GEORGE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 40 OXFORD ROAD

City DRACUT	State MA	Zip Code 01826-1222
----------------	-------------	------------------------

FEC ID number of contributing 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
10	/	05	/	2016

**Transaction ID : SA17.565179**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. CADDELL, JOHN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address BOX 327

City STATEN ISLAND	State NY	Zip Code 10310-0327
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) CADDELL DRY DOCK	Occupation (for Individual) CEO
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2016

**Transaction ID : SA17.556025**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 108 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. CAIL, RONNIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2850 MAIN STREET W  
 City SNELLVILLE State GA Zip Code 30078-3156  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) STATE FARM INS. COS. Occupation (for Individual) AGENT, INSURANCE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.593411**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. CALLAHAN, GLORIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 229 SHAKERAG ROAD  
 City AIKEN State SC Zip Code 29803-6262  
 FEC ID number of contributing 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 **10 / 09 / 2016**  
**Transaction ID : SA17.570698**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. CALLAHAN, GLORIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 229 SHAKERAG ROAD  
 City AIKEN State SC Zip Code 29803-6262  
 FEC ID number of contributing 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 **10 / 12 / 2016**  
**Transaction ID : SA17.586817**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 109 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. CALLAHAN, GLORIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 229 SHAKERAG ROAD  
 City AIKEN State SC Zip Code 29803-6262  
 FEC ID number of contributing 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 10 / 19 / 2016  
**Transaction ID : SA17.586818**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. CALLAHAN, LEONORA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 625 ISLAND DR.  
 City PALM BEACH State FL Zip Code 33480-4744  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 10 / 04 / 2016  
**Transaction ID : SA17.564377**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. CALLAHAN, LEONORA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 625 ISLAND DR.  
 City PALM BEACH State FL Zip Code 33480-4744  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.565189**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	85.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 110 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. CALLAHAN, LEONORA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 625 ISLAND DR.  
 City PALM BEACH State FL Zip Code 33480-4744  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt **10 / 07 / 2016**  
**Transaction ID : SA17.568589**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. CALLAHAN, LEONORA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 625 ISLAND DR.  
 City PALM BEACH State FL Zip Code 33480-4744  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt **10 / 10 / 2016**  
**Transaction ID : SA17.572766**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. CALLAHAN, LEONORA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 625 ISLAND DR.  
 City PALM BEACH State FL Zip Code 33480-4744  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt **10 / 13 / 2016**  
**Transaction ID : SA17.579671**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	30.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 111 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. CAMPBELL, ALEX, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 871  
 City DENVER State CO Zip Code 80201-0871  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ENDURING RESOURCES, LLC Occupation (for Individual) LANDMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.557787**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. CAMPBELL, CHRISTOPHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8970 WILDLIFE LOOP  
 City SARASOTA State FL Zip Code 34238-4000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) MUSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.590785**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. CANCEINNE, LOUIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18111 CASCADES AVE.  
 City BATON ROUGE State LA Zip Code 70810-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.565209**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1125.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 112 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. CANCEINNE, LOUIS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18111 CASCADES AVE.

City BATON ROUGE	State LA	Zip Code 70810-
---------------------	-------------	--------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2016

**Transaction ID : SA17.570711**

Amount of Each Receipt this Period  
10.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. CANCEINNE, LOUIS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18111 CASCADES AVE.

City BATON ROUGE	State LA	Zip Code 70810-
---------------------	-------------	--------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2016

**Transaction ID : SA17.572776**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. CANCEINNE, LOUIS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18111 CASCADES AVE.

City BATON ROUGE	State LA	Zip Code 70810-
---------------------	-------------	--------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2016

**Transaction ID : SA17.582371**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 113 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. CANCEINNE, LOUIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18111 CASCADES AVE.  
 City BATON ROUGE State LA Zip Code 70810-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.582372**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. CANCEINNE, LOUIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18111 CASCADES AVE.  
 City BATON ROUGE State LA Zip Code 70810-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 10 / 13 / 2016  
**Transaction ID : SA17.582373**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. CANNON, JIMMY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14300 ORTEGA RD.  
 City AMARILLO State TX Zip Code 79118-3073  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.565212**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 114 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. CANNON, JIMMY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14300 ORTEGA RD.  
 City AMARILLO State TX Zip Code 79118-3073  
 FEC ID number of contributing 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 10 / 11 / 2016  
**Transaction ID : SA17.587812**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. CANNON, JIMMY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14300 ORTEGA RD.  
 City AMARILLO State TX Zip Code 79118-3073  
 FEC ID number of contributing 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 10 / 11 / 2016  
**Transaction ID : SA17.587813**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. CANTILLO, JOAQUIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 703 WORTHINGTON MILL ROAD  
 City RICHBORO State PA Zip Code 18954-1971  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SHERIDAN HEALTHCARE Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 12 / 2016  
**Transaction ID : SA17.593007**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 115 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. CANTILLO, JOAQUIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 703 WORTHINGTON MILL ROAD  
 City RICHBORO State PA Zip Code 18954-1971  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SHERIDAN HEALTHCARE Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **10 / 09 / 2016**  
**Transaction ID : SA17.593008**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. CANTRELL, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 112 S LAKE EMORY DR.  
 City INMAN State SC Zip Code 29349-7257  
 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 ▼ 300.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.556792**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. CAPITANI, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3410 TERRA LINDA DRIVE  
 City SANTA ROSA State CA Zip Code 95404-1730  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) CPA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 06 / 2016**  
**Transaction ID : SA17.592768**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 116 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. CAPPS, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 214 MANSFIELD BLVD  
 City SUNNYVALE State TX Zip Code 75182-9500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) STAFF CARE Occupation (for Individual) CONTRACT PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 283.95

Date of Receipt 10 / 01 / 2016  
**Transaction ID : SA17.563320**  
 Amount of Each Receipt this Period 27.95  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. CAPPS, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 214 MANSFIELD BLVD  
 City SUNNYVALE State TX Zip Code 75182-9500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) STAFF CARE Occupation (for Individual) CONTRACT PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 283.95

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.565216**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. CAPPS, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 214 MANSFIELD BLVD  
 City SUNNYVALE State TX Zip Code 75182-9500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) STAFF CARE Occupation (for Individual) CONTRACT PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 283.95

Date of Receipt 10 / 07 / 2016  
**Transaction ID : SA17.589907**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 102.95  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 117 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. CAPPS, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 214 MANSFIELD BLVD  
 City SUNNYVALE State TX Zip Code 75182-9500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) STAFF CARE Occupation (for Individual) CONTRACT PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 283.95

Date of Receipt 10 / 09 / 2016  
**Transaction ID : SA17.591541**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. CAPPS, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 214 MANSFIELD BLVD  
 City SUNNYVALE State TX Zip Code 75182-9500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) STAFF CARE Occupation (for Individual) CONTRACT PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 283.95

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.591553**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. CAPPS, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 214 MANSFIELD BLVD  
 City SUNNYVALE State TX Zip Code 75182-9500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) STAFF CARE Occupation (for Individual) CONTRACT PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 283.95

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.591564**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	103.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 118 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. CAPPS, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 214 MANSFIELD BLVD  
 City SUNNYVALE State TX Zip Code 75182-9500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) STAFF CARE Occupation (for Individual) CONTRACT PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 283.95

Date of Receipt **10 / 12 / 2016**  
**Transaction ID : SA17.591565**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. CAPPS, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 214 MANSFIELD BLVD  
 City SUNNYVALE State TX Zip Code 75182-9500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) STAFF CARE Occupation (for Individual) CONTRACT PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 283.95

Date of Receipt **10 / 18 / 2016**  
**Transaction ID : SA17.591568**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. CAPPS, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 214 MANSFIELD BLVD  
 City SUNNYVALE State TX Zip Code 75182-9500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) STAFF CARE Occupation (for Individual) CONTRACT PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 283.95

Date of Receipt **10 / 18 / 2016**  
**Transaction ID : SA17.591574**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	18.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 119 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. CAPPS, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 214 MANSFIELD BLVD  
 City SUNNYVALE State TX Zip Code 75182-9500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) STAFF CARE Occupation (for Individual) CONTRACT PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 283.95

Date of Receipt 10 / 13 / 2016  
**Transaction ID : SA17.591575**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. CAPPS, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 214 MANSFIELD BLVD  
 City SUNNYVALE State TX Zip Code 75182-9500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) STAFF CARE Occupation (for Individual) CONTRACT PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 283.95

Date of Receipt 10 / 11 / 2016  
**Transaction ID : SA17.591588**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. CAPPS, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 214 MANSFIELD BLVD  
 City SUNNYVALE State TX Zip Code 75182-9500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) STAFF CARE Occupation (for Individual) CONTRACT PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 283.95

Date of Receipt 10 / 17 / 2016  
**Transaction ID : SA17.591589**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 783
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. CARLSEN, STUART, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18 WINTHROP ROAD

City BETHEL	State CT	Zip Code 06801-2719
----------------	-------------	------------------------

FEC ID number of contributing 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 M	/	D D D	/	Y Y Y Y Y Y
10		05		2016

**Transaction ID : SA17.565222**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. CARLSEN, STUART, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18 WINTHROP ROAD

City BETHEL	State CT	Zip Code 06801-2719
----------------	-------------	------------------------

FEC ID number of contributing 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 M	/	D D D	/	Y Y Y Y Y Y
10		15		2016

**Transaction ID : SA17.588291**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. CARRANZA, JOVITA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9715  
2002

City SKOKIE	State IL	Zip Code 60077-
----------------	-------------	--------------------

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

Name of Employer (for Individual) THE JCR GROUP LLC	Occupation (for Individual) CONSULTANT THE JCR GROUP LLC
--	---

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
10		15		2016

**Transaction ID : SA17.593926**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 121 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. CARRICO, BRIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 221 AVENUE D  
 City REDONDO BEACH State CA Zip Code 90277-4911  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) DR. OF CHIROPRACTIC  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.590090**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. CARROLL, MARTHA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 336 RED CEDAR WAY  
 City SANTA ROSA BEACH State FL Zip Code 32459-5984  
 FEC ID number of contributing 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 **10 / 05 / 2016**  
**Transaction ID : SA17.565238**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. CARTER, CHRIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3881 QUARRY MOUNTAIN RD  
 City PARK CITY State UT Zip Code 84098-6617  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.558908**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5350.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 122 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. CARTER, DWIGHT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4820 SIX FORKS RD  
 City RALEIGH State NC Zip Code 27609-5268  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FINANCIAL SECURITY ASSOCIATES Occupation (for Individual) BUS OWNER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.558074**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. CARTER, DWIGHT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4820 SIX FORKS RD  
 City RALEIGH State NC Zip Code 27609-5268  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FINANCIAL SECURITY ASSOCIATES Occupation (for Individual) BUS OWNER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 12 / 2016  
**Transaction ID : SA17.558075**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. CARTER, DWIGHT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4820 SIX FORKS RD  
 City RALEIGH State NC Zip Code 27609-5268  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FINANCIAL SECURITY ASSOCIATES Occupation (for Individual) BUS OWNER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 18 / 2016  
**Transaction ID : SA17.558076**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 123 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. CARTER, KENNETH S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4710 19TH ST  
 City LUBBOCK State TX Zip Code 79407-2304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OTTO'S GRANARY Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.562100**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. CARTER, KENNETH S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4710 19TH ST  
 City LUBBOCK State TX Zip Code 79407-2304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OTTO'S GRANARY Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **10 / 08 / 2016**  
**Transaction ID : SA17.562101**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. CARTER, KENNETH S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4710 19TH ST  
 City LUBBOCK State TX Zip Code 79407-2304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OTTO'S GRANARY Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **10 / 10 / 2016**  
**Transaction ID : SA17.562102**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 124 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. CARTER, KENNETH S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4710 19TH ST  
 City LUBBOCK State TX Zip Code 79407-2304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OTTO'S GRANARY Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 12 / 2016  
**Transaction ID : SA17.562103**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. CARTER, KENNETH S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4710 19TH ST  
 City LUBBOCK State TX Zip Code 79407-2304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OTTO'S GRANARY Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 14 / 2016  
**Transaction ID : SA17.562104**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. CARTER, PATRICK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8540 E PINCHOT AVE  
 City SCOTTSDALE State AZ Zip Code 85251-7312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 545.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.565241**  
 Amount of Each Receipt this Period 35.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 125 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. CARTER, TENA, , ,</b>			Date of Receipt
Mailing Address 895 HIGHWAY 173			<input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2016"/>
City WILMOT	State AR	Zip Code 71676-9429	<b>Transaction ID : SA17.592855</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer (for Individual) SELF		Occupation (for Individual) REAL ESTATE MANAGER, SELF-EMP	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="525.00"/>		
			NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. CARTER, TENA, , ,</b>			Date of Receipt
Mailing Address 895 HIGHWAY 173			<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2016"/>
City WILMOT	State AR	Zip Code 71676-9429	<b>Transaction ID : SA17.592856</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer (for Individual) SELF		Occupation (for Individual) REAL ESTATE MANAGER, SELF-EMP	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="525.00"/>		
			NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. CARTER, TENA, , ,</b>			Date of Receipt
Mailing Address 895 HIGHWAY 173			<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2016"/>
City WILMOT	State AR	Zip Code 71676-9429	<b>Transaction ID : SA17.592857</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer (for Individual) SELF		Occupation (for Individual) REAL ESTATE MANAGER, SELF-EMP	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="525.00"/>		
			NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="525.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 126 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. CARVIN, DARLENE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12400 HUNTERS GLEN BLVD.  
 CONDO # 28  
 City LITTLE ROCK State AR Zip Code 72211-2232  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.565246**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. CASARSA, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 679 BUSTI AVENUE  
 City BUFFALO State NY Zip Code 14213-2404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) C S BEHLER Occupation (for Individual) SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.555991**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. CASARSA, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 679 BUSTI AVENUE  
 City BUFFALO State NY Zip Code 14213-2404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) C S BEHLER Occupation (for Individual) SALES  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 09 / 2016  
**Transaction ID : SA17.555992**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 127 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. CASARSA, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 679 BUSTI AVENUE  
 City BUFFALO State NY Zip Code 14213-2404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) C S BEHLER Occupation (for Individual) SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 16 / 2016  
**Transaction ID : SA17.555993**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. CASEBEER, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 116 SW 45TH STREET  
 City LAWTON State OK Zip Code 73505-6804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SHERIDAN EXPRESS PHARMACY Occupation (for Individual) PHARMACIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.592999**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. CASEBEER, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 116 SW 45TH STREET  
 City LAWTON State OK Zip Code 73505-6804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SHERIDAN EXPRESS PHARMACY Occupation (for Individual) PHARMACIST  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 10 / 11 / 2016  
**Transaction ID : SA17.593000**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**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: (check only one)	PAGE 128 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. CASEBEER, JAMES, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 116 SW 45TH STREET

City LAWTON	State OK	Zip Code 73505-6804
----------------	-------------	------------------------

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

Name of Employer (for Individual) SHERIDAN EXPRESS PHARMACY	Occupation (for Individual) PHARMACIST
--	---

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
10		17		2016

**Transaction ID : SA17.593001**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 116 SW 45TH STREET

City LAWTON	State OK	Zip Code 73505-6804
----------------	-------------	------------------------

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

Name of Employer (for Individual) SHERIDAN EXPRESS PHARMACY	Occupation (for Individual) PHARMACIST
--	---

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
10		17		2016

**Transaction ID : SA17.593002**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 116 SW 45TH STREET

City LAWTON	State OK	Zip Code 73505-6804
----------------	-------------	------------------------

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

Name of Employer (for Individual) SHERIDAN EXPRESS PHARMACY	Occupation (for Individual) PHARMACIST
--	---

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
10		19		2016

**Transaction ID : SA17.593003**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 129 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. CASEBEER, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 116 SW 45TH STREET  
 City LAWTON State OK Zip Code 73505-6804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SHERIDAN EXPRESS PHARMACY Occupation (for Individual) PHARMACIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **10 / 12 / 2016**  
**Transaction ID : SA17.593004**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. CASEY, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 286 BENT CREEK DR. 902  
 City BOWLING GREEN State KY Zip Code 42103-7013  
 FEC ID number of contributing 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 **10 / 05 / 2016**  
**Transaction ID : SA17.565247**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. CASEY, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 286 BENT CREEK DR. 902  
 City BOWLING GREEN State KY Zip Code 42103-7013  
 FEC ID number of contributing 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 **10 / 10 / 2016**  
**Transaction ID : SA17.572805**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 130 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. CASEY, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 286 BENT CREEK DR.  
 902  
 City BOWLING GREEN State KY Zip Code 42103-7013  
 FEC ID number of contributing 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 **10 / 11 / 2016**  
**Transaction ID : SA17.582424**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. CASEY, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 286 BENT CREEK DR.  
 902  
 City BOWLING GREEN State KY Zip Code 42103-7013  
 FEC ID number of contributing 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 **10 / 17 / 2016**  
**Transaction ID : SA17.582426**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. CASSEL, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8909 EAGLEBROOK CT  
 City RALEIGH State NC Zip Code 27617-7539  
 FEC ID number of contributing 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 **10 / 05 / 2016**  
**Transaction ID : SA17.565248**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 131 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. CAVANAUGH, CAROLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27250 MURRIETA RD SPC 201  
 SPC 201  
 City SUN CITY State CA Zip Code 92586-3764  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HEALTH ESSENTIALS Occupation (for Individual) REGISTERED NURSE AND NURSING  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.558876**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. CAVANAUGH, JOSPEH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1022 ASPEN DRIVE  
 City MOUNTAIN TOP State PA Zip Code 18707-9102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CAVANAUGH ELECTRICAL CONTRACTING, INC. Occupation (for Individual) ELECTRICAL CONTRACTOR  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.556208**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. CAWLEY, PATRICK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6719 MYRTLE AVE  
 City RIDGEWOOD State NY Zip Code 11385-7056  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.590472**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	325.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 132 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. CAWLEY, PATRICK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6719 MYRTLE AVE  
 City RIDGEWOOD State NY Zip Code 11385-7056  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.590491**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. CHAMBERS, DAWN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 187 SOUTH TOAD  
 City BRENTWOOD State NH Zip Code 03833-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DAWN CHAMBERS AGENCY Occupation (for Individual) BUSINEDD OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 392.95

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.557123**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. CHAMBERS, DAWN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 187 SOUTH TOAD  
 City BRENTWOOD State NH Zip Code 03833-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DAWN CHAMBERS AGENCY Occupation (for Individual) BUSINEDD OWNER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 392.95

Date of Receipt 10 / 03 / 2016  
**Transaction ID : SA17.557124**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 133 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. CHAMBERS, DAWN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 187 SOUTH TOAD  
 City BRENTWOOD State NH Zip Code 03833-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DAWN CHAMBERS AGENCY Occupation (for Individual) BUSINEDD OWNER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 392.95

Date of Receipt 10 / 18 / 2016  
**Transaction ID : SA17.557125**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. CHAPA, DAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4350 OCEAN DR 40;  
 City CORPUS CHRISTI State TX Zip Code 78412-2593  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.565268**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. CHASE, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 WANDERING WAY  
 City SMITHTOWN State NY Zip Code 11787-1147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) SELF  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 09 / 2016  
**Transaction ID : SA17.591542**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	625.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 134 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. CHEEK, DAVID, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O BOX 13048

City LAS CRUCES	State NM	Zip Code 88013-3048
--------------------	-------------	------------------------

FEC ID number of contributing 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
10		03		2016

**Transaction ID : SA17.563837**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. CHEEK, DAVID, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O BOX 13048

City LAS CRUCES	State NM	Zip Code 88013-3048
--------------------	-------------	------------------------

FEC ID number of contributing 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
10		05		2016

**Transaction ID : SA17.565273**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. CHEEK, DAVID, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O BOX 13048

City LAS CRUCES	State NM	Zip Code 88013-3048
--------------------	-------------	------------------------

FEC ID number of contributing 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
10		09		2016

**Transaction ID : SA17.570752**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 135 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. CHEEK, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P O BOX 13048

City LAS CRUCES	State NM	Zip Code 88013-3048
--------------------	-------------	------------------------

FEC ID number of contributing 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  
 10 / 10 / 2016

**Transaction ID : SA17.572824**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. CHEEK, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P O BOX 13048

City LAS CRUCES	State NM	Zip Code 88013-3048
--------------------	-------------	------------------------

FEC ID number of contributing 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  
 10 / 17 / 2016

**Transaction ID : SA17.582458**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. CHICANO, STEPHEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20543 FUERO DRIVE

City WALNUT	State CA	Zip Code 91789-2431
----------------	-------------	------------------------

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

Name of Employer (for Individual) ARMAND CONSULTING INC.	Occupation (for Individual) COMMUNICATIONS ENGINEER4342
---	--

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  
 10 / 05 / 2016

**Transaction ID : SA17.565276**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 136 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. CHIRICO, BRIDGET, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 32520 ARCHDALE  
 CHAPEL HILL  
 City CHAPEL HILL State NC Zip Code 27517-8396  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RESTAURANT OWNER Occupation (for Individual) SELF EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2016  
**Transaction ID : SA17.562924**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. CHOATE, ART, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 117 PINE VALLEY  
 City WILLIAMSBURG State VA Zip Code 23188-9110  
 FEC ID number of contributing 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  
 10 / 05 / 2016  
**Transaction ID : SA17.565280**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. CHOUINARD, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20519 CRESCENT POINTE PLACE  
 City ASHBURN State VA Zip Code 20147-5536  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2016  
**Transaction ID : SA17.565281**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 137 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. CHOUINARD, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20519 CRESCENT POINTE PLACE  
 City ASHBURN State VA Zip Code 20147-5536  
 FEC ID number of contributing 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 10 / 08 / 2016  
**Transaction ID : SA17.569211**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. CHRISTIE, HARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23 LIDO CIRCLE  
 City REDWOOD CITY State CA Zip Code 94065-1326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GIGATEST LABS Occupation (for Individual) SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.558498**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. CHRISTIE, HARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23 LIDO CIRCLE  
 City REDWOOD CITY State CA Zip Code 94065-1326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GIGATEST LABS Occupation (for Individual) SALES  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 09 / 2016  
**Transaction ID : SA17.558499**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 138 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. CHRISTIE, HARRY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 23 LIDO CIRCLE

City REDWOOD CITY	State CA	Zip Code 94065-1326
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GIGATEST LABS	Occupation (for Individual) SALES
--	--------------------------------------

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
10		19		2016

**Transaction ID : SA17.558500**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. CHRISTOFFERSON, JUNE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 527

City MERRILL	State OR	Zip Code 97633-0527
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.85

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2016

**Transaction ID : SA17.565286**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. CHRISTENSEN, MARVIN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 101 MAPLE ST P.O. BOX140

City CLEMONS	State IA	Zip Code 50051-0140
-----------------	-------------	------------------------

FEC ID number of contributing 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
10		12		2016

**Transaction ID : SA17.586845**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	175.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 139 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. CHRISTENSEN, MARVIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 MAPLE ST P.O. BOX140  
 City CLEMONS State IA Zip Code 50051-0140  
 FEC ID number of contributing 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 **10 / 19 / 2016**  
**Transaction ID : SA17.588276**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. CHRISTOPHER, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27891 N. 100TH WAY  
 City SCOTTSDALE State AZ Zip Code 85262-8929  
 FEC ID number of contributing 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 **10 / 05 / 2016**  
**Transaction ID : SA17.565287**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. CIMINO, SAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 6390  
 City SHERWOOD State AR Zip Code 72124-6390  
 FEC ID number of contributing 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 **10 / 14 / 2016**  
**Transaction ID : SA17.588292**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 140 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. CINNAMOND, CARRIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 STACY STREET  
 City HAROLD State KY Zip Code 41635-7031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ECONOMY DRUG CO., INC. Occupation (for Individual) BUSINESS OWNER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 10 / 2016**  
**Transaction ID : SA17.557685**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. CLACK, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1410 BLUE RIDGE  
 City WAUNAKEE State WI Zip Code 53597-2373  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CLACK CORPORATION Occupation (for Individual) MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **10 / 15 / 2016**  
**Transaction ID : SA17.556593**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. CLAPP, MACIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2118 ANTIBES DR.  
 City CARROLLTON State TX Zip Code 75006-4326  
 FEC ID number of contributing 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 **10 / 03 / 2016**  
**Transaction ID : SA17.563843**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	775.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 141 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. CLAPP, MACIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2118 ANTIBES DR.  
 City CARROLLTON State TX Zip Code 75006-4326  
 FEC ID number of contributing 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  
 10 / 09 / 2016  
**Transaction ID : SA17.570770**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. CLAPP, MACIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2118 ANTIBES DR.  
 City CARROLLTON State TX Zip Code 75006-4326  
 FEC ID number of contributing 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  
 10 / 17 / 2016  
**Transaction ID : SA17.586852**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. CLAPP, MACIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2118 ANTIBES DR.  
 City CARROLLTON State TX Zip Code 75006-4326  
 FEC ID number of contributing 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  
 10 / 19 / 2016  
**Transaction ID : SA17.586853**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 142 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. CLARK, JANICE M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9251 S W 94TH LOOP  
 City Ocala State FL Zip Code 34481-4606  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.565307**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT; REFUNDED \$250.00 ON 10/05/2016

**B. CLARKE, JAY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22 PHILLIP DR  
 City SPOFFORD State NH Zip Code 03462-4621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CLARKE DISTRIBUTORS Occupation (for Individual) BEER WHOLESALER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.556599**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT

**C. CLAYTON, RONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 1448  
 City HAMILTON State AL Zip Code 35570-1448  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CHURCH OF CHRIST INDIA MISSIONS Occupation (for Individual) MISSIONARY  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.556469**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 143 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. CLEMENTS, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 306 MIDLAND AVE  
 City MORGANFIELD State KY Zip Code 42437-1810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) PHARMACIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.590886**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. CLEMMONS, BARBARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4601 HAMBLEN CT.  
 City SEABROOK State TX Zip Code 77586-1820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 335.90

Date of Receipt 10 / 07 / 2016  
**Transaction ID : SA17.568606**  
 Amount of Each Receipt this Period 27.95  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. CLEMMONS, BARBARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4601 HAMBLEN CT.  
 City SEABROOK State TX Zip Code 77586-1820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 335.90

Date of Receipt 10 / 09 / 2016  
**Transaction ID : SA17.570778**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	132.95
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 144 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. CLEMMONS, BARBARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4601 HAMBLEN CT.  
 City SEABROOK State TX Zip Code 77586-1820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 335.90

Date of Receipt **10 / 09 / 2016**  
**Transaction ID : SA17.570779**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. CLEMMONS, BARBARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4601 HAMBLEN CT.  
 City SEABROOK State TX Zip Code 77586-1820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 335.90

Date of Receipt **10 / 10 / 2016**  
**Transaction ID : SA17.572856**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. CLEMMONS, BARBARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4601 HAMBLEN CT.  
 City SEABROOK State TX Zip Code 77586-1820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 335.90

Date of Receipt **10 / 10 / 2016**  
**Transaction ID : SA17.572857**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 145 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. CLEMMONS, BARBARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4601 HAMBLEN CT.  
 City SEABROOK State TX Zip Code 77586-1820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 335.90

Date of Receipt 10 / 16 / 2016  
**Transaction ID : SA17.587826**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. CLINE, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3392 CASTLEWOOD BLVD  
 City LEWISVILLE State TX Zip Code 75077-1833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CLINE ENGINEERING AND CONSULTING, INC. Occupation (for Individual) PROJECT MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.556620**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. CLINE, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3392 CASTLEWOOD BLVD  
 City LEWISVILLE State TX Zip Code 75077-1833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CLINE ENGINEERING AND CONSULTING, INC. Occupation (for Individual) PROJECT MANAGER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 14 / 2016  
**Transaction ID : SA17.556621**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 146 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. COCHRAN, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19731 HILLOCK VIEW PLAZA  
 City YORBA LINDA State CA Zip Code 92886-5644  
 FEC ID number of contributing 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 **10 / 01 / 2016**  
**Transaction ID : SA17.563333**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. COCHRAN, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19731 HILLOCK VIEW PLAZA  
 City YORBA LINDA State CA Zip Code 92886-5644  
 FEC ID number of contributing 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 **10 / 08 / 2016**  
**Transaction ID : SA17.569226**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. COCHRAN, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19731 HILLOCK VIEW PLAZA  
 City YORBA LINDA State CA Zip Code 92886-5644  
 FEC ID number of contributing 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 **10 / 12 / 2016**  
**Transaction ID : SA17.586869**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 147 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. COCHRAN, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19731 HILLOCK VIEW PLAZA  
 City YORBA LINDA State CA Zip Code 92886-5644  
 FEC ID number of contributing 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 **10 / 19 / 2016**  
**Transaction ID : SA17.587714**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. COCHRAN, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 441 N LAKE WAY  
 City PALM BEACH State FL Zip Code 33480-3636  
 FEC ID number of contributing 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 **10 / 13 / 2016**  
**Transaction ID : SA17.588337**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. COFER, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 125 DEEP SPRINGS CT.  
 City LINCOLN State CA Zip Code 95648-8786  
 FEC ID number of contributing 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 **10 / 05 / 2016**  
**Transaction ID : SA17.565321**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1125.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 148 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. COHEN, STEVEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 730 CARPENTER ROAD  
 N/A  
 City ALEXANDRIA State VA Zip Code 22314-6226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMCUBE Occupation (for Individual) SMALL BUSINESS HEAD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 09 / 2016  
**Transaction ID : SA17.557767**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. COHEN, STEVEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 730 CARPENTER ROAD  
 N/A  
 City ALEXANDRIA State VA Zip Code 22314-6226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMCUBE Occupation (for Individual) SMALL BUSINESS HEAD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 16 / 2016  
**Transaction ID : SA17.557768**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. COLLIER, HOWARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 581 JOLLY ROGERS RD  
 ADDRESS 2  
 City ABILENE State TX Zip Code 79601-2709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 915.00

Date of Receipt 10 / 09 / 2016  
**Transaction ID : SA17.570790**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	375.00
<b>TOTAL</b> 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 149 OF 783  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**COLLIER, HOWARD, , ,**

Mailing Address 581 JOLLY ROGERS RD  
ADDRESS 2

City ABILENE State TX Zip Code 79601-2709

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
915.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 10 / 2016

Transaction ID : SA17.572878

Amount of Each Receipt this Period  
10.00

Memo Item CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**COLLIER, HOWARD, , ,**

Mailing Address 581 JOLLY ROGERS RD  
ADDRESS 2

City ABILENE State TX Zip Code 79601-2709

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
915.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 10 / 2016

Transaction ID : SA17.572879

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**COLLIER, HOWARD, , ,**

Mailing Address 581 JOLLY ROGERS RD  
ADDRESS 2

City ABILENE State TX Zip Code 79601-2709

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
915.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 13 / 2016

Transaction ID : SA17.577091

Amount of Each Receipt this Period  
5.00

Memo Item CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**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: (check only one)	PAGE 150 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. COLLINS, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10412 COUNTRYSIDE DR  
 City DENTON State TX Zip Code 76207-6608  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.565335**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. COLVIN, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1415 SECOND ST, F205  
 City CORONADO State CA Zip Code 92118-1543  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BOOZ ALLEN HAMILTON Occupation (for Individual) SENIOR LOGISTICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.556987**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. COLVIN, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1415 SECOND ST, F205  
 City CORONADO State CA Zip Code 92118-1543  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BOOZ ALLEN HAMILTON Occupation (for Individual) SENIOR LOGISTICIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 14 / 2016  
**Transaction ID : SA17.561748**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 151 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. COLVIN, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1415 SECOND ST,  
 F205  
 City CORONADO State CA Zip Code 92118-1543  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BOOZ ALLEN HAMILTON Occupation (for Individual) SENIOR LOGISTICIAN  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00

Date of Receipt **10 / 09 / 2016**  
**Transaction ID : SA17.595608**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. COLVIN, RUSSELL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12284 WILKINS AVENUE  
 City ROCKVILLE State MD Zip Code 20852-1834  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MARYLAND FIRE EQUIPMENT Occupation (for Individual) VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00

Date of Receipt **10 / 04 / 2016**  
**Transaction ID : SA17.560778**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. COLVIN, RUSSELL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12284 WILKINS AVENUE  
 City ROCKVILLE State MD Zip Code 20852-1834  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MARYLAND FIRE EQUIPMENT Occupation (for Individual) VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.560779**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 152 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. COMET, BLAINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 366 WEST 100 NORTH  
 City LEHI State UT Zip Code 84043-1729  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CIVIL SCIENCE INC Occupation (for Individual) CIVIL ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.556588**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. CONEFRY, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 133 VANDERBILT BLVD  
 City OAKDALE State NY Zip Code 11769-2034  
 FEC ID number of contributing 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 10 / 08 / 2016  
**Transaction ID : SA17.569234**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. CONNOR, MARIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 36 ALLERTON ST.  
 City BROOKLINE State MA Zip Code 02445-7726  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) POLYVINYL FILMS Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 13 / 2016  
**Transaction ID : SA17.562466**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	775.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 153 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. CONNOR, MARIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 36 ALLERTON ST.  
 City BROOKLINE State MA Zip Code 02445-7726  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) POLYVINYL FILMS Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 12 / 2016  
**Transaction ID : SA17.562467**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. CONROY, BOBBY D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1228 WILLOW COVE TER  
 City TYLER State TX Zip Code 75703-3957  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.565350**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. CONROY, BOBBY D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1228 WILLOW COVE TER  
 City TYLER State TX Zip Code 75703-3957  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.565351**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 OF 783
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. CONROY, BOBBY D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1228 WILLOW COVE TER  
 City TYLER State TX Zip Code 75703-3957  
 FEC ID number of contributing 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 **10 / 12 / 2016**  
**Transaction ID : SA17.582577**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. CONROY, BOBBY D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1228 WILLOW COVE TER  
 City TYLER State TX Zip Code 75703-3957  
 FEC ID number of contributing 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 **10 / 11 / 2016**  
**Transaction ID : SA17.582578**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. COOGAN JR., HENRY W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2742 LIVE OAK LANE  
 City MIDLOTHIAN State VA Zip Code 23113-3100  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt **10 / 19 / 2016**  
**Transaction ID : SA17.587837**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 155 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. COOGAN JR., HENRY W., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2742 LIVE OAK LANE  
 City MIDLOTHIAN State VA Zip Code 23113-3100  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 16 / 2016  
**Transaction ID : SA17.588338**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. COOP, LINDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1506 N TENNESSEE BLVD  
 City MURFREESBORO State TN Zip Code 37130-1650  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.565360**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. COOP, LINDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1506 N TENNESSEE BLVD  
 City MURFREESBORO State TN Zip Code 37130-1650  
 FEC ID number of contributing 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 10 / 10 / 2016  
**Transaction ID : SA17.572897**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1125.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 156 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. COOP, LINDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1506 N TENNESSEE BLVD  
 City MURFREESBORO State TN Zip Code 37130-1650  
 FEC ID number of contributing 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 **10 / 14 / 2016**  
**Transaction ID : SA17.577120**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. COOPER, CURT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2460 WHITE OAK PLACE  
 City DANVILLE State CA Zip Code 94506-2040  
 FEC ID number of contributing 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 **10 / 05 / 2016**  
**Transaction ID : SA17.565365**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. COOPER, CURT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2460 WHITE OAK PLACE  
 City DANVILLE State CA Zip Code 94506-2040  
 FEC ID number of contributing 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 **10 / 12 / 2016**  
**Transaction ID : SA17.586879**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 157 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. CORNELL, JANET, , ,</b>		Date of Receipt MM / DD / YYYY 10 / 05 / 2016
Mailing Address 200 CONGRESS AVE 36 H		<b>Transaction ID : SA17.565376</b>
City AUSTIN	State TX	Zip Code 78701-4527
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. CORRAO, LUD, , ,</b>		Date of Receipt MM / DD / YYYY 10 / 05 / 2016
Mailing Address P.O. BOX 12907		<b>Transaction ID : SA17.565379</b>
City RENO	State NV	Zip Code 89510-2907
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. CORRAO, LUD, , ,</b>		Date of Receipt MM / DD / YYYY 10 / 08 / 2016
Mailing Address P.O. BOX 12907		<b>Transaction ID : SA17.569241</b>
City RENO	State NV	Zip Code 89510-2907
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 600.00	NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	700.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 158 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. CORRAO, LUD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 12907  
 City RENO State NV Zip Code 89510-2907  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.572925**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. CORRODI, HCORRODI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31281 CANTERBURY CT.  
 City TEMECULA State CA Zip Code 92591-3902  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.565381**  
 Amount of Each Receipt this Period 35.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. COSNER, ARLENE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7525 RUNNINGBROOK COURT  
 City INDIANAPOLIS State IN Zip Code 46254-9770  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.565387**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 OF 783
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. COSNER, ARLENE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7525 RUNNINGBROOK COURT  
 City INDIANAPOLIS State IN Zip Code 46254-9770  
 FEC ID number of contributing 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 10 / 16 / 2016  
**Transaction ID : SA17.582621**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. COSNER, ARLENE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7525 RUNNINGBROOK COURT  
 City INDIANAPOLIS State IN Zip Code 46254-9770  
 FEC ID number of contributing 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 10 / 17 / 2016  
**Transaction ID : SA17.586630**  
 Amount of Each Receipt this Period 35.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. COUTURE, PETER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 317 SUSANNA DR  
 City KERNERSVILLE State NC Zip Code 27284-2161  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CYRSCO,INC. Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1047.95

Date of Receipt 10 / 04 / 2016  
**Transaction ID : SA17.557047**  
 Amount of Each Receipt this Period 47.95  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	107.95
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 160 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. COUTURE, PETER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 317 SUSANNA DR  
 City KERNERSVILLE State NC Zip Code 27284-2161  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CYRSCO, INC. Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1047.95

Date of Receipt 10 / 11 / 2016  
**Transaction ID : SA17.557048**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. COWEN, BARBARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 154 ESSEX DRIVE  
 City TENAFLY State NJ Zip Code 07670-2300  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) COWEN & JACOBS Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : SA17.556915**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. COX, BURL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2821 RAMPART ROAD  
 City NORMAN State OK Zip Code 73071-3810  
 FEC ID number of contributing 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 10 / 07 / 2016  
**Transaction ID : SA17.568619**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1350.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 161 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. COX, BURL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2821 RAMPART ROAD  
 City NORMAN State OK Zip Code 73071-3810  
 FEC ID number of contributing 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  
 10 / 17 / 2016  
**Transaction ID : SA17.587840**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. COX, BURL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2821 RAMPART ROAD  
 City NORMAN State OK Zip Code 73071-3810  
 FEC ID number of contributing 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  
 10 / 17 / 2016  
**Transaction ID : SA17.587841**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. COX, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4668 SAINT CLAIR AVE.  
 4668 SAINT CLAIR AVE  
 City VALLEY VILLAGE State CA Zip Code 91607-3810  
 FEC ID number of contributing 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  
 10 / 12 / 2016  
**Transaction ID : SA17.589971**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 162 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. CRATES, ANGELA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5220 RUNNIN RIVER DRIVE  
 City PLANO State TX Zip Code 75093-7557  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FOOT INNOVATIONS Occupation (for Individual) MEDICAL DEVICES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 12 / 2016  
**Transaction ID : SA17.558192**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. CREECH, FRED, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3335 SE 18TH AVE  
 City CAPE CORAL State FL Zip Code 33904-4470  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 10 / 01 / 2016  
**Transaction ID : SA17.563338**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. CREECH, FRED, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3335 SE 18TH AVE  
 City CAPE CORAL State FL Zip Code 33904-4470  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 10 / 08 / 2016  
**Transaction ID : SA17.569258**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	550.00
<b>TOTAL</b> 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 163 OF 783  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. CREECH, FRED, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3335 SE 18TH AVE  
 City CAPE CORAL State FL Zip Code 33904-4470  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.577151**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. CREECH, FRED, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3335 SE 18TH AVE  
 City CAPE CORAL State FL Zip Code 33904-4470  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 10 / 11 / 2016  
**Transaction ID : SA17.582652**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. CREECH, FRED, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3335 SE 18TH AVE  
 City CAPE CORAL State FL Zip Code 33904-4470  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 10 / 16 / 2016  
**Transaction ID : SA17.582653**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 55.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 164 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. CREECH, FRED, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3335 SE 18TH AVE

City CAPE CORAL	State FL	Zip Code 33904-4470
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
780.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 19 / 2016  
**Transaction ID : SA17.582654**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. CREECH, FRED, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3335 SE 18TH AVE

City CAPE CORAL	State FL	Zip Code 33904-4470
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
780.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 13 / 2016  
**Transaction ID : SA17.582655**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. CREECH, FRED, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3335 SE 18TH AVE

City CAPE CORAL	State FL	Zip Code 33904-4470
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
780.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 19 / 2016  
**Transaction ID : SA17.582656**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 165 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. CRENSHAW, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3712 TYNEMOORE TRACE  
 City SMYRNA State GA Zip Code 30080-5985  
 FEC ID number of contributing 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 10 / 18 / 2016  
**Transaction ID : SA17.588342**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT; REFUNDED \$5,000.00 ON 10/19/2016

**B. CROSSLAND, ROGER, LEE, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 220 COLONIAL DRIVE  
 City FAIRFIELD State CT Zip Code 06824-6819  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.589506**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. CROSSLAND, ROGER, LEE, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 220 COLONIAL DRIVE  
 City FAIRFIELD State CT Zip Code 06824-6819  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.589525**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5075.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 166 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. CROUCH, RODDIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2145 RIVER FALLS DR.  
 City ROSWELL State GA Zip Code 30076-5122  
 FEC ID number of contributing 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 **10 / 08 / 2016**  
**Transaction ID : SA17.569263**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. CROUCH, RODDIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2145 RIVER FALLS DR.  
 City ROSWELL State GA Zip Code 30076-5122  
 FEC ID number of contributing 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 **10 / 13 / 2016**  
**Transaction ID : SA17.587843**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. CROUCH, RODDIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2145 RIVER FALLS DR.  
 City ROSWELL State GA Zip Code 30076-5122  
 FEC ID number of contributing 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 **10 / 18 / 2016**  
**Transaction ID : SA17.587844**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 167 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. CROYLE, THOMAS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 26726 MIDLAND RD

City BAY VILLAGE	State OH	Zip Code 44140-2435
---------------------	-------------	------------------------

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

Name of Employer (for Individual) MADISON MINERALS, INC	Occupation (for Individual) BUSINESS OWNER
--	---

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
10	/	10	/	2016

**Transaction ID : SA17.560671**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. CRUICKSHANK, JERRY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4523 AVERILL DR.

City GRANTS PASS	State OR	Zip Code 97526-4113
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
263.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2016

**Transaction ID : SA17.565425**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. CRUICKSHANK, JERRY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4523 AVERILL DR.

City GRANTS PASS	State OR	Zip Code 97526-4113
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
263.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2016

**Transaction ID : SA17.572944**

Amount of Each Receipt this Period  
3.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	353.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 168 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. CRUICKSHANK, JERRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4523 AVERILL DR.  
 City GRANTS PASS State OR Zip Code 97526-4113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 263.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2016  
**Transaction ID : SA17.572945**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. CRUICKSHANK, JERRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4523 AVERILL DR.  
 City GRANTS PASS State OR Zip Code 97526-4113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 263.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2016  
**Transaction ID : SA17.579777**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. CULBERTSON, ALEXANDER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3195 NW 139TH PL., PORTLAND, OREGO  
 City PORTLAND State OR Zip Code 97229-7010  
 FEC ID number of contributing 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  
 10 / 05 / 2016  
**Transaction ID : SA17.565427**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	85.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 169 OF 783
<input 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 checked="" 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)  
**Committee to Defend the President**

**A. CULBERSON, CAROL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 242 UMBRELLA PL  
 City JUPITER State FL Zip Code 33458-1625  
 FEC ID number of contributing 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 **10 / 05 / 2016**  
**Transaction ID : SA17.565426**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. CUMMIKNS, JOAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2608 ASHLEY WOODS DRIVE  
 City WESTCHESTER State IL Zip Code 60154-5908  
 FEC ID number of contributing 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 **10 / 06 / 2016**  
**Transaction ID : SA17.568159**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. CUMMIKNS, JOAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2608 ASHLEY WOODS DRIVE  
 City WESTCHESTER State IL Zip Code 60154-5908  
 FEC ID number of contributing 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 **10 / 13 / 2016**  
**Transaction ID : SA17.582689**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 170 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. CUMMIKNS, JOAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2608 ASHLEY WOODS DRIVE  
 City WESTCHESTER State IL Zip Code 60154-5908  
 FEC ID number of contributing 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 10 / 19 / 2016  
**Transaction ID : SA17.582690**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. CUMMING, LOUIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5440 WESTKNOLL DRIVE  
 City LA JOLLA State CA Zip Code 92037-7143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 387.54

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.565429**  
 Amount of Each Receipt this Period 35.79  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. CUMMING, LOUIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5440 WESTKNOLL DRIVE  
 City LA JOLLA State CA Zip Code 92037-7143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 387.54

Date of Receipt 10 / 07 / 2016  
**Transaction ID : SA17.568626**  
 Amount of Each Receipt this Period 45.67  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	106.46
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 171 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. CUNNINGHAM, RALPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5128 TANGLE LANE  
 City HOUSTON State TX Zip Code 77056-2116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ENTERPRISE PRODUCTS COMPANY Occupation (for Individual) ENERGY EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **10 / 16 / 2016**  
**Transaction ID : SA17.557814**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. CURTIS, JANE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2067 HARTWICK CIRCLE  
 City THOUSAND OAKS State CA Zip Code 91360-1905  
 FEC ID number of contributing 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 **10 / 05 / 2016**  
**Transaction ID : SA17.565438**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. CURTIS, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 513 MARGO DR.  
 City PEARSALL State TX Zip Code 78061-3915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF FRIO IRRIGATION Occupation (for Individual) WATER WELL PUMPS SALES & SERV  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.591931**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1200.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 172 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. CUTSHALL, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7903 EASTN AVE . KALAMAZOO MI.  
 City KALAMAZOO State MI Zip Code 49048-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OMEGA CASTINGS INC. Occupation (for Individual) PRESIDENT-OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.562021**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT; REFUNDED \$250.00 ON 11/10/2016

**B. DAGLEY, CONNIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 203 SW 17TH ST  
 City SEMINOLE State TX Zip Code 79360-4011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DAGLEY INSURANCE Occupation (for Individual) OFFICE MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : SA17.557068**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT

**C. DAGLEY, CONNIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 203 SW 17TH ST  
 City SEMINOLE State TX Zip Code 79360-4011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DAGLEY INSURANCE Occupation (for Individual) OFFICE MANAGER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.557069**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 173 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. DAGLEY, CONNIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 203 SW 17TH ST  
 City SEMINOLE State TX Zip Code 79360-4011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DAGLEY INSURANCE Occupation (for Individual) OFFICE MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.557070**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. DAGLEY, CONNIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 203 SW 17TH ST  
 City SEMINOLE State TX Zip Code 79360-4011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DAGLEY INSURANCE Occupation (for Individual) OFFICE MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 12 / 2016  
**Transaction ID : SA17.557071**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. DAGLEY, CONNIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 203 SW 17TH ST  
 City SEMINOLE State TX Zip Code 79360-4011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DAGLEY INSURANCE Occupation (for Individual) OFFICE MANAGER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 14 / 2016  
**Transaction ID : SA17.557072**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 174 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. DAGLEY, CONNIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 203 SW 17TH ST  
 City SEMINOLE State TX Zip Code 79360-4011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DAGLEY INSURANCE Occupation (for Individual) OFFICE MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 17 / 2016  
**Transaction ID : SA17.557073**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. DAGLEY, CONNIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 203 SW 17TH ST  
 City SEMINOLE State TX Zip Code 79360-4011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DAGLEY INSURANCE Occupation (for Individual) OFFICE MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 13 / 2016  
**Transaction ID : SA17.557074**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. DANIEL, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 43 BASS ROAD  
 City CARRIERE State MS Zip Code 39426-8130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EE USA Occupation (for Individual) LAB MANAGER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 11 / 2016  
**Transaction ID : SA17.557713**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 175 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. DANIEL, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4155 LAWRENCEVILLE HWY # 8148  
 City LILBURN State GA Zip Code 30047-1500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PRIVATE Occupation (for Individual) TECH  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt **10 / 09 / 2016**  
**Transaction ID : SA17.562559**  
 Amount of Each Receipt this Period 2700.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. DAVIES, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2984 SCENIC VALLEY WAY  
 City HENDERSON State NV Zip Code 89052-4045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) SELF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.591515**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. DAVIES, STEVE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1190 125TH ROAD  
 City STROMSBURG State NE Zip Code 68666-6210  
 FEC ID number of contributing 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 **10 / 18 / 2016**  
**Transaction ID : SA17.588293**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3000.00
<b>TOTAL</b> 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 176 OF 783  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. DAVIS, BRIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17038 OCONTO AVE.  
 City TINLEY PARK State IL Zip Code 60477-2618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2016  
**Transaction ID : SA17.565467**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. DAVIS, BRIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17038 OCONTO AVE.  
 City TINLEY PARK State IL Zip Code 60477-2618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 08 / 2016  
**Transaction ID : SA17.569278**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. DAVIS, BRIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17038 OCONTO AVE.  
 City TINLEY PARK State IL Zip Code 60477-2618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2016  
**Transaction ID : SA17.572978**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 53.00  
**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 177 OF 783  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. DAVIS, BRIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17038 OCONTO AVE.  
 City TINLEY PARK State IL Zip Code 60477-2618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2016  
**Transaction ID : SA17.572980**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. DAVIS, BRIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17038 OCONTO AVE.  
 City TINLEY PARK State IL Zip Code 60477-2618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 11 / 2016  
**Transaction ID : SA17.572204**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. DAVIS, BRIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17038 OCONTO AVE.  
 City TINLEY PARK State IL Zip Code 60477-2618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2016  
**Transaction ID : SA17.579799**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 25.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 178 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. DAVIS, BRIAN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17038 OCONTO AVE.

City TINLEY PARK	State IL	Zip Code 60477-2618
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
228.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		13		2016

**Transaction ID : SA17.582748**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. DAVIS, BRIAN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17038 OCONTO AVE.

City TINLEY PARK	State IL	Zip Code 60477-2618
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
228.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		19		2016

**Transaction ID : SA17.582760**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. DAVIS, BRIAN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17038 OCONTO AVE.

City TINLEY PARK	State IL	Zip Code 60477-2618
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
228.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		17		2016

**Transaction ID : SA17.586901**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 179 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. DAVIS, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 461466

City SAN ANTONIO	State TX	Zip Code 78246-1466
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) SELF EMPLOYED		Occupation (for Individual) SALES
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2016

**Transaction ID : SA17.592434**

Amount of Each Receipt this Period  

100.00
--------

 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. DAVIS, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 710 MARGARET ST

City SAN JOSE	State CA	Zip Code 95112-2309
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2016

**Transaction ID : SA17.565469**

Amount of Each Receipt this Period  

1000.00
---------

 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. DAVIS, KATHIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3133 FROMT ST

City KLAMATH FALLS	State OR	Zip Code 97601-1281
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2016

**Transaction ID : SA17.565465**

Amount of Each Receipt this Period  

25.00
-------

 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1125.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 180 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. DAVIS, KATHIE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3133 FROMT ST

City KLAMATH FALLS	State OR	Zip Code 97601-1281
-----------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2016

**Transaction ID : SA17.570863**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. DAVIS, KATHIE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3133 FROMT ST

City KLAMATH FALLS	State OR	Zip Code 97601-1281
-----------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2016

**Transaction ID : SA17.572987**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. DAY, JANICE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2101 CROWNEST DRIVE

City PALM HARBOR	State FL	Zip Code 34685-1504
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
575.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2016

**Transaction ID : SA17.569282**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 181 OF 783
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. DAY, JANICE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2101 CROWSNEST DRIVE

City PALM HARBOR	State FL	Zip Code 34685-1504
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
575.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2016

**Transaction ID : SA17.572990**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. DAY, JANICE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2101 CROWSNEST DRIVE

City PALM HARBOR	State FL	Zip Code 34685-1504
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
575.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2016

**Transaction ID : SA17.572991**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. DAY, JANICE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2101 CROWSNEST DRIVE

City PALM HARBOR	State FL	Zip Code 34685-1504
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
575.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2016

**Transaction ID : SA17.572993**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 182 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. DAY, JANICE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2101 CROWSNEST DRIVE

City PALM HARBOR	State FL	Zip Code 34685-1504
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
575.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		18		2016

**Transaction ID : SA17.582764**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. DAY, JANICE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2101 CROWSNEST DRIVE

City PALM HARBOR	State FL	Zip Code 34685-1504
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
575.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		18		2016

**Transaction ID : SA17.582768**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. DAY, JANICE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2101 CROWSNEST DRIVE

City PALM HARBOR	State FL	Zip Code 34685-1504
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
575.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		19		2016

**Transaction ID : SA17.582770**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 183 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. DAY, JANICE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2101 CROWSNEST DRIVE  
 City PALM HARBOR State FL Zip Code 34685-1504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2016  
**Transaction ID : SA17.586905**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. DEAN, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 COLONIAL ST  
 City SIOUX CENTER State IA Zip Code 51250-2950  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) VERSOVA MANAGEMENT COMPANY Occupation (for Individual) AGRICULTURE  
 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  
 10 / 03 / 2016  
**Transaction ID : SA17.594930**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. DEAN, TERENCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7801 TAYLORSVILLE RD  
 City DAYTON State OH Zip Code 45424-6319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2016  
**Transaction ID : SA17.572996**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 184 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. DEARING, JOHM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7823 CTY RD 39 NW  
 City ANNANDALE State MN Zip Code 55302-2315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) FARMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.590202**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. DEERIN WARD, DONNA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 LOWER RIVER ROAD  
 City BROGUE State PA Zip Code 17309-9200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) COMMERCIAL COMMERCIAL REAL ESTATE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 08 / 2016  
**Transaction ID : SA17.589785**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. DEHAVEN, ROSEMARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1113 MAJESTIC HILLS BLVD.  
 City SPICEWOOD State TX Zip Code 78669-3088  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AMERIPRISE FINANCIAL Occupation (for Individual) FINANCIAL ADVISOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 07 / 2016  
**Transaction ID : SA17.555088**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1140.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 185 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. DEINDORFER, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 41-36 51ST ST  
 D-3  
 City WOODSIDE State NY Zip Code 11377-4467  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.565486**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. DEINDORFER, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 41-36 51ST ST  
 D-3  
 City WOODSIDE State NY Zip Code 11377-4467  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : SA17.568170**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. DEINDORFER, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 41-36 51ST ST  
 D-3  
 City WOODSIDE State NY Zip Code 11377-4467  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.573007**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	31.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 186 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
DEINDORFER, JOHN, , ,

Mailing Address 41-36 51ST ST  
D-3

City WOODSIDE	State NY	Zip Code 11377-4467
------------------	-------------	------------------------

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

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

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
10	/	10	/	2016

**Transaction ID : SA17.573008**

Amount of Each Receipt this Period  

3.00
------

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
DEINDORFER, JOHN, , ,

Mailing Address 41-36 51ST ST  
D-3

City WOODSIDE	State NY	Zip Code 11377-4467
------------------	-------------	------------------------

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

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

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
10	/	19	/	2016

**Transaction ID : SA17.575479**

Amount of Each Receipt this Period  

3.00
------

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
DEINDORFER, JOHN, , ,

Mailing Address 41-36 51ST ST  
D-3

City WOODSIDE	State NY	Zip Code 11377-4467
------------------	-------------	------------------------

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

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

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
10	/	12	/	2016

**Transaction ID : SA17.575480**

Amount of Each Receipt this Period  

3.00
------

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	11.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 187 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**DEINDORFER, JOHN, , ,**

Mailing Address **41-36 51ST ST**  
D-3

City **WOODSIDE** State **NY** Zip Code **11377-4467**

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**280.00**

Date of Receipt  
**10 / 12 / 2016**

**Transaction ID : SA17.577236**

Amount of Each Receipt this Period  
**5.00**

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**DEINDORFER, JOHN, , ,**

Mailing Address **41-36 51ST ST**  
D-3

City **WOODSIDE** State **NY** Zip Code **11377-4467**

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**280.00**

Date of Receipt  
**10 / 18 / 2016**

**Transaction ID : SA17.577237**

Amount of Each Receipt this Period  
**5.00**

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**DEKKER, CURTIS, , ,**

Mailing Address **17 SUNNYHILL WAY**

City **PITTSBURG** State **CA** Zip Code **94565-5736**

FEC ID number of contributing 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  
**10 / 05 / 2016**

**Transaction ID : SA17.565487**

Amount of Each Receipt this Period  
**100.00**

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>110.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 188 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. DEL VALLE, ELLEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 78382 HAMPSHIREAVE  
 City PALM DESERT State CA Zip Code 92211-1953  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.565492**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. DEL VALLE, ELLEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 78382 HAMPSHIREAVE  
 City PALM DESERT State CA Zip Code 92211-1953  
 FEC ID number of contributing 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 10 / 08 / 2016  
**Transaction ID : SA17.569297**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. DELORENZO, PATRICK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 800 LA CROSSE DRIVE  
 City MORGAN HILL State CA Zip Code 95037-5321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DIOCESE OF SAN JOSE Occupation (for Individual) MINISTER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5005.00

Date of Receipt 10 / 12 / 2016  
**Transaction ID : SA17.557323**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	130.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 189 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. DELORENZO, PATRICK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 800 LA CROSSE DRIVE  
 City MORGAN HILL State CA Zip Code 95037-5321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DIOCESE OF SAN JOSE Occupation (for Individual) MINISTER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 5005.00

Date of Receipt **10 / 13 / 2016**  
**Transaction ID : SA17.557324**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT; REFUNDED \$5,000.00 ON 10/24/2016

**B. DEMPSTER, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address POBOX 3010  
 City ANDERSON State AK Zip Code 99744-3010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 275.95

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.555447**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT

**C. DEMPSTER, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address POBOX 3010  
 City ANDERSON State AK Zip Code 99744-3010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 275.95

Date of Receipt **10 / 03 / 2016**  
**Transaction ID : SA17.555448**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5053.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 190 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. DEMPSTER, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address POBOX 3010

City ANDERSON	State AK	Zip Code 99744-3010
------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2016

**Transaction ID : SA17.555449**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. DEMPSTER, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address POBOX 3010

City ANDERSON	State AK	Zip Code 99744-3010
------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2016

**Transaction ID : SA17.555450**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. DEMPSTER, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address POBOX 3010

City ANDERSON	State AK	Zip Code 99744-3010
------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
275.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2016

**Transaction ID : SA17.555451**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 191 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. DENISON, NELSON, C., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2814 BIRDSEYE LANE  
 City BOWIE State MD Zip Code 20715-3932  
 FEC ID number of contributing 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  
 10 / 05 / 2016  
**Transaction ID : SA17.565503**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. DENNIS, DAN A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1524 CHANDLER ROAD  
 City HUNTSVILLE State AL Zip Code 35801-1476  
 FEC ID number of contributing 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  
 10 / 05 / 2016  
**Transaction ID : SA17.565506**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. DEROUEN, MAXINERN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6012 BULL ISLAND RD  
 City NEW IBERIA State LA Zip Code 70560-8787  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DISABLED Occupation (for Individual) R.N.  
 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  
 10 / 05 / 2016  
**Transaction ID : SA17.557391**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	175.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 192 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. DESARLA, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12023 SAIL PLACE DR  
 City INDIANAPOLIS State IN Zip Code 46256-9441  
 FEC ID number of contributing 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 10 / 07 / 2016  
**Transaction ID : SA17.568637**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. DESTITO, LISETTE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 94 EVERETT AVE.  
 City STATEN ISLAND State NY Zip Code 10309-3537  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) L&L REALTY CORP Occupation (for Individual) REAL PROPERTY MANAGEMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.560218**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. DETZ, MAUREEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 RACINE CT  
 City LAKE SAINT LOUIS State MO Zip Code 63367-1225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) TAXPREPARER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.589317**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	550.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 193 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. DETZ, MAUREEN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 RACINE CT

City LAKE SAINT LOUIS	State MO	Zip Code 63367-1225
--------------------------	-------------	------------------------

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

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

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
10		19		2016

**Transaction ID : SA17.592564**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. DETZ, MAUREEN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 RACINE CT

City LAKE SAINT LOUIS	State MO	Zip Code 63367-1225
--------------------------	-------------	------------------------

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

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

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
10		15		2016

**Transaction ID : SA17.592565**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. DEWITT, HARLAND, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10297 SW VISCONTI WAY

City PORT SAINT LUCIE	State FL	Zip Code 34986-2863
--------------------------	-------------	------------------------

FEC ID number of contributing 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
10		05		2016

**Transaction ID : SA17.565515**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 194 OF 783
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. DEWITT, HARLAND, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10297 SW VISCONTI WAY  
 City PORT SAINT LUCIE State FL Zip Code 34986-2863  
 FEC ID number of contributing 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 10 / 07 / 2016  
**Transaction ID : SA17.568640**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. DEWITT, HARLAND, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10297 SW VISCONTI WAY  
 City PORT SAINT LUCIE State FL Zip Code 34986-2863  
 FEC ID number of contributing 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 10 / 10 / 2016  
**Transaction ID : SA17.573044**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. DEWITT, HARLAND, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10297 SW VISCONTI WAY  
 City PORT SAINT LUCIE State FL Zip Code 34986-2863  
 FEC ID number of contributing 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 10 / 11 / 2016  
**Transaction ID : SA17.582835**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**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: (check only one)	PAGE 195 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. DEWITT, HARLAND, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10297 SW VISCONTI WAY  
 City PORT SAINT LUCIE State FL Zip Code 34986-2863  
 FEC ID number of contributing 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 10 / 12 / 2016  
**Transaction ID : SA17.582836**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. DEWITT, HARLAND, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10297 SW VISCONTI WAY  
 City PORT SAINT LUCIE State FL Zip Code 34986-2863  
 FEC ID number of contributing 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 10 / 15 / 2016  
**Transaction ID : SA17.586926**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. DEYS, ESTHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4300 STATE ROUTE 31  
 City PALMYRA State NY Zip Code 14522-9719  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 420.90

Date of Receipt 10 / 03 / 2016  
**Transaction ID : SA17.563880**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	78.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 196 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. DEYS, ESTHER, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4300 STATE ROUTE 31

City PALMYRA	State NY	Zip Code 14522-9719
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

**Transaction ID : SA17.564409**

Amount of Each Receipt this Period  
27.95

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. DEYS, ESTHER, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4300 STATE ROUTE 31

City PALMYRA	State NY	Zip Code 14522-9719
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2016

**Transaction ID : SA17.565516**

Amount of Each Receipt this Period  
5.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. DEYS, ESTHER, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4300 STATE ROUTE 31

City PALMYRA	State NY	Zip Code 14522-9719
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
420.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2016

**Transaction ID : SA17.568641**

Amount of Each Receipt this Period  
3.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	35.95
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 197 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. DEYS, ESTHER, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4300 STATE ROUTE 31

City PALMYRA	State NY	Zip Code 14522-9719
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2016

**Transaction ID : SA17.568642**

Amount of Each Receipt this Period  
3.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. DEYS, ESTHER, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4300 STATE ROUTE 31

City PALMYRA	State NY	Zip Code 14522-9719
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2016

**Transaction ID : SA17.568643**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. DEYS, ESTHER, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4300 STATE ROUTE 31

City PALMYRA	State NY	Zip Code 14522-9719
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
420.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2016

**Transaction ID : SA17.568644**

Amount of Each Receipt this Period  
27.95

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	55.95
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 198 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. DEYS, ESTHER, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4300 STATE ROUTE 31

City PALMYRA	State NY	Zip Code 14522-9719
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2016

**Transaction ID : SA17.569305**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. DEYS, ESTHER, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4300 STATE ROUTE 31

City PALMYRA	State NY	Zip Code 14522-9719
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2016

**Transaction ID : SA17.573045**

Amount of Each Receipt this Period  
5.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. DEYS, ESTHER, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4300 STATE ROUTE 31

City PALMYRA	State NY	Zip Code 14522-9719
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
420.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2016

**Transaction ID : SA17.573046**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	55.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 199 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. DEYS, ESTHER, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4300 STATE ROUTE 31

City PALMYRA	State NY	Zip Code 14522-9719
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2016

**Transaction ID : SA17.573047**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. DEYS, ESTHER, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4300 STATE ROUTE 31

City PALMYRA	State NY	Zip Code 14522-9719
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	12	/	2016

**Transaction ID : SA17.577270**

Amount of Each Receipt this Period  
5.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. DEYS, ESTHER, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4300 STATE ROUTE 31

City PALMYRA	State NY	Zip Code 14522-9719
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
420.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2016

**Transaction ID : SA17.582837**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	55.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 200 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. DEYS, ESTHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4300 STATE ROUTE 31  
 City PALMYRA State NY Zip Code 14522-9719  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.90

Date of Receipt 10 / 18 / 2016  
**Transaction ID : SA17.582838**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. DEYS, ESTHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4300 STATE ROUTE 31  
 City PALMYRA State NY Zip Code 14522-9719  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.90

Date of Receipt 10 / 18 / 2016  
**Transaction ID : SA17.586632**  
 Amount of Each Receipt this Period 35.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. DILL, JOYCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3725 WEST CENTER ST  
 City CINCINNATI State OH Zip Code 45227-4446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 10 / 12 / 2016  
**Transaction ID : SA17.588294**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	310.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 201 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. DILL, JOYCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3725 WEST CENTER ST  
 City CINCINNATI State OH Zip Code 45227-4446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 10 / 14 / 2016  
**Transaction ID : SA17.588295**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. DILL, JOYCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3725 WEST CENTER ST  
 City CINCINNATI State OH Zip Code 45227-4446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 10 / 14 / 2016  
**Transaction ID : SA17.588296**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. DILLARD, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2810 PICKWICK LANE  
 City AUSTIN State TX Zip Code 78746-5668  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) INVESTMENTS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.590550**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 202 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. DINSMORE, THOMAS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 10083

City RENO	State NV	Zip Code 89510-0083
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) ELECTRICAN
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		05		2016

**Transaction ID : SA17.590110**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. DODGE, DIANA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11644 CLINE DR.

City BAKER	State LA	Zip Code 70714-6927
---------------	-------------	------------------------

FEC ID number of contributing 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
10		05		2016

**Transaction ID : SA17.565535**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 68 ISLAND RD.

City STONINGTON	State CT	Zip Code 06378-1136
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
201.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		05		2016

**Transaction ID : SA17.565538**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 203 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. DOLENTE, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 238 HENDRICKSON LN  
 City WEST GROVE State PA Zip Code 19390-1376  
 FEC ID number of contributing 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 **10 / 05 / 2016**  
**Transaction ID : SA17.565539**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. DOLFI, CLAUDIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 52  
 City SUTTON State AK Zip Code 99674-0052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AFLAC Occupation (for Individual) INSURANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt **10 / 03 / 2016**  
**Transaction ID : SA17.554773**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. DOLFI, CLAUDIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 52  
 City SUTTON State AK Zip Code 99674-0052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AFLAC Occupation (for Individual) INSURANCE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt **10 / 08 / 2016**  
**Transaction ID : SA17.554774**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	50.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 204 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. DOLFI, CLAUDIA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 52

City SUTTON	State AK	Zip Code 99674-0052
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2016

**Transaction ID : SA17.554775**

Amount of Each Receipt this Period  
10.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. DOLFI, CLAUDIA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 52

City SUTTON	State AK	Zip Code 99674-0052
----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2016

**Transaction ID : SA17.554776**

Amount of Each Receipt this Period  
10.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. DOLFI, CLAUDIA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 52

City SUTTON	State AK	Zip Code 99674-0052
----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2016

**Transaction ID : SA17.554777**

Amount of Each Receipt this Period  
10.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	30.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 205 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. DOLFI, CLAUDIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 52  
 City SUTTON State AK Zip Code 99674-0052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AFLAC Occupation (for Individual) INSURANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt **10 / 13 / 2016**  
**Transaction ID : SA17.554778**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. DOLFI, CLAUDIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 52  
 City SUTTON State AK Zip Code 99674-0052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AFLAC Occupation (for Individual) INSURANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt **10 / 19 / 2016**  
**Transaction ID : SA17.554779**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. DOMECCQ, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2662SUSSEX AVE  
 City CLOVIS State CA Zip Code 93611-5562  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TRI-CAL.INC Occupation (for Individual) AG CHEM  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **10 / 12 / 2016**  
**Transaction ID : SA17.594146**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 206 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. DOMEcq, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2662SUSSEX AVE  
 City CLOVIS State CA Zip Code 93611-5562  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TRI-CAL.INC Occupation (for Individual) AG CHEM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.594147**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. DONAHOWER, M ROSELA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 CHESTON AVE  
 City ANNAPOLIS State MD Zip Code 21401-2706  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) BUSINESS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 327.95

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.592742**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. DORMER, ARNOLD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4541 JANICE AVE  
 City MEMPHIS State TN Zip Code 38122-2138  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) RENTAL PROPERTYL  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.565546**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 207 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. DORMER, ARNOLD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4541 JANICE AVE  
 City MEMPHIS State TN Zip Code 38122-2138  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) RENTAL PROPERTYL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.587864**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. DOWD, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1529 CROWELL ROAD  
 City VIENNA State VA Zip Code 22182-1514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) LAWYER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 09 / 2016  
**Transaction ID : SA17.590609**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. DOWD, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1529 CROWELL ROAD  
 City VIENNA State VA Zip Code 22182-1514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) LAWYER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 18 / 2016  
**Transaction ID : SA17.590630**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 208 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. DOWD, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1529 CROWELL ROAD  
 City VIENNA State VA Zip Code 22182-1514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) LAWYER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 17 / 2016  
**Transaction ID : SA17.590631**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. DREYER, WILLIAM E., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 IRONWOOD ROAD  
 City SAN ANTONIO State TX Zip Code 78212-2540  
 FEC ID number of contributing 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 10 / 07 / 2016  
**Transaction ID : SA17.568654**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. DREYER, WILLIAM E., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 IRONWOOD ROAD  
 City SAN ANTONIO State TX Zip Code 78212-2540  
 FEC ID number of contributing 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 10 / 15 / 2016  
**Transaction ID : SA17.587866**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1200.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 209 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. DREYER, WILLIAM E., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 IRONWOOD ROAD  
 City SAN ANTONIO State TX Zip Code 78212-2540  
 FEC ID number of contributing 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 10 / 17 / 2016  
**Transaction ID : SA17.587867**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. DRILLOT, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 368 WEST PIKE ST  
 City LAWRENCEVILLE State GA Zip Code 30046-3240  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HADCO Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.558750**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. DUBRAWSKY, CHAGAI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4722 THEALL RD. N/A  
 City HOUSTON State TX Zip Code 77066-2653  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 08 / 2016  
**Transaction ID : SA17.569329**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 210 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. DUBRAWSKY, CHAGAI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4722 THEALL RD.  
 N/A  
 City HOUSTON State TX Zip Code 77066-2653  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 09 / 2016  
**Transaction ID : SA17.570928**  
 Amount of Each Receipt this Period 10.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. DUBRAWSKY, CHAGAI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4722 THEALL RD.  
 N/A  
 City HOUSTON State TX Zip Code 77066-2653  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 09 / 2016  
**Transaction ID : SA17.570929**  
 Amount of Each Receipt this Period 15.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. DUBRAWSKY, CHAGAI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4722 THEALL RD.  
 N/A  
 City HOUSTON State TX Zip Code 77066-2653  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.573086**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 211 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. DUBRAWSKY, CHAGAI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4722 THEALL RD.  
 N/A  
 City HOUSTON State TX Zip Code 77066-2653  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.582909**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. DUCEY, STEPHEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22 WINDWARD WAY  
 City WATERFORD State CT Zip Code 06385-3216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SECTMED Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.589307**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. DUFF, GARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5117 LEESBURG CT.  
 City WOODBRIDGE State VA Zip Code 22193-4306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.558028**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 212 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. DUFF, GARY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5117 LEESBURG CT.

City WOODBRIDGE	State VA	Zip Code 22193-4306
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
228.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2016

**Transaction ID : SA17.558029**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. DUFF, GARY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5117 LEESBURG CT.

City WOODBRIDGE	State VA	Zip Code 22193-4306
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
228.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2016

**Transaction ID : SA17.558030**

Amount of Each Receipt this Period  
3.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. DUFF, GARY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5117 LEESBURG CT.

City WOODBRIDGE	State VA	Zip Code 22193-4306
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
228.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2016

**Transaction ID : SA17.558031**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	53.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 213 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. DUFF, WILLARD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 143 GREY MOSS CT.

City INGRAM	State TX	Zip Code 78025-3437
----------------	-------------	------------------------

FEC ID number of contributing 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 M	/	D D D	/	Y Y Y Y Y Y
10		05		2016

**Transaction ID : SA17.565574**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. DUFF, WILLARD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 143 GREY MOSS CT.

City INGRAM	State TX	Zip Code 78025-3437
----------------	-------------	------------------------

FEC ID number of contributing 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 M	/	D D D	/	Y Y Y Y Y Y
10		10		2016

**Transaction ID : SA17.573091**

Amount of Each Receipt this Period  
15.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. DUFF, WILLARD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 143 GREY MOSS CT.

City INGRAM	State TX	Zip Code 78025-3437
----------------	-------------	------------------------

FEC ID number of contributing 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 M	/	D D D	/	Y Y Y Y Y Y
10		17		2016

**Transaction ID : SA17.582912**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	65.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 214 OF 783
	<input 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 checked="" 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)  
**Committee to Defend the President**

**A. DUFFY, PATRICK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3620 S PACIFIC AVE APT 321 #321  
 City SAN PEDRO State CA Zip Code 90731-6954  
 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 BE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.553582**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. DUHON, JUDE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 818 S. HENRY  
 City ABBEVILLE State LA Zip Code 70510-6412  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JUDE DUHON Occupation (for Individual) SELF EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 12 / 2016  
**Transaction ID : SA17.560005**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. DUNAEV, TAMARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 743 PEACH TREE LANE  
 City FRANKLIN LAKES State NJ Zip Code 07417-2341  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BASC, INC Occupation (for Individual) BUSINESS OWNER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 13 / 2016  
**Transaction ID : SA17.555528**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 215 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. DUNCAN, GEORGE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30060 HEY W  
 City MEADVILLE State MO Zip Code 64659-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) SELF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.591516**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. DUNN, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 1120 102 GILES ST.  
 City ANDERSON State SC Zip Code 29622-1120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DUNN & ASSOCIATES ENGINEERING, INC. Occupation (for Individual) DUNN & ASSOCIATES ENGINEERIN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 12 / 2016  
**Transaction ID : SA17.557582**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. DUPLEASE, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4008 MEDICINE MAN TRAIL  
 City CHEYENNE State WY Zip Code 82001-7525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DEPT AIRFORCE Occupation (for Individual) FEDERAL EMPLOYEE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.594681**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	625.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 216 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. DUPLEASE, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4008 MEDICINE MAN TRAIL  
 City CHEYENNE State WY Zip Code 82001-7525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DEPT AIRFORCE Occupation (for Individual) FEDERAL EMPLOYEE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00

Date of Receipt **10 / 06 / 2016**  
**Transaction ID : SA17.594682**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. DUPLEASE, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4008 MEDICINE MAN TRAIL  
 City CHEYENNE State WY Zip Code 82001-7525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DEPT AIRFORCE Occupation (for Individual) FEDERAL EMPLOYEE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00

Date of Receipt **10 / 09 / 2016**  
**Transaction ID : SA17.594683**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. DUPLEASE, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4008 MEDICINE MAN TRAIL  
 City CHEYENNE State WY Zip Code 82001-7525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DEPT AIRFORCE Occupation (for Individual) FEDERAL EMPLOYEE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00

Date of Receipt **10 / 10 / 2016**  
**Transaction ID : SA17.594684**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 217 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. DUPLEASE, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4008 MEDICINE MAN TRAIL  
 City CHEYENNE State WY Zip Code 82001-7525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DEPT AIRFORCE Occupation (for Individual) FEDERAL EMPLOYEE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00

Date of Receipt **10 / 10 / 2016**  
**Transaction ID : SA17.594685**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. DUPLEASE, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4008 MEDICINE MAN TRAIL  
 City CHEYENNE State WY Zip Code 82001-7525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DEPT AIRFORCE Occupation (for Individual) FEDERAL EMPLOYEE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00

Date of Receipt **10 / 11 / 2016**  
**Transaction ID : SA17.594686**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. DUPLEASE, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4008 MEDICINE MAN TRAIL  
 City CHEYENNE State WY Zip Code 82001-7525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DEPT AIRFORCE Occupation (for Individual) FEDERAL EMPLOYEE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00

Date of Receipt **10 / 19 / 2016**  
**Transaction ID : SA17.594687**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 218 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. DUPLEASE, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4008 MEDICINE MAN TRAIL  
 City CHEYENNE State WY Zip Code 82001-7525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DEPT AIRFORCE Occupation (for Individual) FEDERAL EMPLOYEE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **10 / 19 / 2016**  
**Transaction ID : SA17.594688**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. DUPLEASE, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4008 MEDICINE MAN TRAIL  
 City CHEYENNE State WY Zip Code 82001-7525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DEPT AIRFORCE Occupation (for Individual) FEDERAL EMPLOYEE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **10 / 12 / 2016**  
**Transaction ID : SA17.594689**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. DURAND, STEVE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 SUMMER SKY CIRCLE  
 City RANCHO MIRAGE State CA Zip Code 92270-1979  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.565585**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 219 OF 783
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. DURSO, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17711 WILLOW POND ROAD  
 City ALVIN State TX Zip Code 77511-7488  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) IES Occupation (for Individual) COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **10 / 19 / 2016**  
**Transaction ID : SA17.559555**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. ECKELKAMP, PATSY J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5515 BUFFALO RD  
 City JEFFERSON CITY State MO Zip Code 65101-8507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 608.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.565606**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. EDWARDS, BARBARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 509 THOMPkins LANE  
 City EVANS State GA Zip Code 30809-4304  
 FEC ID number of contributing 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 **10 / 05 / 2016**  
**Transaction ID : SA17.565613**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1255.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 220 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. EDWARDS, DAVID, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 112 GRADY WHITTON RD

City BREMEN	State GA	Zip Code 30110-3561
----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2016

**Transaction ID : SA17.570955**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. EDWARDS, DAVID, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 112 GRADY WHITTON RD

City BREMEN	State GA	Zip Code 30110-3561
----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2016

**Transaction ID : SA17.582962**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. EIBER, ROBERT, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4062 FAIRFAX DR.

City COLUMBUS	State OH	Zip Code 43220-4523
------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2016

**Transaction ID : SA17.581233**

Amount of Each Receipt this Period  
15.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	140.00
<b>TOTAL</b> This Period (last page this line number only).....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 221 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. EIBER, ROBERT, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4062 FAIRFAX DR.

City COLUMBUS	State OH	Zip Code 43220-4523
------------------	-------------	------------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2016

**Transaction ID : SA17.581234**

Amount of Each Receipt this Period  
15.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. EICHSTAEDT, DONALD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18222 REWOOD AVE.

City SOUTHFIELD	State MI	Zip Code 48076-7005
--------------------	-------------	------------------------

FEC ID number of contributing 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
10	/	07	/	2016

**Transaction ID : SA17.568660**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. EISENHOWER, PERRY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2400 GLACIER DRIVE

City PAPILLION	State NE	Zip Code 68046-3255
-------------------	-------------	------------------------

FEC ID number of contributing 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
10	/	12	/	2016

**Transaction ID : SA17.556632**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 222 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. EISENHOWER, PERRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2400 GLACIER DRIVE  
 City PAPILLION State NE Zip Code 68046-3255  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.565622**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. ELKON, YAAKOV, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30 BROAD STREET 43RD. FLOOR  
 City NEW YORK State NY Zip Code 10004-2944  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GRAPHNET INC. Occupation (for Individual) GRAPHNET INC.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.558629**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. ELLINGSON, BERNHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11374 113TH STREET EAST  
 City NORTHFIELD State MN Zip Code 55057-4915  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.565627**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 223 OF 783
<input 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 checked="" 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)  
**Committee to Defend the President**

**A. ELLIOTT, BEVERLY BABB, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 1477

City MOUNT JULIET	State TN	Zip Code 37121-1477
----------------------	-------------	------------------------

FEC ID number of contributing 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
10		14		2016

**Transaction ID : SA17.586952**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. ELLIOTT, BEVERLY BABB, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 1477

City MOUNT JULIET	State TN	Zip Code 37121-1477
----------------------	-------------	------------------------

FEC ID number of contributing 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
10		12		2016

**Transaction ID : SA17.588297**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. ELLIOTT, DONALD G, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 104 BENT OAK DR.

City SAN ANTONIO	State TX	Zip Code 78231-1503
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1303.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2016

**Transaction ID : SA17.565631**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 224 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**ELLIOTT, DONALD G, , ,**

Mailing Address 104 BENT OAK DR.

City SAN ANTONIO	State TX	Zip Code 78231-1503
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1303.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2016

**Transaction ID : SA17.568663**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**ELLIOTT, DONALD G, , ,**

Mailing Address 104 BENT OAK DR.

City SAN ANTONIO	State TX	Zip Code 78231-1503
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1303.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2016

**Transaction ID : SA17.570960**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**ELLIOTT, DONALD, G., ,**

Mailing Address 101 CASTLE GARDENS DR.

City CASTLE HILLS	State TX	Zip Code 78213-1856
----------------------	-------------	------------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
203.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2016

**Transaction ID : SA17.573129**

Amount of Each Receipt this Period  
3.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	203.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 225 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
ELLIS, CARLEEN R, , ,

Mailing Address 107 SPRINGBEAUTY ST. APT. 101  
APT. 101

City ROANOKE State VA Zip Code 24012-1940

FEC ID number of contributing 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  
10 / 17 / 2016  
Transaction ID : SA17.563244

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
ELLIS, CARLEEN R, , ,

Mailing Address 107 SPRINGBEAUTY ST. APT. 101  
APT. 101

City ROANOKE State VA Zip Code 24012-1940

FEC ID number of contributing 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  
10 / 07 / 2016  
Transaction ID : SA17.568665

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
EMERSON, WALTER, , ,

Mailing Address 4255 BRENDAN LANE

City NORTH OLMSTED State OH Zip Code 44070-2923

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

Name of Employer (for Individual) WESTINGHOUSE Occupation (for Individual) MECHANICAL ENGINEER

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
10 / 09 / 2016  
Transaction ID : SA17.595261

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 226 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. EMERSON, WALTER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4255 BRENDAN LANE  
 City NORTH OLMSTED State OH Zip Code 44070-2923  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WESTINGHOUSE Occupation (for Individual) MECHANICAL ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.595262**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. EMERSON, WALTER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4255 BRENDAN LANE  
 City NORTH OLMSTED State OH Zip Code 44070-2923  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WESTINGHOUSE Occupation (for Individual) MECHANICAL ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 18 / 2016  
**Transaction ID : SA17.595263**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. ENEY, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12116 DOUBLE TREE LANE  
 City LUSBY State MD Zip Code 20657-3647  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 455.00

Date of Receipt 10 / 03 / 2016  
**Transaction ID : SA17.563901**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 227 OF 783
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. ENEY, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12116 DOUBLE TREE LANE  
 City LUSBY State MD Zip Code 20657-3647  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2016  
**Transaction ID : SA17.565636**  
 Amount of Each Receipt this Period 10.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. ENEY, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12116 DOUBLE TREE LANE  
 City LUSBY State MD Zip Code 20657-3647  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2016  
**Transaction ID : SA17.568191**  
 Amount of Each Receipt this Period 10.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. ENEY, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12116 DOUBLE TREE LANE  
 City LUSBY State MD Zip Code 20657-3647  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2016  
**Transaction ID : SA17.568666**  
 Amount of Each Receipt this Period 10.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 228 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. ENEY, JOHN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12116 DOUBLE TREE LANE

City LUSBY	State MD	Zip Code 20657-3647
---------------	-------------	------------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
455.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2016

**Transaction ID : SA17.569353**

Amount of Each Receipt this Period  
10.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. ENEY, JOHN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12116 DOUBLE TREE LANE

City LUSBY	State MD	Zip Code 20657-3647
---------------	-------------	------------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
455.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2016

**Transaction ID : SA17.569354**

Amount of Each Receipt this Period  
10.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. ENEY, JOHN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12116 DOUBLE TREE LANE

City LUSBY	State MD	Zip Code 20657-3647
---------------	-------------	------------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
455.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2016

**Transaction ID : SA17.573141**

Amount of Each Receipt this Period  
10.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 229 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. ENEY, JOHN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12116 DOUBLE TREE LANE

City LUSBY	State MD	Zip Code 20657-3647
---------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
455.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2016

**Transaction ID : SA17.573142**

Amount of Each Receipt this Period  
10.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. ENEY, JOHN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12116 DOUBLE TREE LANE

City LUSBY	State MD	Zip Code 20657-3647
---------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
455.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2016

**Transaction ID : SA17.573143**

Amount of Each Receipt this Period  
10.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. ENEY, JOHN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12116 DOUBLE TREE LANE

City LUSBY	State MD	Zip Code 20657-3647
---------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
455.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2016

**Transaction ID : SA17.577384**

Amount of Each Receipt this Period  
5.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	25.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 230 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. ENEY, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12116 DOUBLE TREE LANE  
 City LUSBY State MD Zip Code 20657-3647  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt **10 / 12 / 2016**  
**Transaction ID : SA17.579877**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. ENEY, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12116 DOUBLE TREE LANE  
 City LUSBY State MD Zip Code 20657-3647  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt **10 / 14 / 2016**  
**Transaction ID : SA17.579878**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. ENEY, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12116 DOUBLE TREE LANE  
 City LUSBY State MD Zip Code 20657-3647  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt **10 / 13 / 2016**  
**Transaction ID : SA17.579879**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 231 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. ENEY, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12116 DOUBLE TREE LANE  
 City LUSBY State MD Zip Code 20657-3647  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt **10 / 13 / 2016**  
**Transaction ID : SA17.579880**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. ENEY, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12116 DOUBLE TREE LANE  
 City LUSBY State MD Zip Code 20657-3647  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt **10 / 18 / 2016**  
**Transaction ID : SA17.579881**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. EVANS, GLEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 MOLOKAI LANE  
 City FAIRHOPE State AL Zip Code 36532-1116  
 FEC ID number of contributing 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 **10 / 19 / 2016**  
**Transaction ID : SA17.588325**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	520.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 232 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. EVEANS, MARK, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10620 SOUTH HIGHLAND LANE

City OLATHE	State KS	Zip Code 66061-7432
----------------	-------------	------------------------

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

Name of Employer (for Individual) MERITAGEPORTFOLIO MANAGEMENT	Occupation (for Individual) PORTFOLIO MANAGER
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2016

**Transaction ID : SA17.561007**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. EVEANS, MARK, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10620 SOUTH HIGHLAND LANE

City OLATHE	State KS	Zip Code 66061-7432
----------------	-------------	------------------------

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

Name of Employer (for Individual) MERITAGEPORTFOLIO MANAGEMENT	Occupation (for Individual) PORTFOLIO MANAGER
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

**Transaction ID : SA17.561008**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. EVEREST, GUY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1837 VIA CORINA

City ALPINE	State CA	Zip Code 91901-2846
----------------	-------------	------------------------

FEC ID number of contributing 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 M	/	D D D	/	Y Y Y Y Y Y
10		12		2016

**Transaction ID : SA17.588341**

Amount of Each Receipt this Period  
2700.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; REFUNDED \$2,700.00 ON 10/14/2016

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2900.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 233 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. EYERLY, DEAN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7322 SIOUX TRAIL

City HOLLAND	State OH	Zip Code 43528-8000
-----------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) CONSULTANT
---	---

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
10		05		2016

**Transaction ID : SA17.561705**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. EZELL, KELLEY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16318 HEATHER BEND COURT

City HOUSTON	State TX	Zip Code 77059-5579
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2016

**Transaction ID : SA17.565655**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. EZELL, KELLEY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16318 HEATHER BEND COURT

City HOUSTON	State TX	Zip Code 77059-5579
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

**Transaction ID : SA17.583043**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 234 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. EZELL, KELLEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16318 HEATHER BEND COURT  
 City HOUSTON State TX Zip Code 77059-5579  
 FEC ID number of contributing 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 **10 / 11 / 2016**  
**Transaction ID : SA17.583045**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. FAIELLO, SAM, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 SANDY RIDGE ROAD  
 City STOCKTON State NJ Zip Code 08559-1605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SHORE WATER CO. Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **10 / 13 / 2016**  
**Transaction ID : SA17.593020**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. FAIELLO, SAM, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 SANDY RIDGE ROAD  
 City STOCKTON State NJ Zip Code 08559-1605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SHORE WATER CO. Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.593021**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	175.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 235 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. FAIRALL, RUTH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 527

City HAINES	State AK	Zip Code 99827-0527
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2016  
**Transaction ID : SA17.588594**

Amount of Each Receipt this Period  
 25.00

Memo Item  
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. FAIRALL, RUTH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 527

City HAINES	State AK	Zip Code 99827-0527
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2016  
**Transaction ID : SA17.588595**

Amount of Each Receipt this Period  
 25.00

Memo Item  
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. FAIRBANKS, KENNETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1946 WYOMING ST

City BREMERTON	State WA	Zip Code 98310-4756
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 210.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2016  
**Transaction ID : SA17.570986**

Amount of Each Receipt this Period  
 27.95

Memo Item  
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	77.95
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 236 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. FAIRBANKS, KENNETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1946 WYOMING ST  
 City BREMERTON State WA Zip Code 98310-4756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.95

Date of Receipt **10 / 19 / 2016**  
**Transaction ID : SA17.583052**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. FAIRBANKS, KENNETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1946 WYOMING ST  
 City BREMERTON State WA Zip Code 98310-4756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.95

Date of Receipt **10 / 12 / 2016**  
**Transaction ID : SA17.583053**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. FAIRBANKS, KENNETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1946 WYOMING ST  
 City BREMERTON State WA Zip Code 98310-4756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.95

Date of Receipt **10 / 13 / 2016**  
**Transaction ID : SA17.583054**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 237 OF 783
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. FAIRBANKS, KENNETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1946 WYOMING ST  
 City BREMERTON State WA Zip Code 98310-4756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.95

Date of Receipt 10 / 18 / 2016  
**Transaction ID : SA17.583055**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. FAIRBANKS, KENNETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1946 WYOMING ST  
 City BREMERTON State WA Zip Code 98310-4756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.95

Date of Receipt 10 / 13 / 2016  
**Transaction ID : SA17.583056**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. FALK, HOLGER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 132 KENT LANE, KENTS STORE KENTS STORE  
 City KENTS STORE State VA Zip Code 23084-2268  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FIELDSTONE HOMES INC. Occupation (for Individual) CONTRSCTOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.558066**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 238 OF 783
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. FANELLI, NEAL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 104 GATEHOUSE DR  
 City CORAOPOLIS State PA Zip Code 15108-9771  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) CEO  
 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  
 10 / 04 / 2016  
**Transaction ID : SA17.589733**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT

**B. FANIZZA, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1254 EAST 70 STREET  
 City BROOKLYN State NY Zip Code 11234-5777  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RELMS MECHANICAL Occupation (for Individual) MECHANICAL CONTRACTOR  
 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  
 10 / 10 / 2016  
**Transaction ID : SA17.562885**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT

**C. FARID, KAREN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 SHIRLEY AVE.  
 City STATEN ISLAND State NY Zip Code 10312-5455  
 FEC ID number of contributing 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  
 10 / 05 / 2016  
**Transaction ID : SA17.565661**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 239 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. FARID, KAREN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 SHIRLEY AVE.  
 City STATEN ISLAND State NY Zip Code 10312-5455  
 FEC ID number of contributing 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 **10 / 17 / 2016**  
**Transaction ID : SA17.586958**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. FELSBURG, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2902 HAMPTON PLACE CT.  
 City PLANT CITY State FL Zip Code 33566-9321  
 FEC ID number of contributing 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 **10 / 10 / 2016**  
**Transaction ID : SA17.573178**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. FELSBURG, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2902 HAMPTON PLACE CT.  
 City PLANT CITY State FL Zip Code 33566-9321  
 FEC ID number of contributing 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 **10 / 17 / 2016**  
**Transaction ID : SA17.587890**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 240 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. FELSBURG, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2902 HAMPTON PLACE CT.  
 City PLANT CITY State FL Zip Code 33566-9321  
 FEC ID number of contributing 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 **10 / 18 / 2016**  
**Transaction ID : SA17.587891**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. FIELD, LAWRENCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 433 N. CAMDEN DRIVE APT. 820  
 City BEVERLY HILLS State CA Zip Code 90210-4412  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) REAL ESTATE Occupation (for Individual) NSB REAL ESTATE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **10 / 11 / 2016**  
**Transaction ID : SA17.562819**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. FILOSA, ANTHONY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 SIERRA VISTA DR.  
 City TRUTH OR CONSEQUEN State NM Zip Code 87901-1543  
 FEC ID number of contributing 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 **10 / 05 / 2016**  
**Transaction ID : SA17.565695**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 241 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. FINKBEINER, CHRISTIAN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9402 HARPER LN

City NORTH LITTLE ROCK	State AR	Zip Code 72118-1912
---------------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2016

**Transaction ID : SA17.589794**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. FISCHER, CAROLYN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 HAMPTON LANE

City CINCINNATI	State OH	Zip Code 45208-1960
--------------------	-------------	------------------------

FEC ID number of contributing 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
10		10		2016

**Transaction ID : SA17.573197**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. FITCH, KARL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 388 WASHINGTON ST

City QUINCY	State MA	Zip Code 02169-5721
----------------	-------------	------------------------

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

Name of Employer (for Individual) PARTNERSHEALTHCARE	Occupation (for Individual) UNIX SYSTEMS ENGINNIER
---	---

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
10		10		2016

**Transaction ID : SA17.562235**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1300.00
<b>TOTAL</b> 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 242 OF 783  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. FLANAGAN, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1879 JIM SIMMONS  
 City FLAGSTAFF State AZ Zip Code 86005-4236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.565713**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. FLANAGAN, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1879 JIM SIMMONS  
 City FLAGSTAFF State AZ Zip Code 86005-4236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 16 / 2016  
**Transaction ID : SA17.588298**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. FLEGENHEIMER, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 308 LEMONWOOD  
 City FALLBROOK State CA Zip Code 92028-7904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FLEGENHEIMER INT'L INC Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.558133**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 525.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 243 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

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

Mailing Address 308 LEMONWOOD

City FALLBROOK	State CA	Zip Code 92028-7904
-------------------	-------------	------------------------

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

Name of Employer (for Individual) FLEGENHEIMER INT'L INC	Occupation (for Individual) CEO
---	------------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2016

**Transaction ID : SA17.558134**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 308 LEMONWOOD

City FALLBROOK	State CA	Zip Code 92028-7904
-------------------	-------------	------------------------

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

Name of Employer (for Individual) FLEGENHEIMER INT'L INC	Occupation (for Individual) CEO
---	------------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2016

**Transaction ID : SA17.558135**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. FLEMING, ORENE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11532 LINDSAY WAY

City NORTHPORT	State AL	Zip Code 35475-4963
-------------------	-------------	------------------------

FEC ID number of contributing 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
10		05		2016

**Transaction ID : SA17.565716**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 244 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. FLETCHER, CHRISTINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13012 E 183 PL S  
 City BIXBY State OK Zip Code 74008-7787  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MEDALLION PETROLEUM Occupation (for Individual) ACCOUNTANT  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.560924**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. FODOR, BARBARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10100 GALAXY WAY 2280  
 City LOS ANGELES State CA Zip Code 90067-3528  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.565726**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT; REFUNDED \$500.00 ON 10/05/2016

**C. FOGEL, GUY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 142 CANDELARIA  
 City HELOTES State TX Zip Code 78023-4711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SPINEPAINBEGONE Occupation (for Individual) SURGEON  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.593277**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 245 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. FOGEL, GUY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 142 CANDELARIA  
 City HELOTES State TX Zip Code 78023-4711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SPINEPAINBEGONE Occupation (for Individual) SURGEON  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 08 / 2016  
**Transaction ID : SA17.593278**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. FOGEL, GUY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 142 CANDELARIA  
 City HELOTES State TX Zip Code 78023-4711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SPINEPAINBEGONE Occupation (for Individual) SURGEON  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.593279**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. FORD, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 611 ANTON BLVD SUITE 700  
 City COSTA MESA State CA Zip Code 92626-7050  
 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 ▼ 750.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.559664**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 246 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. FORESTER, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1150 E. SANTA INEZ AVE.  
 City SAN MATEO State CA Zip Code 94401-1859  
 FEC ID number of contributing 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  
 10 / 05 / 2016  
**Transaction ID : SA17.565742**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. FORKAL, KEVIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1710KELLY AVE  
 City CREST HILL State IL Zip Code 60403-2314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) D&I Occupation (for Individual) MECANIC  
 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  
 10 / 10 / 2016  
**Transaction ID : SA17.557051**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. FORKAL, KEVIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1710KELLY AVE  
 City CREST HILL State IL Zip Code 60403-2314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) D&I Occupation (for Individual) MECANIC  
 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  
 10 / 11 / 2016  
**Transaction ID : SA17.557052**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 247 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. FORKAL, KEVIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1710KELLY AVE  
 City CREST HILL State IL Zip Code 60403-2314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) D&I Occupation (for Individual) MECANIC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 12 / 2016**  
**Transaction ID : SA17.557053**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. FORREST, SHARRON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1508 N DAL PASO ST.  
 City HOBBS State NM Zip Code 88240-4042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ELITE HOME HEALTH Occupation (for Individual) RN/BUSINESS OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **10 / 18 / 2016**  
**Transaction ID : SA17.557744**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. FOSTER, CARL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6970 N LEONARDO DA VINCI WAY  
 City TUCSON State AZ Zip Code 85704-3023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 305.00

Date of Receipt **10 / 07 / 2016**  
**Transaction ID : SA17.568691**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 248 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. FOSTER, CARL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6970 N LEONARDO DA VINCI WAY

City TUCSON	State AZ	Zip Code 85704-3023
----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
305.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2016

**Transaction ID : SA17.573230**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. FOSTER, CARL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6970 N LEONARDO DA VINCI WAY

City TUCSON	State AZ	Zip Code 85704-3023
----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
305.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	12	/	2016

**Transaction ID : SA17.577476**

Amount of Each Receipt this Period  
5.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. FOWLER, DAVID, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4600 HILLTOP DR.

City MIDLAND	State TX	Zip Code 79707-2644
-----------------	-------------	------------------------

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

Name of Employer (for Individual) RING ENERGY, INC.	Occupation (for Individual) PRESIDENT
--	--

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
10	/	05	/	2016

**Transaction ID : SA17.588938**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	130.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 249 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. FOWLER, GAIL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4440 OLD MOORINGSPOUR RD.  
 City SHREVEPORT State LA Zip Code 71107-2939  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WILLIS-KNIGHTON MEDICAL CENTER Occupation (for Individual) RN  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.595349**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. FRAMPTON, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 986 HITTOWN RD  
 City PINE CITY State NY Zip Code 14871-9435  
 FEC ID number of contributing 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 **10 / 17 / 2016**  
**Transaction ID : SA17.587907**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. FRANCE, SHERROD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 607  
 City RAWLINS State WY Zip Code 82301-0607  
 FEC ID number of contributing 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 **10 / 05 / 2016**  
**Transaction ID : SA17.565755**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 250 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. FRANK, THOMAS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 757 EDEN WOODS PLACE

City CARMEL	State IN	Zip Code 46033-3015
----------------	-------------	------------------------

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

Name of Employer (for Individual) WORKPLACE INVESTMENTS	Occupation (for Individual) SALES
--	--------------------------------------

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
10		05		2016

**Transaction ID : SA17.595415**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. FREEMAN, BRICE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2500 E 19TH ST

City RUSSELLVILLE	State AR	Zip Code 72802-2626
----------------------	-------------	------------------------

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

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

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
10		05		2016

**Transaction ID : SA17.590647**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. FREKKO, TIBOR, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13725 DEAKINS LANE

City GERMANTOWN	State MD	Zip Code 20874-3303
--------------------	-------------	------------------------

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

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

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
10		17		2016

**Transaction ID : SA17.590975**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 251 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. FRENCH, CHERISE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2506 LIMESTONE LN  
 City GARLAND State TX Zip Code 75040-3737  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GARLAND ISD Occupation (for Individual) SPED AIDE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 17 / 2016  
**Transaction ID : SA17.558410**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. FRENCH, GEORGE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2102 LAKERIDGE CIRCLE  
 City ENNIS State TX Zip Code 75119-8026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JUDGE FITE COMPANY, INC. Occupation (for Individual) CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.95

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.560006**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. FRIEDGEN, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17696 FONTICELLO  
 City SAN DIEGO State CA Zip Code 92128-1816  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.565767**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 252 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. FRUSHON, RONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1001 OTTER MILL WAY  
 City SUN CITY CENTER State FL Zip Code 33573-7045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt **10 / 09 / 2016**  
**Transaction ID : SA17.571043**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. FUCHS, MARTHA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 946  
 City POINT CLEAR State AL Zip Code 36564-0946  
 FEC ID number of contributing 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 **10 / 05 / 2016**  
**Transaction ID : SA17.565776**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. FULDNER, CHRIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5035 STONGATE CT  
 City SPRINGFIELD State MO Zip Code 65809-4013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.565778**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 253 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. FULDNER, CHRIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5035 STONGATE CT  
 City SPRINGFIELD State MO Zip Code 65809-4013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.565779**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. FULLER, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 135 ROB ROAD  
 City BROOKLIN State ME Zip Code 04616-3121  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.565783**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. FULLER, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30951 SPEIDEL ROAD N/A  
 City HANOVERTON State OH Zip Code 44423-9783  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 361.95

Date of Receipt 10 / 03 / 2016  
**Transaction ID : SA17.563921**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 254 OF 783
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. FULLER, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30951 SPEIDEL ROAD  
 N/A  
 City HANOVERTON State OH Zip Code 44423-9783  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 361.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2016  
**Transaction ID : SA17.568209**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. FULLER, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30951 SPEIDEL ROAD  
 N/A  
 City HANOVERTON State OH Zip Code 44423-9783  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 361.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2016  
**Transaction ID : SA17.571046**  
 Amount of Each Receipt this Period 6.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. FULLER, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30951 SPEIDEL ROAD  
 N/A  
 City HANOVERTON State OH Zip Code 44423-9783  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 361.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2016  
**Transaction ID : SA17.571047**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	59.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 255 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. FULLER, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30951 SPEIDEL ROAD  
 N/A  
 City HANOVERTON State OH Zip Code 44423-9783  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 361.95

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.573253**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. FULLER, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30951 SPEIDEL ROAD  
 N/A  
 City HANOVERTON State OH Zip Code 44423-9783  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 361.95

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.573254**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. FULLER, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30951 SPEIDEL ROAD  
 N/A  
 City HANOVERTON State OH Zip Code 44423-9783  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 361.95

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.573255**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	11.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 256 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. FULLER, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30951 SPEIDEL ROAD  
 N/A  
 City HANOVERTON State OH Zip Code 44423-9783  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 361.95

Date of Receipt **10 / 10 / 2016**  
**Transaction ID : SA17.573256**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. FULLER, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30951 SPEIDEL ROAD  
 N/A  
 City HANOVERTON State OH Zip Code 44423-9783  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 361.95

Date of Receipt **10 / 12 / 2016**  
**Transaction ID : SA17.577507**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. FUNK, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 2479  
 City GARDNERVILLE State NV Zip Code 89410-2479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) BUILDER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 13 / 2016**  
**Transaction ID : SA17.592086**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	355.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 257 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. FUNK, SHERRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 2479

City GARDNERVILLE	State NV	Zip Code 89410-2479
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FEC ID number of contributing federal political committee. **C**

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

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  
 10 / 13 / 2016

**Transaction ID : SA17.592851**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. FUNKHOUSER, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12348 WILKINS AVE

City ROCKVILLE	State MD	Zip Code 20852-1828
-------------------	-------------	------------------------

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

Name of Employer (for Individual) CIRCLE ELECTRIC INC	Occupation (for Individual) ELECTRICIAN
--	--

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  
 10 / 03 / 2016

**Transaction ID : SA17.556492**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. FUNKHOUSER, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12348 WILKINS AVE

City ROCKVILLE	State MD	Zip Code 20852-1828
-------------------	-------------	------------------------

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

Name of Employer (for Individual) CIRCLE ELECTRIC INC	Occupation (for Individual) ELECTRICIAN
--	--

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  
 10 / 08 / 2016

**Transaction ID : SA17.556493**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 258 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. FUNKHOUSER, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12348 WILKINS AVE  
 City ROCKVILLE State MD Zip Code 20852-1828  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CIRCLE ELECTRIC INC Occupation (for Individual) ELECTRICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **10 / 13 / 2016**  
**Transaction ID : SA17.556494**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. FUNKHOUSER, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12348 WILKINS AVE  
 City ROCKVILLE State MD Zip Code 20852-1828  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CIRCLE ELECTRIC INC Occupation (for Individual) ELECTRICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **10 / 17 / 2016**  
**Transaction ID : SA17.556495**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. FURBUSH, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45 ORILLS HILL RD  
 City LEBANON State ME Zip Code 04027-3910  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TCS Occupation (for Individual) PROJECT MANAGER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.593754**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 259 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. GABLE, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1291 MAIN ST. CHATHAM. MA  
 City CHATHAM State MA Zip Code 02633-2744  
 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 ▼ 250.00

Date of Receipt **10 / 17 / 2016**  
**Transaction ID : SA17.589932**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. GALETAR, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 TIMBERLANE DR.  
 City CARTHAGE State TX Zip Code 75633-2229  
 FEC ID number of contributing 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 **10 / 05 / 2016**  
**Transaction ID : SA17.565791**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. GALITA, DAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9241 HIGHLAND DRIVE  
 City BRECKSVILLE State OH Zip Code 44141-2605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CCMEO Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **10 / 10 / 2016**  
**Transaction ID : SA17.556252**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 260 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. GALITA, DAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9241 HIGHLAND DRIVE  
 City BRECKSVILLE State OH Zip Code 44141-2605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CCMEO Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 10 / 19 / 2016  
**Transaction ID : SA17.556253**  
 Amount of Each Receipt this Period: 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. GALLAGHER, REGINA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 153 CLIFF AVE  
 City PELHAM State NY Zip Code 10803-2006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 257.95

Date of Receipt: 10 / 07 / 2016  
**Transaction ID : SA17.568694**  
 Amount of Each Receipt this Period: 257.95  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. GARCIA, CARLOS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5575 NEWBRIAR WAY  
 City CHINO HILLS State CA Zip Code 91709-8800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RICOH CORPORATION Occupation (for Individual) SALES DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 14 / 2016  
**Transaction ID : SA17.588930**  
 Amount of Each Receipt this Period: 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	607.95
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 261 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. GARDELLA, ROSALIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3804 BAYVIEW DRIVE  
 City MODESTO State CA Zip Code 95355-7323  
 FEC ID number of contributing 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 **10 / 09 / 2016**  
**Transaction ID : SA17.571065**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. GARDELLA, ROSALIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3804 BAYVIEW DRIVE  
 City MODESTO State CA Zip Code 95355-7323  
 FEC ID number of contributing 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 **10 / 10 / 2016**  
**Transaction ID : SA17.573272**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. GARDELLA, ROSALIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3804 BAYVIEW DRIVE  
 City MODESTO State CA Zip Code 95355-7323  
 FEC ID number of contributing 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 **10 / 12 / 2016**  
**Transaction ID : SA17.587911**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 262 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. GARNICK, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 HICKORY LANE  
 City BOXFORD State MA Zip Code 01921-2540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) BUSINESS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.589634**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. GARSIDE, DAVE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 150447  
 City OGDEN State UT Zip Code 84415-0447  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JEFCO INC Occupation (for Individual) SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.559885**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. GASSAWAY, FRED, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101-B NORTH MAIN ST  
 City HINESVILLE State GA Zip Code 31313-3260  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TREE PROPERTIES Occupation (for Individual) DEVELOPER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 14 / 2016  
**Transaction ID : SA17.594133**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 263 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. GAUTHIER, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3806 SAN CARLOS DR  
 City SAINT JAMES CITY State FL Zip Code 33956-2202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 302.95

Date of Receipt 10 / 14 / 2016  
**Transaction ID : SA17.583278**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. GAUTHIER, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3806 SAN CARLOS DR  
 City SAINT JAMES CITY State FL Zip Code 33956-2202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 302.95

Date of Receipt 10 / 11 / 2016  
**Transaction ID : SA17.588299**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. GAVIN, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 BHOIREANN LANE  
 City YORK State ME Zip Code 03909-5435  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) - NONE - Occupation (for Individual) 1951  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.562333**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	525.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 264 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. GEDDES, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6670 LAMBERT RANCH CROSSING  
 City SEDALIA State CO Zip Code 80135-8865  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) SURGEON  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 527.95

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.591822**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. GEDDES, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6670 LAMBERT RANCH CROSSING  
 City SEDALIA State CO Zip Code 80135-8865  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) SURGEON  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 527.95

Date of Receipt **10 / 12 / 2016**  
**Transaction ID : SA17.591828**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. GERALDS, EMILY SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2224KIEV CT.  
 City WEST BLOOMFIELD State MI Zip Code 48324-1338  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 281.00

Date of Receipt **10 / 04 / 2016**  
**Transaction ID : SA17.564448**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 265 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. GERALDS, EMILY SUSAN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2224KIEV CT.

City WEST BLOOMFIELD	State MI	Zip Code 48324-1338
-------------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
281.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2016

**Transaction ID : SA17.573300**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. GERALDS, EMILY SUSAN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2224KIEV CT.

City WEST BLOOMFIELD	State MI	Zip Code 48324-1338
-------------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
281.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2016

**Transaction ID : SA17.583292**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. GERHARDT, WALTER, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9503 GULFSTREAM RD

City FRANKFORT	State IL	Zip Code 60423-2536
-------------------	-------------	------------------------

FEC ID number of contributing 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
10	/	05	/	2016

**Transaction ID : SA17.565825**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 266 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. GHANDHI, KHUSHRO, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2168 ESTES RD

City LOS ANGELES	State CA	Zip Code 90041-1227
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2016

**Transaction ID : SA17.589375**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. GHIASI, KAMRAN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 WESTSHORE ROAD

City BELVEDERE TIBURON	State CA	Zip Code 94920-2461
---------------------------	-------------	------------------------

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

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

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
10	/	05	/	2016

**Transaction ID : SA17.592156**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. GHYSELS, RICHARD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 2883

City PALM SPRINGS	State CA	Zip Code 92262-
----------------------	-------------	--------------------

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

Name of Employer (for Individual) DESERT CITIES HOME SALES	Occupation (for Individual) REALTOR
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2016

**Transaction ID : SA17.563928**

Amount of Each Receipt this Period  
20.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1120.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 267 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. GHYSELS, RICHARD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 2883

City PALM SPRINGS	State CA	Zip Code 92262-
----------------------	-------------	--------------------

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

Name of Employer (for Individual) DESERT CITIES HOME SALES	Occupation (for Individual) REALTOR
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2016

**Transaction ID : SA17.591232**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. GILLILAND, BRENDA J., , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1880 SINCLAIR COURT

City LEWISVILLE	State TX	Zip Code 75067-6029
--------------------	-------------	------------------------

FEC ID number of contributing 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
10		12		2016

**Transaction ID : SA17.588326**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. GLAS, JOSEPH, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 150 HATTER DRIVE, PONTE VEDRA, FL,

City PONTE VEDRA	State FL	Zip Code 32081-8340
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
850.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2016

**Transaction ID : SA17.588327**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1025.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 268 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. GLAZER, MAURICE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13747 MONTFORT 350  
 City DALLAS State TX Zip Code 75240-4454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GLAZER FINANCIAL NETWORK Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 10 / 09 / 2016  
**Transaction ID : SA17.558510**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. GLAZER, MAURICE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13747 MONTFORT 350  
 City DALLAS State TX Zip Code 75240-4454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GLAZER FINANCIAL NETWORK Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 10 / 15 / 2016  
**Transaction ID : SA17.558511**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. GLAZER, MAURICE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13747 MONTFORT 350  
 City DALLAS State TX Zip Code 75240-4454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GLAZER FINANCIAL NETWORK Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.558512**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 269 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. GLAZER, MAURICE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13747 MONTFORT  
 350  
 City DALLAS State TX Zip Code 75240-4454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GLAZER FINANCIAL NETWORK Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.558513**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. GLENDINNING, ANN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 1300.00

Date of Receipt 10 / 01 / 2016  
**Transaction ID : SA17.563382**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. GLENDINNING, ANN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 1300.00

Date of Receipt 10 / 07 / 2016  
**Transaction ID : SA17.568705**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	700.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 270 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. GLENDINNING, ANN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 1300.00

Date of Receipt 10 / 09 / 2016  
**Transaction ID : SA17.571094**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. GLENDINNING, ANN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 1300.00

Date of Receipt 10 / 18 / 2016  
**Transaction ID : SA17.587923**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. GLENDINNING, ANN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 1300.00

Date of Receipt 10 / 11 / 2016  
**Transaction ID : SA17.587924**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 271 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. GLENDINNING, ANN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 1300.00

Date of Receipt 10 / 12 / 2016  
**Transaction ID : SA17.587925**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. GLIDEWELL, DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 641 WINDSOR DRIVE  
 City BENICIA State CA Zip Code 94510-3748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) ACCOUNTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.589368**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. GLOCKLER, HERRMANN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3265 SIERRA CREST WAY  
 City RENO State NV Zip Code 89519-8041  
 FEC ID number of contributing 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 10 / 18 / 2016  
**Transaction ID : SA17.587926**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	240.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 272 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. GOLDENBERG, ALEC, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 99 PARK AVE  
 City NEW YORK State NY Zip Code 10016-1601  
 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 ▼ 250.00

Date of Receipt **10 / 19 / 2016**  
**Transaction ID : SA17.590976**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. GOMES, CARLA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 93 SALEM ST  
 City BOSTON State MA Zip Code 02113-2217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TERRAMIA Occupation (for Individual) SELF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.593821**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. GONZALES, FRANK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1748 BENTRIDGE DR. N.W.  
 City KENNESAW State GA Zip Code 30144-6496  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ACWORTH POOLS INC. Occupation (for Individual) SELF EMPLOYED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 305.00

Date of Receipt **10 / 09 / 2016**  
**Transaction ID : SA17.554670**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 273 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. GONZALES, FRANK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1748 BENTRIDGE DR. N.W.  
 City KENNESAW State GA Zip Code 30144-6496  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ACWORTH POOLS INC. Occupation (for Individual) SELF EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 305.00

Date of Receipt **10 / 12 / 2016**  
**Transaction ID : SA17.554671**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. GONZALES, FRANK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1748 BENTRIDGE DR. N.W.  
 City KENNESAW State GA Zip Code 30144-6496  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ACWORTH POOLS INC. Occupation (for Individual) SELF EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 305.00

Date of Receipt **10 / 17 / 2016**  
**Transaction ID : SA17.554672**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. GOODE, DOUG, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5112 W 142ND TERR  
 City LEAWOOD State KS Zip Code 66224-9503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ROCKHILL INSURANCE COMPANY Occupation (for Individual) INSURANCE PROFESSIONAL  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 12 / 2016**  
**Transaction ID : SA17.588998**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	325.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 274 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. GOTCH, ALBERT, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8174 BARBARA DR.

City STRONGSVILLE	State OH	Zip Code 44136-1917
----------------------	-------------	------------------------

FEC ID number of contributing 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 M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

**Transaction ID : SA17.564458**

Amount of Each Receipt this Period  
10.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. GOTCH, ALBERT, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8174 BARBARA DR.

City STRONGSVILLE	State OH	Zip Code 44136-1917
----------------------	-------------	------------------------

FEC ID number of contributing 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 M	/	D D D	/	Y Y Y Y Y Y
10		05		2016

**Transaction ID : SA17.565877**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. GOTELLI, ANDREW, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2925 EVENING ROCK STREET

City LAS VEGAS	State NV	Zip Code 89135-1633
-------------------	-------------	------------------------

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

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

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
10		10		2016

**Transaction ID : SA17.573344**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 275 OF 783
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
GOTELLI, ANDREW, , ,

Mailing Address 2925 EVENING ROCK STREET

City LAS VEGAS	State NV	Zip Code 89135-1633
-------------------	-------------	------------------------

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

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

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
10		05		2016

**Transaction ID : SA17.589369**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
GOTELLI, ANDREW, , ,

Mailing Address 2925 EVENING ROCK STREET

City LAS VEGAS	State NV	Zip Code 89135-1633
-------------------	-------------	------------------------

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

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

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
10		06		2016

**Transaction ID : SA17.591758**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
GOTELLI, ANDREW, , ,

Mailing Address 2925 EVENING ROCK STREET

City LAS VEGAS	State NV	Zip Code 89135-1633
-------------------	-------------	------------------------

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

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

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
10		19		2016

**Transaction ID : SA17.591759**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 276 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. GOWER, ELLEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7435 CYPRESS BEND MANOR  
 City VERO BEACH State FL Zip Code 32966-5172  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.565882**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. GRABANSKI, EILEEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 721 2ND AVE NE 22  
 City HILLSBORO State ND Zip Code 58045-4638  
 FEC ID number of contributing 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 10 / 10 / 2016  
**Transaction ID : SA17.573348**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. GRABANSKI, EILEEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 721 2ND AVE NE 22  
 City HILLSBORO State ND Zip Code 58045-4638  
 FEC ID number of contributing 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 10 / 19 / 2016  
**Transaction ID : SA17.587026**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 277 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. GRAY, WINIFRED, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 LARCH ROW  
 City WENHAM State MA Zip Code 01984-1608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) PORTRAIT ARTIST AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.591009**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. GREEN, CHRISTY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 506 CHRISTINE DRIVE  
 City VACAVILLE State CA Zip Code 95687-4339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SOLANO COMMUNITY COLLEGE Occupation (for Individual) CHEMISTRY LAB TECHNICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.593145**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. GREENHUT, GARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2707 BROOKEFIELD LM  
 City KENNESAW State GA Zip Code 30152-2700  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.565904**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 278 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. GREEN, GEORGE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7181 E CAMELBACK RD. STE 906

City SCOTTSDALE	State AZ	Zip Code 85251-8214
--------------------	-------------	------------------------

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

Name of Employer (for Individual) LIN AND ASSOCIATES	Occupation (for Individual) MGR
---	------------------------------------

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
10		05		2016

**Transaction ID : SA17.560437**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; REFUNDED \$200.00 ON 10/05/2016

**B. GREEN, GEORGE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7181 E CAMELBACK RD. STE 906

City SCOTTSDALE	State AZ	Zip Code 85251-8214
--------------------	-------------	------------------------

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

Name of Employer (for Individual) LIN AND ASSOCIATES	Occupation (for Individual) MGR
---	------------------------------------

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
10		08		2016

**Transaction ID : SA17.560438**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. GREEN, JEANNETTE, E., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 702 DORADO COURT

City BRANDON	State FL	Zip Code 33511-5860
-----------------	-------------	------------------------

FEC ID number of contributing 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
10		05		2016

**Transaction ID : SA17.565902**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 279 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. GREENO, MALCOLM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 333 OSPREY POINT DRIVE  
 City OSPREY State FL Zip Code 34229-9252  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.565905**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. GREER, DEBBIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7300 HAS ENTREE CLUB DR  
 City WAKE FOREST State NC Zip Code 27587-1711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THE GREER GROUO. INC Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 14 / 2016  
**Transaction ID : SA17.593905**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. GREGG, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 950 MARKHAM WOODS ROAD  
 City LONGWOOD State FL Zip Code 32779-2824  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GREATER PROPERTIES, INC. Occupation (for Individual) PRESIDENT/COO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.558642**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 280 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. GREGORY, MARIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2125 HIGHWAY 14 EAST  
 City LANDRUM State SC Zip Code 29356-9777  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **10 / 08 / 2016**  
**Transaction ID : SA17.589518**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. GREGORY, MARIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2125 HIGHWAY 14 EAST  
 City LANDRUM State SC Zip Code 29356-9777  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **10 / 10 / 2016**  
**Transaction ID : SA17.589528**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. GREGORY, MARIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2125 HIGHWAY 14 EAST  
 City LANDRUM State SC Zip Code 29356-9777  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **10 / 17 / 2016**  
**Transaction ID : SA17.589544**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 281 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. GREGORY, MARIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2125 HIGHWAY 14 EAST  
 City LANDRUM State SC Zip Code 29356-9777  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 18 / 2016  
**Transaction ID : SA17.589545**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. GREGORY, MARIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2125 HIGHWAY 14 EAST  
 City LANDRUM State SC Zip Code 29356-9777  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 15 / 2016  
**Transaction ID : SA17.589546**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. GREGORY, MARIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2125 HIGHWAY 14 EAST  
 City LANDRUM State SC Zip Code 29356-9777  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 15 / 2016  
**Transaction ID : SA17.589547**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 282 OF 783
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. GREINER, DAVID, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7047 WEST BELMONT DRIVE

City LITTLETON	State CO	Zip Code 80123-0808
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
547.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

**Transaction ID : SA17.564463**

Amount of Each Receipt this Period  
47.95

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. GREINER, DAVID, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7047 WEST BELMONT DRIVE

City LITTLETON	State CO	Zip Code 80123-0808
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
547.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2016

**Transaction ID : SA17.588328**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. GRELE, SALLY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1620 PUGET ST NE

City OLYMPIA	State WA	Zip Code 98506-3361
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2016

**Transaction ID : SA17.565908**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	572.95
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 283 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. GRELE, SALLY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1620 PUGET ST NE  
 City OLYMPIA State WA Zip Code 98506-3361  
 FEC ID number of contributing 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 10 / 07 / 2016  
**Transaction ID : SA17.568712**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. GRIFFITHS, BILL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1595 PINELLAS BAYWAY S  
 City SAINT PETERSBURG State FL Zip Code 33715-2519  
 FEC ID number of contributing 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 10 / 03 / 2016  
**Transaction ID : SA17.563941**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. GRIFFITHS, BILL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1595 PINELLAS BAYWAY S  
 City SAINT PETERSBURG State FL Zip Code 33715-2519  
 FEC ID number of contributing 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 10 / 09 / 2016  
**Transaction ID : SA17.571127**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 284 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. GRIFFITH, THERESA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1830 TOYON WAY

City VIENNA	State VA	Zip Code 22182-3355
----------------	-------------	------------------------

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

Name of Employer (for Individual) GENRTAL DYNAMICS	Occupation (for Individual) SYSTEMS ADMINISTRATOR
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
799.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	12	/	2016

**Transaction ID : SA17.558450**

Amount of Each Receipt this Period  

3.00
------

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. GRIFFITH, THERESA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1830 TOYON WAY

City VIENNA	State VA	Zip Code 22182-3355
----------------	-------------	------------------------

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

Name of Employer (for Individual) GENRTAL DYNAMICS	Occupation (for Individual) SYSTEMS ADMINISTRATOR
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
799.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2016

**Transaction ID : SA17.558451**

Amount of Each Receipt this Period  

50.00
-------

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. GRIMM, FRANCES, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1095A GEORGES FAIRCHANCE RD.  
A

City SMITHFIELD	State PA	Zip Code 15478-1595
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2016

**Transaction ID : SA17.571128**

Amount of Each Receipt this Period  

20.00
-------

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	73.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 285 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
GRIMM, FRANCES, , ,

Mailing Address 1095A GEORGES FAIRCHANCE RD.  
A

City SMITHFIELD	State PA	Zip Code 15478-1595
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2016

**Transaction ID : SA17.571129**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
GRIMM, FRANCES, , ,

Mailing Address 1095A GEORGES FAIRCHANCE RD.  
A

City SMITHFIELD	State PA	Zip Code 15478-1595
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2016

**Transaction ID : SA17.571130**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
GRIMM, FRANCES, , ,

Mailing Address 1095A GEORGES FAIRCHANCE RD.  
A

City SMITHFIELD	State PA	Zip Code 15478-1595
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2016

**Transaction ID : SA17.588493**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 286 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. GRISHAM, JOHN, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 05 / 2016
Mailing Address 105 MILL CREEK DRIVE		<b>Transaction ID : SA17.565915</b>
City YOUNGSTOWN	State OH	Zip Code 44512-1402
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. GROH BECKMAN, ANNE, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 05 / 2016
Mailing Address 410 E MAIN ST 100		<b>Transaction ID : SA17.590523</b>
City BARRINGTON	State IL	Zip Code 60010-4572
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) SELF	Occupation (for Individual) INSURANCR	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. GROOM, YOSHIKO, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2016
Mailing Address 3121 DUMBARTON RD.		<b>Transaction ID : SA17.559279</b>
City MEMPHIS	State TN	Zip Code 38128-5190
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 260.00	NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 287 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. GROOM, YOSHIKO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3121 DUMBARTON RD.  
 City MEMPHIS State TN Zip Code 38128-5190  
 FEC ID number of contributing 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 M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2016  
**Transaction ID : SA17.559280**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. GROOM, YOSHIKO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3121 DUMBARTON RD.  
 City MEMPHIS State TN Zip Code 38128-5190  
 FEC ID number of contributing 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 M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2016  
**Transaction ID : SA17.559281**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. GROOM, YOSHIKO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3121 DUMBARTON RD.  
 City MEMPHIS State TN Zip Code 38128-5190  
 FEC ID number of contributing 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 M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2016  
**Transaction ID : SA17.559282**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 288 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. GROOM, YOSHIKO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3121 DUMBARTON RD.  
 City MEMPHIS State TN Zip Code 38128-5190  
 FEC ID number of contributing 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 10 / 14 / 2016  
**Transaction ID : SA17.559283**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. GROOM, YOSHIKO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3121 DUMBARTON RD.  
 City MEMPHIS State TN Zip Code 38128-5190  
 FEC ID number of contributing 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 10 / 16 / 2016  
**Transaction ID : SA17.559284**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. GROOM, YOSHIKO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3121 DUMBARTON RD.  
 City MEMPHIS State TN Zip Code 38128-5190  
 FEC ID number of contributing 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 10 / 16 / 2016  
**Transaction ID : SA17.559285**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 289 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. GROOM, YOSHIKO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3121 DUMBARTON RD.  
 City MEMPHIS State TN Zip Code 38128-5190  
 FEC ID number of contributing 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 10 / 16 / 2016  
**Transaction ID : SA17.559286**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. GRUNDWERG, SAUNDRA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 69 PENN BLVD  
 City SCARSDALE State NY Zip Code 10583-7513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 465.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.565922**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. GURLEY, MARSHALL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 90997  
 City RALEIGH State NC Zip Code 27675-0997  
 FEC ID number of contributing 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 10 / 12 / 2016  
**Transaction ID : SA17.588300**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 290 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. GUTIERREZ, CLARE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4120 NORTHERN LIGHTS AVE

City EDINBURG	State TX	Zip Code 78541-1995
------------------	-------------	------------------------

FEC ID number of contributing 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
10		10		2016

**Transaction ID : SA17.573379**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. GUTIERREZ, CLARE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4120 NORTHERN LIGHTS AVE

City EDINBURG	State TX	Zip Code 78541-1995
------------------	-------------	------------------------

FEC ID number of contributing 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
10		11		2016

**Transaction ID : SA17.587943**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. GUTIERREZ, CLARE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4120 NORTHERN LIGHTS AVE

City EDINBURG	State TX	Zip Code 78541-1995
------------------	-------------	------------------------

FEC ID number of contributing 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
10		13		2016

**Transaction ID : SA17.588818**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 291 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. HAAS, GLEN, RICHARD, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 880 OPEN SKY COURT

City ALLEN	State TX	Zip Code 75013-5533
---------------	-------------	------------------------

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

Name of Employer (for Individual) ARAGIO SOLUTIONS	Occupation (for Individual) ENGINEER
---	---

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
10		05		2016

**Transaction ID : SA17.555194**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. HAAS, GLEN, RICHARD, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 880 OPEN SKY COURT

City ALLEN	State TX	Zip Code 75013-5533
---------------	-------------	------------------------

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

Name of Employer (for Individual) ARAGIO SOLUTIONS	Occupation (for Individual) ENGINEER
---	---

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
10		10		2016

**Transaction ID : SA17.555195**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. HACKER, SUSAN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1395 CRAWFORD AVE

City REEDLEY	State CA	Zip Code 93654-9761
-----------------	-------------	------------------------

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

Name of Employer (for Individual) INSUL-FLOW, INC.	Occupation (for Individual) MS.
---	------------------------------------

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
10		08		2016

**Transaction ID : SA17.559671**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 292 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. HACKER, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1395 CRAWFORD AVE  
 City REEDLEY State CA Zip Code 93654-9761  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INSUL-FLOW, INC. Occupation (for Individual) MS.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **10 / 12 / 2016**  
**Transaction ID : SA17.559672**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. HACKER, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1395 CRAWFORD AVE  
 City REEDLEY State CA Zip Code 93654-9761  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INSUL-FLOW, INC. Occupation (for Individual) MS.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **10 / 14 / 2016**  
**Transaction ID : SA17.559673**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. HACKER, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1395 CRAWFORD AVE  
 City REEDLEY State CA Zip Code 93654-9761  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INSUL-FLOW, INC. Occupation (for Individual) MS.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **10 / 18 / 2016**  
**Transaction ID : SA17.559674**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 293 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. HAGNER, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15710 FLEETWOOD OAKS  
 City HOUSTON State TX Zip Code 77079-2520  
 FEC ID number of contributing 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  
 10 / 07 / 2016  
**Transaction ID : SA17.568717**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. HAIK, LAWRENCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1539 ROYAL PALM DR.  
 City SLIDELL State LA Zip Code 70458-6215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DALE STRAM AND ASSOCIATES, LLC Occupation (for Individual) COMMERCIAL REAL ESTATE  
 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  
 10 / 19 / 2016  
**Transaction ID : SA17.557082**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. HAISLIP, PHILIP, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 220 EAST 61ST STREET  
 City TACOMA State WA Zip Code 98404-1224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2016  
**Transaction ID : SA17.588359**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	620.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 294 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. HAISLIP, PHILIP, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 220 EAST 61ST STREET  
 City TACOMA State WA Zip Code 98404-1224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.588384**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. HAISLIP, PHILIP, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 220 EAST 61ST STREET  
 City TACOMA State WA Zip Code 98404-1224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.588385**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. HAISLIP, PHILIP, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 220 EAST 61ST STREET  
 City TACOMA State WA Zip Code 98404-1224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.588717**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 295 OF 783
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. HAISLIP, PHILIP, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 220 EAST 61ST STREET  
 City TACOMA State WA Zip Code 98404-1224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 18 / 2016  
**Transaction ID : SA17.588718**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. HAISLIP, PHILIP, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 220 EAST 61ST STREET  
 City TACOMA State WA Zip Code 98404-1224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 18 / 2016  
**Transaction ID : SA17.588793**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. HALBERT, LYNNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 440 EAST 79TH ST 3H  
 City NEW YORK State NY Zip Code 10075-1451  
 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 10 / 10 / 2016  
**Transaction ID : SA17.573397**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 296 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. HALE, STEVE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **BOX 428**

City <b>MIAMI</b>	State <b>TX</b>	Zip Code <b>79059-0428</b>
----------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>SELF</b>	Occupation (for Individual) <b>AG</b>
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**600.00**

Date of Receipt  
**10 / 09 / 2016**

**Transaction ID : SA17.589416**

Amount of Each Receipt this Period  
**50.00**

Memo Item  
**CONTRIBUTION**

**NON CONTRIBUTION ACCOUNT**

**B. HALE, STEVE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **BOX 428**

City <b>MIAMI</b>	State <b>TX</b>	Zip Code <b>79059-0428</b>
----------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>SELF</b>	Occupation (for Individual) <b>AG</b>
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**600.00**

Date of Receipt  
**10 / 10 / 2016**

**Transaction ID : SA17.589417**

Amount of Each Receipt this Period  
**50.00**

Memo Item  
**CONTRIBUTION**

**NON CONTRIBUTION ACCOUNT**

**C. HALE, STEVE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **BOX 428**

City <b>MIAMI</b>	State <b>TX</b>	Zip Code <b>79059-0428</b>
----------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>SELF</b>	Occupation (for Individual) <b>AG</b>
--	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
**600.00**

Date of Receipt  
**10 / 19 / 2016**

**Transaction ID : SA17.589418**

Amount of Each Receipt this Period  
**500.00**

Memo Item  
**CONTRIBUTION**

**NON CONTRIBUTION ACCOUNT**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>600.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 297 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. HALL, CRAIG, , ,</b>		Date of Receipt
Mailing Address 37895 SW HOL DRIVE		<input type="checkbox"/> M M M / <input type="checkbox"/> D D D / <input type="checkbox"/> Y Y Y Y Y Y 10 / 05 / 2016
City ROCHERT	State MN	Zip Code 56578-
FEC ID number of contributing federal political committee. C		<b>Transaction ID : SA17.560716</b>
Name of Employer (for Individual) MANUFACTURING SOLUTIONS OF MN INC.		Amount of Each Receipt this Period 40.00
Occupation (for Individual) BUSINESS OWNER		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	<b>CONTRIBUTION</b>
		<b>NON CONTRIBUTION ACCOUNT</b>

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. HALL, GARY, , ,</b>		Date of Receipt
Mailing Address 3603 MEADOW LAKE LN.		<input type="checkbox"/> M M M / <input type="checkbox"/> D D D / <input type="checkbox"/> Y Y Y Y Y Y 10 / 12 / 2016
City HOUSTON	State TX	Zip Code 77027-4110
FEC ID number of contributing federal political committee. C		<b>Transaction ID : SA17.558761</b>
Name of Employer (for Individual) HALL-HOUSTON EXPLORATION		Amount of Each Receipt this Period 1000.00
Occupation (for Individual) OIL AND GAS EXEC		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	<b>CONTRIBUTION</b>
		<b>NON CONTRIBUTION ACCOUNT</b>

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. HALL, GREGG, , ,</b>		Date of Receipt
Mailing Address 4150 CITRUS AVE		<input type="checkbox"/> M M M / <input type="checkbox"/> D D D / <input type="checkbox"/> Y Y Y Y Y Y 10 / 05 / 2016
City ROCKLIN	State CA	Zip Code 95677-4000
FEC ID number of contributing federal political committee. C		<b>Transaction ID : SA17.594033</b>
Name of Employer (for Individual) TILTON PACIFIC CONSTRUCTION, INC.		Amount of Each Receipt this Period 500.00
Occupation (for Individual) COMMERCIAL CONTRACTOR		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 500.00	<b>CONTRIBUTION</b>
		<b>NON CONTRIBUTION ACCOUNT</b>

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1540.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 298 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. HAMM, EDWARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 243 S BEACH RD.  
 City HOBE SOUND State FL Zip Code 33455-2512  
 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 BE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2016  
**Transaction ID : SA17.553579**  
 Amount of Each Receipt this Period  
 900.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. HANSEN, QUE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 806 OLD ENGLISH ROAD  
 City DRAPER State UT Zip Code 84020-7946  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TALL TREE ADMINISTRATORS Occupation (for Individual) HEALTH INSURANCE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 08 / 2016  
**Transaction ID : SA17.593707**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. HANSEN, QUE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 806 OLD ENGLISH ROAD  
 City DRAPER State UT Zip Code 84020-7946  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TALL TREE ADMINISTRATORS Occupation (for Individual) HEALTH INSURANCE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2016  
**Transaction ID : SA17.593708**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1200.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 299 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. HARA, YOSHINO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2455 ACHILLES DR.  
 City LOS ANGELES State CA Zip Code 90046-1625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OSADA, INC. Occupation (for Individual) 1939  
 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  
 10 / 12 / 2016  
**Transaction ID : SA17.562079**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT

**B. HARA, YOSHINO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2455 ACHILLES DR.  
 City LOS ANGELES State CA Zip Code 90046-1625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OSADA, INC. Occupation (for Individual) 1939  
 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  
 10 / 14 / 2016  
**Transaction ID : SA17.562080**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT

**C. HARA, YOSHINO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2455 ACHILLES DR.  
 City LOS ANGELES State CA Zip Code 90046-1625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OSADA, INC. Occupation (for Individual) 1939  
 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  
 10 / 18 / 2016  
**Transaction ID : SA17.562081**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 300 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. HARA, YOSHINO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2455 ACHILLES DR.  
 City LOS ANGELES State CA Zip Code 90046-1625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OSADA, INC. Occupation (for Individual) 1939  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.562082**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. HARA, YOSHINO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2455 ACHILLES DR.  
 City LOS ANGELES State CA Zip Code 90046-1625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OSADA, INC. Occupation (for Individual) 1939  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 12 / 2016  
**Transaction ID : SA17.562083**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. HARBAUGH, LORRAINE M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 155 FRANKLIN ESTATES LANE 21  
 City GREENBACK State TN Zip Code 37742-2474  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.565977**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 301 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. HARDISON, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3227 CAPITAL MEDICAL BLVDQ  
 City TALLAHASSEE State FL Zip Code 32308-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) DENTIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 327.95

Date of Receipt 10 / 08 / 2016  
**Transaction ID : SA17.590002**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. HARDISON, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3227 CAPITAL MEDICAL BLVDQ  
 City TALLAHASSEE State FL Zip Code 32308-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) DENTIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 327.95

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.590009**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. HARDISON, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3227 CAPITAL MEDICAL BLVDQ  
 City TALLAHASSEE State FL Zip Code 32308-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) DENTIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 327.95

Date of Receipt 10 / 12 / 2016  
**Transaction ID : SA17.590031**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	175.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 302 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. HARDISON, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3227 CAPITAL MEDICAL BLVDQ  
 City TALLAHASSEE State FL Zip Code 32308-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) DENTIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 327.95

Date of Receipt 10 / 17 / 2016  
**Transaction ID : SA17.590032**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. HARTSHORN, SHARON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7969 SUNRISE LOOP  
 City PARK CITY State UT Zip Code 84098-6258  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.566000**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. HARTSHORN, SHARON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7969 SUNRISE LOOP  
 City PARK CITY State UT Zip Code 84098-6258  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.566001**  
 Amount of Each Receipt this Period 35.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	160.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 303 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. HARTSHORN, SHARON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7969 SUNRISE LOOP  
 City PARK CITY State UT Zip Code 84098-6258  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 10 / 11 / 2016  
**Transaction ID : SA17.583549**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. HARTSHORN, SHARON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7969 SUNRISE LOOP  
 City PARK CITY State UT Zip Code 84098-6258  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 10 / 18 / 2016  
**Transaction ID : SA17.587061**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. HAUSMANN, JEFF, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4717 TONYAWATHA TRL  
 City MADISON State WI Zip Code 53716-2019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HAUSMANN-JOHNSON Occupation (for Individual) INSURANCE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.558836**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	325.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 304 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. HAUSMANN, JURGEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1003 WETHERBY WAY  
 City DULUTH State GA Zip Code 30096-  
 FEC ID number of contributing 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 M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2016  
**Transaction ID : SA17.566011**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. HAVEN, MARIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9060 ASHVILLE DR.  
 City PENSACOLA State FL Zip Code 32514-5691  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CAMP FIRE GULF WIND, INC. Occupation (for Individual) YOUTH DEVELOPMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 478.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 04 / 2016  
**Transaction ID : SA17.556081**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. HAVEN, MARIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9060 ASHVILLE DR.  
 City PENSACOLA State FL Zip Code 32514-5691  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CAMP FIRE GULF WIND, INC. Occupation (for Individual) YOUTH DEVELOPMENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 478.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2016  
**Transaction ID : SA17.556082**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 305 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. HAVEN, MARIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9060 ASHVILLE DR.  
 City PENSACOLA State FL Zip Code 32514-5691  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 CAMP FIRE GULF WIND, INC. YOUTH DEVELOPMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 478.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2016  
**Transaction ID : SA17.556083**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. HAVEN, MARIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9060 ASHVILLE DR.  
 City PENSACOLA State FL Zip Code 32514-5691  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 CAMP FIRE GULF WIND, INC. YOUTH DEVELOPMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 478.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2016  
**Transaction ID : SA17.556084**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. HAVEN, MARIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9060 ASHVILLE DR.  
 City PENSACOLA State FL Zip Code 32514-5691  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 CAMP FIRE GULF WIND, INC. YOUTH DEVELOPMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 478.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2016  
**Transaction ID : SA17.556085**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 306 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. HAVEN, MARIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9060 ASHVILLE DR.  
 City PENSACOLA State FL Zip Code 32514-5691  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 CAMP FIRE GULF WIND, INC. YOUTH DEVELOPMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 478.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 18 / 2016  
**Transaction ID : SA17.556086**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. HAVEN, MARIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9060 ASHVILLE DR.  
 City PENSACOLA State FL Zip Code 32514-5691  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 CAMP FIRE GULF WIND, INC. YOUTH DEVELOPMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 478.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2016  
**Transaction ID : SA17.556087**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. HAWK, MARTHA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 711 MULBERRY ST  
 City SCOTTDALE State PA Zip Code 15683-1604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 RETIRED 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  
 10 / 05 / 2016  
**Transaction ID : SA17.566012**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 307 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. HAYES, KIRK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1411 POWDER BRANCH ROAD  
 TN  
 City ELIZABETHTON State TN Zip Code 37643-5721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JIM'S MOTORCYCLE SALES Occupation (for Individual) BUSINESS OWNER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.559920**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. HAYNES, CAROL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 941 5TH STREET  
 P.  
 City STRUTHERS State OH Zip Code 44471-1535  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 21.00

Date of Receipt 10 / 16 / 2016  
**Transaction ID : SA17.588323**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT; REFUNDED \$300.00 ON 10/17/2016

**C. HEARD, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 138  
 City BEEVILLE State TX Zip Code 78104-0138  
 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 ▼ 500.00

Date of Receipt 10 / 12 / 2016  
**Transaction ID : SA17.591112**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	900.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 308 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. HEBERT, DOUG, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 111 LAHASKY DR.  
 City YOUNGSVILLE State LA Zip Code 70592-5838  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.566030**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. HECKLE, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1381 SNAPPING TURTLE ROAD  
 City MIMS State FL Zip Code 32754-6256  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CANYON OFFSHORE Occupation (for Individual) OFFSHORE ROV SUPERINTENDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 17 / 2016  
**Transaction ID : SA17.556103**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. HEDEEN, CLEMENS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 228 N 14TH AVE  
 City STURGEON BAY State WI Zip Code 54235-1318  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HEDEEN INTERNATIONAL LLC Occupation (for Individual) BUSINESS OWNER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 04 / 2016  
**Transaction ID : SA17.558902**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	825.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 309 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. HENRICHS, LORRAINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19675 JAMESTOWN RD  
 City BREESE State IL Zip Code 62230-2427  
 FEC ID number of contributing 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 **10 / 05 / 2016**  
**Transaction ID : SA17.566046**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. HERMAN, JEANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address POBOX 5000  
 City SPARKS State NV Zip Code 89432-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) REBROKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **10 / 09 / 2016**  
**Transaction ID : SA17.591298**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. HERMAN, JEANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address POBOX 5000  
 City SPARKS State NV Zip Code 89432-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) REBROKER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **10 / 10 / 2016**  
**Transaction ID : SA17.591299**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 310 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. HERMAN, JEANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address POBOX 5000  
 City SPARKS State NV Zip Code 89432-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) REBROKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 18 / 2016  
**Transaction ID : SA17.591300**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. HERMANN, SIGWULF, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3000 W. HAYES ST  
 City SEATTLE State WA Zip Code 98199-4250  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 10 / 07 / 2016  
**Transaction ID : SA17.568737**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. HERNANDEZ, FEDERICO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6050 STETSON HILLS BLVD. #113  
 City COLORADO SPRINGS State CO Zip Code 80923-3571  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.566052**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**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		FOR LINE NUMBER: (check only one)	PAGE 311 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. HERNANDEZ, FEDERICO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6050 STETSON HILLS BLVD.  
 #113  
 City COLORADO SPRINGS State CO Zip Code 80923-3571  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.566053**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. HERNANDEZ, FEDERICO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6050 STETSON HILLS BLVD.  
 #113  
 City COLORADO SPRINGS State CO Zip Code 80923-3571  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.566054**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. HERNANDEZ-PISTORINO, MARIA DE LOS ANGELES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6535 SW 123RD STREET  
 City PINECREST State FL Zip Code 33156-5554  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.573506**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 60.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 312 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. HERNANDEZ-PISTORINO, MARIA DE LOS ANGELES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6535 SW 123RD STREET  
 City PINECREST State FL Zip Code 33156-5554  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.587076**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. HERNANDEZ-PISTORINO, MARIA DE LOS ANGELES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6535 SW 123RD STREET  
 City PINECREST State FL Zip Code 33156-5554  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 10 / 17 / 2016  
**Transaction ID : SA17.587077**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. HERNANDEZ-PISTORINO, MARIA DE LOS ANGELES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6535 SW 123RD STREET  
 City PINECREST State FL Zip Code 33156-5554  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 10 / 12 / 2016  
**Transaction ID : SA17.587956**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 313 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
HERSHEY, DONALD (ALAN), , ,

Mailing Address 175 BAKER RD.

City VICTOR	State NY	Zip Code 14564-9715
----------------	-------------	------------------------

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

Name of Employer (for Individual) HERSHEY ENERGY SYSTEMS	Occupation (for Individual) PRESIDENT
---	--

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
10		10		2016

**Transaction ID : SA17.558948**

Amount of Each Receipt this Period  
75.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
HERSHEY, DONALD (ALAN), , ,

Mailing Address 175 BAKER RD.

City VICTOR	State NY	Zip Code 14564-9715
----------------	-------------	------------------------

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

Name of Employer (for Individual) HERSHEY ENERGY SYSTEMS	Occupation (for Individual) PRESIDENT
---	--

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
10		12		2016

**Transaction ID : SA17.558949**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
HERSHEY, DONALD (ALAN), , ,

Mailing Address 175 BAKER RD.

City VICTOR	State NY	Zip Code 14564-9715
----------------	-------------	------------------------

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

Name of Employer (for Individual) HERSHEY ENERGY SYSTEMS	Occupation (for Individual) PRESIDENT
---	--

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
10		11		2016

**Transaction ID : SA17.558950**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 314 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. HESSER, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6623 JESSAMINE LANE  
 City ANNANDALE State VA Zip Code 22003-6202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) REAL ESATE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 230.95

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.592373**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT

**B. HESSER, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6623 JESSAMINE LANE  
 City ANNANDALE State VA Zip Code 22003-6202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) REAL ESATE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 230.95

Date of Receipt **10 / 09 / 2016**  
**Transaction ID : SA17.592374**  
 Amount of Each Receipt this Period **3.00**  
 Memo Item  
**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT

**C. HETT, R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 170 POLO COURT  
 City NINETY SIX State SC Zip Code 29666-8306  
 FEC ID number of contributing 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 **10 / 11 / 2016**  
**Transaction ID : SA17.588301**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item  
**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>303.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 315 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. HIGBIE, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 283 OLD FORGE RD.  
 283 OLD FORGE RD.  
 City MILLINGTON State NJ Zip Code 07946-1511  
 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 ▼ 225.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.589902**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. HIGGINS, DENZLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 72403  
 City FAIRBANKS State AK Zip Code 99707-2403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HSA Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.589675**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. HIGGINS, DENZLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 72403  
 City FAIRBANKS State AK Zip Code 99707-2403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HSA Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 15 / 2016  
**Transaction ID : SA17.589687**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 316 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. HIGGINS, DENZLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 72403

City FAIRBANKS	State AK	Zip Code 99707-2403
-------------------	-------------	------------------------

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

Name of Employer (for Individual) HSA	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  
 10 / 16 / 2016

**Transaction ID : SA17.589688**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. HIGGINBOTHAM, LOU, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4304 WESTWAY

City DALLAS	State TX	Zip Code 75205-3728
----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
628.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2016

**Transaction ID : SA17.563972**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. HIGGINBOTHAM, LOU, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4304 WESTWAY

City DALLAS	State TX	Zip Code 75205-3728
----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
628.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2016

**Transaction ID : SA17.568244**

Amount of Each Receipt this Period  
3.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	128.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 317 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. HIGGINBOTHAM, LOU, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4304 WESTWAY  
 City DALLAS State TX Zip Code 75205-3728  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 628.00

Date of Receipt **10 / 06 / 2016**  
**Transaction ID : SA17.568245**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. HIGGINBOTHAM, LOU, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4304 WESTWAY  
 City DALLAS State TX Zip Code 75205-3728  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 628.00

Date of Receipt **10 / 09 / 2016**  
**Transaction ID : SA17.571225**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. HIGGINBOTHAM, LOU, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4304 WESTWAY  
 City DALLAS State TX Zip Code 75205-3728  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 628.00

Date of Receipt **10 / 10 / 2016**  
**Transaction ID : SA17.573519**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 318 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. HILL, DAN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7000 MERRILL AVE. BOX 63

City CHINO	State CA	Zip Code 91710-9097
---------------	-------------	------------------------

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

Name of Employer (for Individual) MACH ONE AIR CHARTERS	Occupation (for Individual) CEO/PILOT
--	--

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
10	/	05	/	2016

**Transaction ID : SA17.560649**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. HILLMAN, TATNALL, LEA, CAPT, SC USNR RE**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 504 W BLEEKER ST

City ASPEN	State CO	Zip Code 81611-1228
---------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
55000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2016

**Transaction ID : SA17.553576**

Amount of Each Receipt this Period  
30000.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. HILLMAN, TATNALL, LEA, CAPT, SC USNR RE**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 504 W BLEEKER ST

City ASPEN	State CO	Zip Code 81611-1228
---------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
55000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	12	/	2016

**Transaction ID : SA17.553583**

Amount of Each Receipt this Period  
20000.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 319 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. HILLMAN, TATNALL, LEA, CAPT, SC USNR RE**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 504 W BLEEKER ST  
 City ASPEN State CO Zip Code 81611-1228  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 55000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : SA17.563163**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. HILTON, YVONNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1083 E 390 N  
 City AMERICAN FORK State UT Zip Code 84003-3025  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.566083**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. HINES, J.C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 80 MILTON AVE./  
 City ALPHARETTA State GA Zip Code 30009-1508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) VETERINARIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 16 / 2016  
**Transaction ID : SA17.591927**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 320 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. HINTERTHUER, EMIL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8242 LAUREL LAKES BLVD  
 City NAPLES State FL Zip Code 34119-9790  
 FEC ID number of contributing 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 10 / 09 / 2016  
**Transaction ID : SA17.571235**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. HINTERTHUER, EMIL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8242 LAUREL LAKES BLVD  
 City NAPLES State FL Zip Code 34119-9790  
 FEC ID number of contributing 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 10 / 10 / 2016  
**Transaction ID : SA17.573536**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. HINTERTHUER, EMIL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8242 LAUREL LAKES BLVD  
 City NAPLES State FL Zip Code 34119-9790  
 FEC ID number of contributing 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 10 / 12 / 2016  
**Transaction ID : SA17.583670**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 321 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. HINTERTHUER, EMIL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8242 LAUREL LAKES BLVD  
 City NAPLES State FL Zip Code 34119-9790  
 FEC ID number of contributing 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 **10 / 13 / 2016**  
**Transaction ID : SA17.583671**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. HINTERTHUER, EMIL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8242 LAUREL LAKES BLVD  
 City NAPLES State FL Zip Code 34119-9790  
 FEC ID number of contributing 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 **10 / 14 / 2016**  
**Transaction ID : SA17.583672**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. HINTERTHUER, EMIL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8242 LAUREL LAKES BLVD  
 City NAPLES State FL Zip Code 34119-9790  
 FEC ID number of contributing 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 **10 / 17 / 2016**  
**Transaction ID : SA17.583673**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 322 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. HIPPLEWITZ, RUSSELL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 120 OAK PINES BLVD  
 City PEMBERTON State NJ Zip Code 08068-1905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 412.95

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.566093**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. HIPPLEWITZ, RUSSELL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 120 OAK PINES BLVD  
 City PEMBERTON State NJ Zip Code 08068-1905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 412.95

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.566094**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. HIPPLEWITZ, RUSSELL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 120 OAK PINES BLVD  
 City PEMBERTON State NJ Zip Code 08068-1905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 412.95

Date of Receipt 10 / 07 / 2016  
**Transaction ID : SA17.568743**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	175.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 323 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. HIPPLEWITZ, RUSSELL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 120 OAK PINES BLVD  
 City PEMBERTON State NJ Zip Code 08068-1905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 412.95

Date of Receipt 10 / 08 / 2016  
**Transaction ID : SA17.569560**  
 Amount of Each Receipt this Period 27.95  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. HOLLABAUGH, JON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9908 FOLSOM DRIVE  
 City LAS VEGAS State NV Zip Code 89134-7502  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.566111**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. HOLLIS, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2525 BAY AREA BLVD 135  
 City HOUSTON State TX Zip Code 77058-1558  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.566113**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	92.95
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 324 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. HOLLY, EUGENE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1131 PINE POINT RD  
 City RIVIERA BEACH State FL Zip Code 33404-2751  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 206.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.566116**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT; REFUNDED \$25.00 ON 10/05/2016

**B. HOLLY, EUGENE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1131 PINE POINT RD  
 City RIVIERA BEACH State FL Zip Code 33404-2751  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 206.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.575772**  
 Amount of Each Receipt this Period 3.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. HOLMES, LEE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX AR  
 City HAGATNA State GU Zip Code 96932-7564  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 10 / 17 / 2016  
**Transaction ID : SA17.588329**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	528.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 325 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. HOLT, ALYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 HESSIAN WAY  
 City CHERRY HILL State NJ Zip Code 08003-2615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INTEST Occupation (for Individual) EXECUTIVE  
 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  
 10 / 05 / 2016  
**Transaction ID : SA17.559714**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. HOLT, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1220 SUN VALLEY LOOP  
 City LINCOLN State CA Zip Code 95648-8492  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2016  
**Transaction ID : SA17.571260**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. HOLT, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1220 SUN VALLEY LOOP  
 City LINCOLN State CA Zip Code 95648-8492  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2016  
**Transaction ID : SA17.583703**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 326 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**HOLT, JOHN, , ,**

Mailing Address 1220 SUN VALLEY LOOP

City LINCOLN	State CA	Zip Code 95648-8492
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2016

**Transaction ID : SA17.587090**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**HOLT, JOHN, , ,**

Mailing Address 1220 SUN VALLEY LOOP

City LINCOLN	State CA	Zip Code 95648-8492
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2016

**Transaction ID : SA17.587091**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**HOLT, JOHN, , ,**

Mailing Address 1220 SUN VALLEY LOOP

City LINCOLN	State CA	Zip Code 95648-8492
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2016

**Transaction ID : SA17.587092**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 327 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. HOLTEN, JAMES, J., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4003 CHESTNUT OAK DR.

City SMITHTON	State IL	Zip Code 62285-3741
------------------	-------------	------------------------

FEC ID number of contributing 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
10	/	11	/	2016

**Transaction ID : SA17.559034**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. HOLUB, NOEL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5805 INDIANWOOD LANE

City FORT WORTH	State TX	Zip Code 76132-4490
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
625.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2016

**Transaction ID : SA17.587966**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. HOLUB, NOEL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5805 INDIANWOOD LANE

City FORT WORTH	State TX	Zip Code 76132-4490
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
625.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2016

**Transaction ID : SA17.588302**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 328 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. HOMES, MADELEINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 157 PERUVIAN AVE  
 City PALM BEACH State FL Zip Code 33480-4426  
 FEC ID number of contributing 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 M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2016  
**Transaction ID : SA17.566123**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. HOPKINS, WARREN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7552 BONITA AVE  
 City ROHNERT PARK State CA Zip Code 94928-3817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 244.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2016  
**Transaction ID : SA17.566131**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. HOPKINS, WARREN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7552 BONITA AVE  
 City ROHNERT PARK State CA Zip Code 94928-3817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 244.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2016  
**Transaction ID : SA17.566132**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 329 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. HORN, J.T., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 922

City EASTLAND	State TX	Zip Code 76448-0922
------------------	-------------	------------------------

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

Name of Employer (for Individual) J. T. HORN OIL CO. INC.	Occupation (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  
 10 / 05 / 2016

**Transaction ID : SA17.559818**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. HORN, J.T., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 922

City EASTLAND	State TX	Zip Code 76448-0922
------------------	-------------	------------------------

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

Name of Employer (for Individual) J. T. HORN OIL CO. INC.	Occupation (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  
 10 / 09 / 2016

**Transaction ID : SA17.559819**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. HOUSTON, NEWTON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 E. SANDALBRANCH CIR.

City SPRING	State TX	Zip Code 77382-1303
----------------	-------------	------------------------

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

Name of Employer (for Individual) ENGIE NA	Occupation (for Individual) ENGINEER
---	---

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  
 10 / 13 / 2016

**Transaction ID : SA17.557799**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 330 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. HOWELL, WARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 604 1/2 E. UNION ST.  
 City MANCHESTER State IA Zip Code 52057-1435  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) GPS INSTALLATION  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.590342**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. HUBBACH, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4588 MIRA DEL SOL CT  
 City CASTLE ROCK State CO Zip Code 80104-7677  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.566146**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. HUESING, JACQUELINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4660 LADERA WAY  
 City CARMICHAEL State CA Zip Code 95608-1574  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.90

Date of Receipt 10 / 02 / 2016  
**Transaction ID : SA17.563676**  
 Amount of Each Receipt this Period 15.90  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	315.90
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 331 OF 783
<input 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 checked="" 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)  
**Committee to Defend the President**

**A. HUESING, JACQUELINE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4660 LADERA WAY

City CARMICHAEL	State CA	Zip Code 95608-1574
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2016

**Transaction ID : SA17.571286**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. HUESING, JACQUELINE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4660 LADERA WAY

City CARMICHAEL	State CA	Zip Code 95608-1574
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2016

**Transaction ID : SA17.573581**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. HUESING, JACQUELINE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4660 LADERA WAY

City CARMICHAEL	State CA	Zip Code 95608-1574
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2016

**Transaction ID : SA17.583762**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 332 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. HUFF, JASON, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2998 LOSANTIRIDGE AVENUE

City CINCINNATI	State OH	Zip Code 45213-1034
--------------------	-------------	------------------------

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

Name of Employer (for Individual) UC HEALTH	Occupation (for Individual) R.N.
--	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

**Transaction ID : SA17.594287**

Amount of Each Receipt this Period  
15.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. HUFF, JASON, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2998 LOSANTIRIDGE AVENUE

City CINCINNATI	State OH	Zip Code 45213-1034
--------------------	-------------	------------------------

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

Name of Employer (for Individual) UC HEALTH	Occupation (for Individual) R.N.
--	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2016

**Transaction ID : SA17.594288**

Amount of Each Receipt this Period  
15.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. HUFF, JASON, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2998 LOSANTIRIDGE AVENUE

City CINCINNATI	State OH	Zip Code 45213-1034
--------------------	-------------	------------------------

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

Name of Employer (for Individual) UC HEALTH	Occupation (for Individual) R.N.
--	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
208.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2016

**Transaction ID : SA17.594289**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	55.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 333 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. HUNT, PETER, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 824 WAVERLY ROAD

City KENNETT SQUARE	State PA	Zip Code 19348-1451
------------------------	-------------	------------------------

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 ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2016

**Transaction ID : SA17.566165**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. HUNT, PETER, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 824 WAVERLY ROAD

City KENNETT SQUARE	State PA	Zip Code 19348-1451
------------------------	-------------	------------------------

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 ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2016

**Transaction ID : SA17.569599**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. HUNTER, BILL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1433 AUXBURY PLACE

City MURFREESBORO	State TN	Zip Code 37129-6067
----------------------	-------------	------------------------

FEC ID number of contributing 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
10		05		2016

**Transaction ID : SA17.566168**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 334 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. HUNTER, BOB, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 262 NE EDGEWATER DR  
 City LEES SUMMIT State MO Zip Code 64064-3106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THE SUMMIT GROUP Occupation (for Individual) CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 12 / 2016**  
**Transaction ID : SA17.593981**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. ICE, LANNY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1311 MURRAU AVE  
 City MONAHANS State TX Zip Code 79756-6305  
 FEC ID number of contributing 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 **10 / 17 / 2016**  
**Transaction ID : SA17.588303**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. INFANTE, CAROLYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2214 GREENWICH ST.  
 City SAN FRANCISCO State CA Zip Code 94123-3419  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) PROPERTY MANAGEMENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **10 / 10 / 2016**  
**Transaction ID : SA17.591038**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 335 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. INGMAN, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9503 E 108TH PLACE S  
 City TULSA State OK Zip Code 74133-6773  
 FEC ID number of contributing 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  
 10 / 19 / 2016  
**Transaction ID : SA17.592309**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. INGMAN, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9503 E 108TH PLACE S  
 City TULSA State OK Zip Code 74133-6773  
 FEC ID number of contributing 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  
 10 / 18 / 2016  
**Transaction ID : SA17.592332**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. INGRAM, REX, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9520 ROGERS DRIVE P.O. BOX12  
 City NASSAWADOX State VA Zip Code 23413-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2016  
**Transaction ID : SA17.566181**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 336 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. IOTT, GREG, , ,</b>		Date of Receipt
Mailing Address 1624 S ENTERPRISE		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2016"/>
City SPRINGFIELD	State MO	Zip Code 65804-1800
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA17.559605</b>
Name of Employer (for Individual) ENTREPRENEUR		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Occupation (for Individual) INSURANCE/REAL ESTATE/AUTO DE		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="325.00"/>	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. IOTT, GREG, , ,</b>		Date of Receipt
Mailing Address 1624 S ENTERPRISE		<input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2016"/>
City SPRINGFIELD	State MO	Zip Code 65804-1800
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA17.559606</b>
Name of Employer (for Individual) ENTREPRENEUR		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Occupation (for Individual) INSURANCE/REAL ESTATE/AUTO DE		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="325.00"/>	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. IOTT, GREG, , ,</b>		Date of Receipt
Mailing Address 1624 S ENTERPRISE		<input type="text" value="10"/> / <input type="text" value="12"/> / <input type="text" value="2016"/>
City SPRINGFIELD	State MO	Zip Code 65804-1800
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA17.559607</b>
Name of Employer (for Individual) ENTREPRENEUR		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Occupation (for Individual) INSURANCE/REAL ESTATE/AUTO DE		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="325.00"/>	NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 337 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. IOTT, GREG, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1624 S ENTERPRISE

City SPRINGFIELD	State MO	Zip Code 65804-1800
---------------------	-------------	------------------------

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

Name of Employer (for Individual) ENTREPRENEUR	Occupation (for Individual) INSURANCE/REAL ESTATE/AUTO DE
---	--

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
10		12		2016

**Transaction ID : SA17.559608**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. IOTT, GREG, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1624 S ENTERPRISE

City SPRINGFIELD	State MO	Zip Code 65804-1800
---------------------	-------------	------------------------

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

Name of Employer (for Individual) ENTREPRENEUR	Occupation (for Individual) INSURANCE/REAL ESTATE/AUTO DE
---	--

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
10		16		2016

**Transaction ID : SA17.559609**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. IOTT, GREG, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1624 S ENTERPRISE

City SPRINGFIELD	State MO	Zip Code 65804-1800
---------------------	-------------	------------------------

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

Name of Employer (for Individual) ENTREPRENEUR	Occupation (for Individual) INSURANCE/REAL ESTATE/AUTO DE
---	--

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
10		16		2016

**Transaction ID : SA17.559610**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 338 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. IOTT, GREG, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2016
Mailing Address 1624 S ENTERPRISE		<b>Transaction ID : SA17.559611</b>
City SPRINGFIELD	State MO	Zip Code 65804-1800
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) ENTREPRENEUR	Occupation (for Individual) INSURANCE/REAL ESTATE/AUTO DE	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. IOTT, GREG, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2016
Mailing Address 1624 S ENTERPRISE		<b>Transaction ID : SA17.559612</b>
City SPRINGFIELD	State MO	Zip Code 65804-1800
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) ENTREPRENEUR	Occupation (for Individual) INSURANCE/REAL ESTATE/AUTO DE	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. IOTT, GREG, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2016
Mailing Address 1624 S ENTERPRISE		<b>Transaction ID : SA17.559613</b>
City SPRINGFIELD	State MO	Zip Code 65804-1800
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) ENTREPRENEUR	Occupation (for Individual) INSURANCE/REAL ESTATE/AUTO DE	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 325.00	NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 339 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. ISOTALO, LEO, , ,</b>		Date of Receipt
Mailing Address 90 PEACOCK DR.		<input type="text" value="10"/> / <input type="text" value="06"/> / <input type="text" value="2016"/>
City SAN RAFAEL	State CA	Zip Code 94901-1505
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA17.568261</b>
Name of Employer (for Individual) RETIRED		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation (for Individual) RETIRED		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="275.00"/>	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. ISOTALO, LEO, , ,</b>		Date of Receipt
Mailing Address 90 PEACOCK DR.		<input type="text" value="10"/> / <input type="text" value="08"/> / <input type="text" value="2016"/>
City SAN RAFAEL	State CA	Zip Code 94901-1505
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA17.569611</b>
Name of Employer (for Individual) RETIRED		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Occupation (for Individual) RETIRED		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="275.00"/>	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. ISOTALO, LEO, , ,</b>		Date of Receipt
Mailing Address 90 PEACOCK DR.		<input type="text" value="10"/> / <input type="text" value="11"/> / <input type="text" value="2016"/>
City SAN RAFAEL	State CA	Zip Code 94901-1505
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA17.587113</b>
Name of Employer (for Individual) RETIRED		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation (for Individual) RETIRED		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="275.00"/>	NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="175.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 340 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. IVEY, JIM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3707 APPLE GROVE CIRCLE  
 City KINGSPORT State TN Zip Code 37664-3901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.566193**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. JACKSON, ELIZABETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 287 MCQUEEN DRIVE  
 City POOLER State GA Zip Code 31322-2241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt 10 / 04 / 2016  
**Transaction ID : SA17.564512**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. JACKSON, ELIZABETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 287 MCQUEEN DRIVE  
 City POOLER State GA Zip Code 31322-2241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt 10 / 07 / 2016  
**Transaction ID : SA17.568756**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 341 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. JACKSON, ELIZABETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 287 MCQUEEN DRIVE  
 City POOLER State GA Zip Code 31322-2241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt 10 / 08 / 2016  
**Transaction ID : SA17.569618**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. JACKSON, ELIZABETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 287 MCQUEEN DRIVE  
 City POOLER State GA Zip Code 31322-2241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt 10 / 09 / 2016  
**Transaction ID : SA17.571320**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. JACKSON, ELIZABETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 287 MCQUEEN DRIVE  
 City POOLER State GA Zip Code 31322-2241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.573612**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 342 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. JACKSON, ELIZABETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 287 MCQUEEN DRIVE  
 City POOLER State GA Zip Code 31322-2241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt **10 / 10 / 2016**  
**Transaction ID : SA17.573613**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. JACKSON, ELIZABETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 287 MCQUEEN DRIVE  
 City POOLER State GA Zip Code 31322-2241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt **10 / 14 / 2016**  
**Transaction ID : SA17.583831**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. JACKSON, ELIZABETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 287 MCQUEEN DRIVE  
 City POOLER State GA Zip Code 31322-2241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt **10 / 11 / 2016**  
**Transaction ID : SA17.587115**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 343 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. JACKSON, ELIZABETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 287 MCQUEEN DRIVE  
 City POOLER State GA Zip Code 31322-2241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt 10 / 12 / 2016  
**Transaction ID : SA17.587117**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. JACKSON, ELIZABETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 287 MCQUEEN DRIVE  
 City POOLER State GA Zip Code 31322-2241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt 10 / 12 / 2016  
**Transaction ID : SA17.587980**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. JACKSON, TRACEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6006 PRATT ST  
 City TAMPA State FL Zip Code 33647-1043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TRACEY JACKSON Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 10 / 18 / 2016  
**Transaction ID : SA17.559251**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**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		FOR LINE NUMBER: (check only one)	PAGE 344 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. JACKSON, TRACEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6006 PRATT ST  
 City TAMPA State FL Zip Code 33647-1043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TRACEY JACKSON Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00

Date of Receipt 10 / 11 / 2016  
**Transaction ID : SA17.559252**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. JACOBSON, TRUDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11652 PAWNEE COURT  
 City LEAWOOD State KS Zip Code 66211-3074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 15 / 2016  
**Transaction ID : SA17.588304**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. JAMES, NITA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6703 CORINTH DR.  
 City PASADENA State TX Zip Code 77505-3337  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EHE INTERNATIONAL Occupation (for Individual) RN CLINIC DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.557721**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 345 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. JARCIK, TERRY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 842 LAKESHORE BLVD.

City INCLINE VILLAGE	State NV	Zip Code 89451-9507
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) CAL-NEVADA INSURANCE AGENCY	Occupation (for Individual) INSURANCE BROKER (PROP & CASI
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2016

**Transaction ID : SA17.556062**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. JARCIK, TERRY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 842 LAKESHORE BLVD.

City INCLINE VILLAGE	State NV	Zip Code 89451-9507
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) CAL-NEVADA INSURANCE AGENCY	Occupation (for Individual) INSURANCE BROKER (PROP & CASI
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2016

**Transaction ID : SA17.556063**

Amount of Each Receipt this Period  
75.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. JELLINEK, JOHN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 810 OXFORD LN  
207

City COLORADO SPRINGS	State CO	Zip Code 80905-1902
--------------------------	-------------	------------------------

FEC ID number of contributing 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
10		05		2016

**Transaction ID : SA17.562976**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	275.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 346 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. JENNINGS, EDWIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 55487

City HOUSTON	State TX	Zip Code 77255-5487
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2016

**Transaction ID : SA17.566206**

Amount of Each Receipt this Period  

100.00
--------

 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. JOCZ, ELSIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5420 FULTON STREET E

City ADA	State MI	Zip Code 49301-9110
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2016

**Transaction ID : SA17.566212**

Amount of Each Receipt this Period  

50.00
-------

 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. JOCZ, ELSIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5420 FULTON STREET E

City ADA	State MI	Zip Code 49301-9110
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2016

**Transaction ID : SA17.571344**

Amount of Each Receipt this Period  

100.00
--------

 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 347 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. JOHNSON, ARTHUR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9600 MOODY ROAD  
 City FORT SMITH State AR Zip Code 72903-6737  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MERCY CLINICS FORT SMITH Occupation (for Individual) NEUROSURGEON  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 12 / 2016  
**Transaction ID : SA17.560989**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. JOHNSON, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 627 WILLIAMS AVENUE  
 City NATCHITOCHEs State LA Zip Code 71457-5169  
 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 10 / 12 / 2016  
**Transaction ID : SA17.589933**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. JOHNSON, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3418 E. SUNCREST CT  
 City PHOENIX State AZ Zip Code 85044-3506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TRAFFICADE Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.594101**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1525.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 348 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. JOHNSON, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3418 E. SUNCREST CT  
 City PHOENIX State AZ Zip Code 85044-3506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TRAFFICADE Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 10 / 14 / 2016  
**Transaction ID : SA17.594102**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. JOHNSON, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3418 E. SUNCREST CT  
 City PHOENIX State AZ Zip Code 85044-3506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TRAFFICADE Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.594103**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. JONES, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1542 CR 451  
 City COUPLAND State TX Zip Code 78615-4935  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DALLAS BAPTIST UNIVERSITY Occupation (for Individual) PROFESSOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.557086**  
 Amount of Each Receipt this Period 35.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 349 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. JONES, IRVIN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address BOX 491

City LOVINGSTON	State VA	Zip Code 22949-0491
--------------------	-------------	------------------------

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

Name of Employer (for Individual) DATASOLUTIONSCORP (DSC) DSCINV.COM	Occupation (for Individual) CORPORATE CEO
---	--

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
10	/	05	/	2016

**Transaction ID : SA17.557105**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. JONES, KENDALL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 519 COLGATE

City ALLEN	State TX	Zip Code 75013-2942
---------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
203.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2016

**Transaction ID : SA17.573646**

Amount of Each Receipt this Period  
3.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. JONES, RICHARD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12916 BAY PLANTATION DR.

City JACKSONVILLE	State FL	Zip Code 32223-0784
----------------------	-------------	------------------------

FEC ID number of contributing 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 M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2016

**Transaction ID : SA17.562300**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	753.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 350 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. JONES, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12916 BAY PLANTATION DR.  
 City JACKSONVILLE State FL Zip Code 32223-0784  
 FEC ID number of contributing 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 **10 / 05 / 2016**  
**Transaction ID : SA17.566250**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. JUDSON, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 TURTLE GROVE LANE  
 City VILLAGE OF GOLF State FL Zip Code 33436-5626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KC FUNDING LLC Occupation (for Individual) SCHOOL OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **10 / 09 / 2016**  
**Transaction ID : SA17.560060**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. JUDSON, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 TURTLE GROVE LANE  
 City VILLAGE OF GOLF State FL Zip Code 33436-5626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KC FUNDING LLC Occupation (for Individual) SCHOOL OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **10 / 13 / 2016**  
**Transaction ID : SA17.560061**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 351 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. KALLE, NANCY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2324 NE 28TH ST  
 8  
 City POMPANO BEACH State FL Zip Code 33064-8236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) J&N Occupation (for Individual) OWNER OF MEDICAL OFFICE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2016  
**Transaction ID : SA17.559808**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. KALLE, NANCY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2324 NE 28TH ST  
 8  
 City POMPANO BEACH State FL Zip Code 33064-8236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) J&N Occupation (for Individual) OWNER OF MEDICAL OFFICE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2016  
**Transaction ID : SA17.559809**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. KALLE, NANCY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2324 NE 28TH ST  
 8  
 City POMPANO BEACH State FL Zip Code 33064-8236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) J&N Occupation (for Individual) OWNER OF MEDICAL OFFICE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2016  
**Transaction ID : SA17.559810**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 352 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. KALLE, NANCY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2324 NE 28TH ST  
 8  
 City POMPANO BEACH State FL Zip Code 33064-8236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) J&N Occupation (for Individual) OWNER OF MEDICAL OFFICE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2016  
**Transaction ID : SA17.559811**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. KALLE, NANCY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2324 NE 28TH ST  
 8  
 City POMPANO BEACH State FL Zip Code 33064-8236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) J&N Occupation (for Individual) OWNER OF MEDICAL OFFICE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2016  
**Transaction ID : SA17.559812**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. KALLE, NANCY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2324 NE 28TH ST  
 8  
 City POMPANO BEACH State FL Zip Code 33064-8236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) J&N Occupation (for Individual) OWNER OF MEDICAL OFFICE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2016  
**Transaction ID : SA17.559813**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 353 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. KALLE, NANCY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2324 NE 28TH ST  
 8  
 City POMPANO BEACH State FL Zip Code 33064-8236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) J&N Occupation (for Individual) OWNER OF MEDICAL OFFICE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2016  
**Transaction ID : SA17.563430**  
 Amount of Each Receipt this Period  
 15.90  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. KANDBINDER, GARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 245 HOBSON  
 City HOT SPRINGS NATION State AR Zip Code 71913-3724  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PBG, INC./ACG, INC. Occupation (for Individual) CEO  
 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  
 10 / 10 / 2016  
**Transaction ID : SA17.562269**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. KANE, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 141 BOULDERWOOD DRIVE  
 City BERNARDSVILLE State NJ Zip Code 07924-1403  
 FEC ID number of contributing 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  
 10 / 05 / 2016  
**Transaction ID : SA17.566265**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	365.90
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 354 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. KARABINUS, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5756 TOWNSHIP ROAD 466

City LAKEVILLE	State OH	Zip Code 44638-9741
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 08 / 2016

**Transaction ID : SA17.569661**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. KARABINUS, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5756 TOWNSHIP ROAD 466

City LAKEVILLE	State OH	Zip Code 44638-9741
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2016

**Transaction ID : SA17.573672**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. KARABINUS, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5756 TOWNSHIP ROAD 466

City LAKEVILLE	State OH	Zip Code 44638-9741
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
208.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2016

**Transaction ID : SA17.583950**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 355 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. KARABINUS, JOSEPH, , ,**

Mailing Address 5756 TOWNSHIP ROAD 466

City LAKEVILLE	State OH	Zip Code 44638-9741
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2016

**Transaction ID : SA17.583951**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. KARABINUS, JOSEPH, , ,**

Mailing Address 5756 TOWNSHIP ROAD 466

City LAKEVILLE	State OH	Zip Code 44638-9741
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2016

**Transaction ID : SA17.583952**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. KARABINUS, JOSEPH, , ,**

Mailing Address 5756 TOWNSHIP ROAD 466

City LAKEVILLE	State OH	Zip Code 44638-9741
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
208.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2016

**Transaction ID : SA17.583953**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 356 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. KARKOTA, DORIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 COWDRY HILL RD  
 City WESTFORD State MA Zip Code 01886-1226  
 FEC ID number of contributing 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  
 10 / 02 / 2016  
**Transaction ID : SA17.563684**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. KARKOTA, DORIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 COWDRY HILL RD  
 City WESTFORD State MA Zip Code 01886-1226  
 FEC ID number of contributing 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  
 10 / 04 / 2016  
**Transaction ID : SA17.564520**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. KARKOTA, DORIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 COWDRY HILL RD  
 City WESTFORD State MA Zip Code 01886-1226  
 FEC ID number of contributing 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  
 10 / 07 / 2016  
**Transaction ID : SA17.568770**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 357 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. KATTERMANN, WILLIAM A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 710 SALERNO WAY  
 City HOWELL State NJ Zip Code 07731-1736  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2016  
**Transaction ID : SA17.566274**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. KATTERMANN, WILLIAM A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 710 SALERNO WAY  
 City HOWELL State NJ Zip Code 07731-1736  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2016  
**Transaction ID : SA17.571377**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. KATZ, MARY LOU, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1400 POWERS RUN RD.  
 HOUSE  
 City PITTSBURGH State PA Zip Code 15238-2522  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOUSEWIFE Occupation (for Individual) HOUSEWIFE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 415.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2016  
**Transaction ID : SA17.563434**  
 Amount of Each Receipt this Period 27.95  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	127.95
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 358 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. KATZ, MARY LOU, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1400 POWERS RUN RD.  
 HOUSE  
 City PITTSBURGH State PA Zip Code 15238-2522  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOUSEWIFE Occupation (for Individual) HOUSEWIFE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 415.90

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.566275**  
 Amount of Each Receipt this Period 27.95  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. KATZ, MARY LOU, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1400 POWERS RUN RD.  
 HOUSE  
 City PITTSBURGH State PA Zip Code 15238-2522  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOUSEWIFE Occupation (for Individual) HOUSEWIFE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 415.90

Date of Receipt **10 / 13 / 2016**  
**Transaction ID : SA17.583969**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. KATZ, MARY LOU, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1400 POWERS RUN RD.  
 HOUSE  
 City PITTSBURGH State PA Zip Code 15238-2522  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOUSEWIFE Occupation (for Individual) HOUSEWIFE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 415.90

Date of Receipt **10 / 15 / 2016**  
**Transaction ID : SA17.587150**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	102.95
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 359 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. KEAYS, ANDREA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2419 CLAREMONT DRIVE  
 City FALLS CHURCH State VA Zip Code 22043-3022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) STAY AT HOME Occupation (for Individual) STAY ST HOME  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.559245**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. KEINATH, WARREN C., C., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24 RAVENS POINTE DR.  
 City LAKE SAINT LOUIS State MO Zip Code 63367-2238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1140.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.566283**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. KEINATH, WARREN C., C., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24 RAVENS POINTE DR.  
 City LAKE SAINT LOUIS State MO Zip Code 63367-2238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1140.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.566284**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	315.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 360 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. KEIT, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 206 CANADA STREET  
 City OJAI State CA Zip Code 93023-2523  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) TILE ARTIST  
 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  
 10 / 05 / 2016  
**Transaction ID : SA17.591856**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. KEKEISEN, FRANK J., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12028 WESHILL COURT  
 City MARYLAND HEIGHTS State MO Zip Code 63043-4131  
 FEC ID number of contributing 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  
 10 / 11 / 2016  
**Transaction ID : SA17.587151**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. KEKEISEN, FRANK J., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12028 WESHILL COURT  
 City MARYLAND HEIGHTS State MO Zip Code 63043-4131  
 FEC ID number of contributing 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  
 10 / 18 / 2016  
**Transaction ID : SA17.587152**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 361 OF 783
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. KELLER, JEROME, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 626 THOMAS JEFFERSON RD  
 City WAYNE State PA Zip Code 19087-1028  
 FEC ID number of contributing 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  
 10 / 09 / 2016  
**Transaction ID : SA17.571382**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. KELLER, JIM, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5929 WILD HORSE RUN  
 City COLLEGE STATION State TX Zip Code 77845-2346  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TEXAS A&M FDN. Occupation (for Individual) DIRECTOR OF DEVELOPMENT  
 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  
 10 / 18 / 2016  
**Transaction ID : SA17.593832**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. KELLY, GRACE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6122 SAN FELIPE RD.  
 City HOUSTON State TX Zip Code 77057-2802  
 FEC ID number of contributing 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  
 10 / 05 / 2016  
**Transaction ID : SA17.566295**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 362 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. KELLY, SEAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2343 BOYNTON ST  
 City SYCAMORE State IL Zip Code 60178-8900  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) SELF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.591522**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. KELLY, SUE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 75 LINVILLE DR  
 City PINEHURST State NC Zip Code 28374-7137  
 FEC ID number of contributing 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 10 / 12 / 2016  
**Transaction ID : SA17.588305**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. KEMPNER, NEALE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4718 HALLMARK DRIVE 906  
 City HOUSTON State TX Zip Code 77056-3909  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.566296**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 363 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. KENLEY, DOUG, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 327 GAYLORDSVILLE CT  
 City GAYLORDSVILLE State CT Zip Code 06755-0327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) PLUMBER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.590997**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. KENNEDY, DEAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1004 S SIERRA VISTA AVE  
 City ALHAMBRA State CA Zip Code 91801-4818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 535.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.566298**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. KENNEDY, DEAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1004 S SIERRA VISTA AVE  
 City ALHAMBRA State CA Zip Code 91801-4818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 535.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.566300**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 364 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. KENNEDY, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2308 BREVARD RD.  
 City CHARLESTON State SC Zip Code 29414-7000  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.566301**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. KESLER, DON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 357 PRESCOTT DRIVE  
 City PRESCOTT State AZ Zip Code 86301-4405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.00

Date of Receipt 10 / 17 / 2016  
**Transaction ID : SA17.588336**  
 Amount of Each Receipt this Period 999.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. KHAYAMI, MEHDI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 60 THOREAU ST #292  
 City CARLISLE State MA Zip Code 01741-  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.566308**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 1449.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 365 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. KHAYAMI, MEHDI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 60 THOREAU ST #292  
 City CARLISLE State MA Zip Code 01741-  
 FEC ID number of contributing 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 10 / 13 / 2016  
**Transaction ID : SA17.588306**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. KILPATRICK, DEE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5318 AUBURN RIDGE  
 City SAN ANTONIO State TX Zip Code 78249-3389  
 FEC ID number of contributing 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 10 / 12 / 2016  
**Transaction ID : SA17.588307**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. KILPATRICK, JIM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3801 MANCHACA RD. 56  
 City AUSTIN State TX Zip Code 78704-6794  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 10 / 17 / 2016  
**Transaction ID : SA17.584034**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	525.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 366 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. KILPATRICK, MARGARITA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1335 SOROLLA AVENUE  
 City CORAL GABLES State FL Zip Code 33134-3517  
 FEC ID number of contributing 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 **10 / 12 / 2016**  
**Transaction ID : SA17.588586**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. KING, ALBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 307 TABERNA CIRCLE  
 City NEW BERN State NC Zip Code 28562-7040  
 FEC ID number of contributing 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 **10 / 19 / 2016**  
**Transaction ID : SA17.588330**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. KING, CHESTER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1020 DETTLING ROAD  
 City WILMINGTON State DE Zip Code 19805-1029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EXPRESS SCRIPTS Occupation (for Individual) PHARMACY PRODUCTION CLERK  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 17 / 2016**  
**Transaction ID : SA17.557930**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 367 OF 783
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. KING, HUGH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4349 FAIRFAX AVENUE  
 City DALLAS State TX Zip Code 75205-3026  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.566320**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. KING, RUSSELL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8696 HALE ROAD  
 City MANLIUS State NY Zip Code 13104-8781  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 402.95

Date of Receipt 10 / 08 / 2016  
**Transaction ID : SA17.569689**  
 Amount of Each Receipt this Period 27.95  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. KING, RUSSELL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8696 HALE ROAD  
 City MANLIUS State NY Zip Code 13104-8781  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 402.95

Date of Receipt 10 / 08 / 2016  
**Transaction ID : SA17.569690**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	177.95
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 368 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. KING, RUSSELL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8696 HALE ROAD  
 City MANLIUS State NY Zip Code 13104-8781  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 402.95

Date of Receipt 10 / 11 / 2016  
**Transaction ID : SA17.584038**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. KING, TOMMY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 994  
 City ABILENE State TX Zip Code 79604-0994  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WESTERN TRAILER EQUIP Occupation (for Individual) SELFEMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 11 / 2016  
**Transaction ID : SA17.595256**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. KINGSTON, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1605 MARIANO ST.  
 City CAMARILLO State CA Zip Code 93010-8430  
 FEC ID number of contributing 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 10 / 12 / 2016  
**Transaction ID : SA17.588308**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	525.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 369 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. KINNEAR, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4620 MAPLEWOOD DRIVE  
 City SULPHUR State LA Zip Code 70663-6522  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : SA17.568279**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. KIRCHHOFF, DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 118 MOUNTAIN SPRING DRIVE  
 City BOERNE State TX Zip Code 78006-6208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SOUTHWEST RESEARCH Occupation (for Individual) ADMINISTRATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 03 / 2016  
**Transaction ID : SA17.593238**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. KIRCHHOFF, DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 118 MOUNTAIN SPRING DRIVE  
 City BOERNE State TX Zip Code 78006-6208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SOUTHWEST RESEARCH Occupation (for Individual) ADMINISTRATOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 11 / 2016  
**Transaction ID : SA17.593239**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 370 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. KIRCHHOFF, DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 118 MOUNTAIN SPRING DRIVE

City BOERNE	State TX	Zip Code 78006-6208
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SOUTHWEST RESEARCH	Occupation (for Individual) ADMINISTRATOR
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2016

**Transaction ID : SA17.593240**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. KIRCHHOFF, DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 118 MOUNTAIN SPRING DRIVE

City BOERNE	State TX	Zip Code 78006-6208
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SOUTHWEST RESEARCH	Occupation (for Individual) ADMINISTRATOR
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2016

**Transaction ID : SA17.593241**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. KIRCHHOFF, DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 118 MOUNTAIN SPRING DRIVE

City BOERNE	State TX	Zip Code 78006-6208
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SOUTHWEST RESEARCH	Occupation (for Individual) ADMINISTRATOR
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2016

**Transaction ID : SA17.593242**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 371 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. KIRK, ROGER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1140 BIMINI LANE  
 City SINGER ISLAND State FL Zip Code 33404-2706  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ADS Occupation (for Individual) CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00

Date of Receipt **10 / 10 / 2016**  
**Transaction ID : SA17.554700**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. KIRSTEN, REINER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 995 PARKVIEW DRIVE  
 City TALLAHASSEE State FL Zip Code 32311-1245  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 452.95

Date of Receipt **10 / 03 / 2016**  
**Transaction ID : SA17.564016**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. KIRSTEN, REINER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 995 PARKVIEW DRIVE  
 City TALLAHASSEE State FL Zip Code 32311-1245  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 452.95

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.566330**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 372 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. KIRSTEN, REINER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 995 PARKVIEW DRIVE  
 City TALLAHASSEE State FL Zip Code 32311-1245  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 452.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 08 / 2016  
**Transaction ID : SA17.569693**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. KIRSTEN, REINER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 995 PARKVIEW DRIVE  
 City TALLAHASSEE State FL Zip Code 32311-1245  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 452.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2016  
**Transaction ID : SA17.571415**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. KIRSTEN, REINER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 995 PARKVIEW DRIVE  
 City TALLAHASSEE State FL Zip Code 32311-1245  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 452.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2016  
**Transaction ID : SA17.584054**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 373 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. KLING, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8733 E AMELIA  
 City SCOTTSDALE State AZ Zip Code 85251-5085  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2016  
**Transaction ID : SA17.566343**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. KLING, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8733 E AMELIA  
 City SCOTTSDALE State AZ Zip Code 85251-5085  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2016  
**Transaction ID : SA17.566344**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. KLING, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8733 E AMELIA  
 City SCOTTSDALE State AZ Zip Code 85251-5085  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 18 / 2016  
**Transaction ID : SA17.584065**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 374 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. KNITTEL, JASON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1331 104TH AVE  
 City ZEELAND State MI Zip Code 49464-1465  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) METAL FLOW CORPORATION Occupation (for Individual) PRODUCTION MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.561024**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. KNOWLTON, DR CALVIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 628 WINDSOCK WAY  
 City MOORESTOWN State NJ Zip Code 08057-2148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TABULA RASA HEALTHCARE, INC. Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.593694**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. KNOWLES, LOUIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9638 EAST BALTIMORE  
 City MESA State AZ Zip Code 85207-8030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CCA Occupation (for Individual) CORRECTIONS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 395.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.556236**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1065.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 375 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. KNOWLES, LOUIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9638 EAST BALTIMORE  
 City MESA State AZ Zip Code 85207-8030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CCA Occupation (for Individual) CORRECTIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 395.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.556237**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. KOENNING, JO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7403 N. 119 E. AVE  
 City OWASSO State OK Zip Code 74055-3702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 532.95

Date of Receipt 10 / 09 / 2016  
**Transaction ID : SA17.571424**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. KOENNING, JO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7403 N. 119 E. AVE  
 City OWASSO State OK Zip Code 74055-3702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 532.95

Date of Receipt 10 / 09 / 2016  
**Transaction ID : SA17.571425**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 115.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 376 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. KOENNING, JO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7403 N. 119 E. AVE  
 City OWASSO State OK Zip Code 74055-3702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 532.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2016  
**Transaction ID : SA17.571426**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. KOENNING, JO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7403 N. 119 E. AVE  
 City OWASSO State OK Zip Code 74055-3702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 532.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2016  
**Transaction ID : SA17.573726**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. KOENNING, JO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7403 N. 119 E. AVE  
 City OWASSO State OK Zip Code 74055-3702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 532.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2016  
**Transaction ID : SA17.573727**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	80.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 377 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. KOENNING, JO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7403 N. 119 E. AVE  
 City OWASSO State OK Zip Code 74055-3702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 532.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2016  
**Transaction ID : SA17.573728**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. KOENNING, JO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7403 N. 119 E. AVE  
 City OWASSO State OK Zip Code 74055-3702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 532.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2016  
**Transaction ID : SA17.573729**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. KOENNING, JO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7403 N. 119 E. AVE  
 City OWASSO State OK Zip Code 74055-3702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 532.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2016  
**Transaction ID : SA17.573730**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 378 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. KOENNING, JO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7403 N. 119 E. AVE  
 City OWASSO State OK Zip Code 74055-3702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 532.95

Date of Receipt **10 / 12 / 2016**  
**Transaction ID : SA17.584085**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. KOENNING, JO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7403 N. 119 E. AVE  
 City OWASSO State OK Zip Code 74055-3702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 532.95

Date of Receipt **10 / 14 / 2016**  
**Transaction ID : SA17.584086**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. KOETHER, BERNARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 757 SEV 17TH STREET STE 1074  
 City FORT LAUDERDALE State FL Zip Code 33316-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.566356**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**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: (check only one)	PAGE 379 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. KOETHER, BERNARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 757 SEV 17TH STREET  
 STE 1074  
 City FORT LAUDERDALE State FL Zip Code 33316-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.573731**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. KOETHER, BERNARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 757 SEV 17TH STREET  
 STE 1074  
 City FORT LAUDERDALE State FL Zip Code 33316-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 10 / 12 / 2016  
**Transaction ID : SA17.587172**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. KOETHER, BERNARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 757 SEV 17TH STREET  
 STE 1074  
 City FORT LAUDERDALE State FL Zip Code 33316-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 10 / 17 / 2016  
**Transaction ID : SA17.588339**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1300.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 380 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. KOHLS, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8818 SILVERARROW CIR  
 City AUSTIN State TX Zip Code 78759-7442  
 FEC ID number of contributing 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 10 / 04 / 2016  
**Transaction ID : SA17.564531**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. KOHLS, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8818 SILVERARROW CIR  
 City AUSTIN State TX Zip Code 78759-7442  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.566358**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. KOHR, RANDOLPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2151 RICHMOND RD. STE #200  
 City CHARLOTTESVILLE State VA Zip Code 22911-3636  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KOHR BROS., INC. Occupation (for Individual) BUS. EXEC.  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 18 / 2016  
**Transaction ID : SA17.560178**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 381 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
KOVACH, KAREN, , ,

Mailing Address P.O. BOX 712

City BELLE VERNON	State PA	Zip Code 15012-0712
----------------------	-------------	------------------------

FEC ID number of contributing 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
10		05		2016

**Transaction ID : SA17.566371**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
KOVACH, KAREN, , ,

Mailing Address P.O. BOX 712

City BELLE VERNON	State PA	Zip Code 15012-0712
----------------------	-------------	------------------------

FEC ID number of contributing 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
10		10		2016

**Transaction ID : SA17.573744**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
KOVACH, KAREN, , ,

Mailing Address P.O. BOX 712

City BELLE VERNON	State PA	Zip Code 15012-0712
----------------------	-------------	------------------------

FEC ID number of contributing 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
10		19		2016

**Transaction ID : SA17.588016**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	175.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 382 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. KRAMBECK, JOAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1121 ST. RT. 588  
 City GALLIPOLIS State OH Zip Code 45631-8698  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.566377**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. KRANDA, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 513  
 City MEDINA State WA Zip Code 98039-0513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BEATBIO Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.555586**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. KRIER, JACK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19419 STONE MEADOW TRAIL  
 City WARSAW State MO Zip Code 65355-5973  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.566385**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	550.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 383 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**KRIVULKA, JOSEPH, , ,**

Mailing Address **11 COMMERCE DRIVE**

City <b>CRANFORD</b>	State <b>NJ</b>	Zip Code <b>07016-3501</b>
-------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>AKRIMAX SELF</b>	Occupation (for Individual) <b>PHARMMMA EXECUTIVE</b>
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1100.00**

Date of Receipt  
**10 / 05 / 2016**

**Transaction ID : SA17.554858**

Amount of Each Receipt this Period  
**1000.00**

Memo Item  
**CONTRIBUTION**

**NON CONTRIBUTION ACCOUNT**

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**KRIVULKA, JOSEPH, , ,**

Mailing Address **11 COMMERCE DRIVE**

City <b>CRANFORD</b>	State <b>NJ</b>	Zip Code <b>07016-3501</b>
-------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>AKRIMAX SELF</b>	Occupation (for Individual) <b>PHARMMMA EXECUTIVE</b>
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1100.00**

Date of Receipt  
**10 / 12 / 2016**

**Transaction ID : SA17.554859**

Amount of Each Receipt this Period  
**100.00**

Memo Item  
**CONTRIBUTION**

**NON CONTRIBUTION ACCOUNT**

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**KROEGER, WILLIAM, , ,**

Mailing Address **1708 E JUNIPER WAY**

City <b>HARTLAND</b>	State <b>WI</b>	Zip Code <b>53029-8669</b>
-------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>NOT LISTED</b>	Occupation (for Individual) <b>NOT LISTED</b>
--	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
**350.00**

Date of Receipt  
**10 / 05 / 2016**

**Transaction ID : SA17.566387**

Amount of Each Receipt this Period  
**100.00**

Memo Item  
**CONTRIBUTION**

**NON CONTRIBUTION ACCOUNT**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1200.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 384 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. KUECHLE, JEROME, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 68124, 355TH ST.  
 City WATKINS State MN Zip Code 55389-6132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KUECHLE UNDERGROUND, INC. Occupation (for Individual) CONSTRUCTION  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 18 / 2016  
**Transaction ID : SA17.560205**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. KULLMANN, DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4145 FAWN COURT  
 City MARIETTA State GA Zip Code 30068-2634  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.566400**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. KUNZE, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 38008 GARRETTS LAKE ROAD  
 City SHAWNEE State OK Zip Code 74804-9474  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) FARMER/RANCHER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 207.95

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.590253**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	275.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 385 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
KUNZE, RICHARD, , ,

Mailing Address 38008 GARRETTS LAKE ROAD

City SHAWNEE	State OK	Zip Code 74804-9474
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) FARMER/RANCHER
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
207.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2016

**Transaction ID : SA17.590254**

Amount of Each Receipt this Period  
5.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
KUNZE, RICHARD, , ,

Mailing Address 38008 GARRETTS LAKE ROAD

City SHAWNEE	State OK	Zip Code 74804-9474
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) FARMER/RANCHER
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
207.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	12	/	2016

**Transaction ID : SA17.590255**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
KUNZE, RICHARD, , ,

Mailing Address 38008 GARRETTS LAKE ROAD

City SHAWNEE	State OK	Zip Code 74804-9474
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) FARMER/RANCHER
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
207.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2016

**Transaction ID : SA17.590256**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	55.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 386 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. KUPFER, TERENCE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 EDGEMONT DR.

City REDLANDS	State CA	Zip Code 92373-7207
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2016

**Transaction ID : SA17.564025**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. KUPFER, TERENCE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 EDGEMONT DR.

City REDLANDS	State CA	Zip Code 92373-7207
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2016

**Transaction ID : SA17.569721**

Amount of Each Receipt this Period  
27.95

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. KUPFER, TERENCE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 EDGEMONT DR.

City REDLANDS	State CA	Zip Code 92373-7207
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
205.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2016

**Transaction ID : SA17.587179**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	127.95
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 387 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. LA TOUR, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 112 WEST CENTER STREET  
 560  
 City FAYETTEVILLE State AR Zip Code 72701-6073  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) CPA/ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.592161**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. LADD-WHITSON, LOUISE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2850 S. AMOR DR.  
 City NEW BERLIN State WI Zip Code 53146-2305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WELLS FARGO ADVISORS Occupation (for Individual) FINANCIAL ADVISOR  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00

Date of Receipt **10 / 11 / 2016**  
**Transaction ID : SA17.595196**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. LADNIER, COLLEEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 403 ISADORE ST  
 City DELCAMBRE State LA Zip Code 70528-4621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 440.95

Date of Receipt **10 / 07 / 2016**  
**Transaction ID : SA17.568786**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	700.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 388 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. LADNIER, COLLEEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 403 ISADORE ST  
 City DELCAMBRE State LA Zip Code 70528-4621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.95

Date of Receipt 10 / 09 / 2016  
**Transaction ID : SA17.571456**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. LADNIER, COLLEEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 403 ISADORE ST  
 City DELCAMBRE State LA Zip Code 70528-4621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.95

Date of Receipt 10 / 18 / 2016  
**Transaction ID : SA17.584146**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. LADNIER, COLLEEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 403 ISADORE ST  
 City DELCAMBRE State LA Zip Code 70528-4621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 440.95

Date of Receipt 10 / 12 / 2016  
**Transaction ID : SA17.587185**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 389 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. LAGROTTERIA, LAWRENCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 608 STONEGATE TERRACE  
 City GLENCOE State IL Zip Code 60022-1466  
 FEC ID number of contributing 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 10 / 11 / 2016  
**Transaction ID : SA17.588023**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. LAGUARDIA, HA E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 210 PRIMROSE PASS  
 City NEWNAN State GA Zip Code 30265-4134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) RN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 16 / 2016  
**Transaction ID : SA17.591373**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. LAMBERT, STEPHEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3138 SHAWNEE DR.  
 City SUGAR LAND State TX Zip Code 77479-1648  
 FEC ID number of contributing 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 10 / 12 / 2016  
**Transaction ID : SA17.588309**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 390 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. LONDON, EMILIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8080 E. DARTMOUTH AVE.  
 HOUSE #39  
 City DENVER State CO Zip Code 80231-4566  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DENVER MEDICAL SOCIETY Occupation (for Individual) OFFICE MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.557226**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. LONDON, EMILIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8080 E. DARTMOUTH AVE.  
 HOUSE #39  
 City DENVER State CO Zip Code 80231-4566  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DENVER MEDICAL SOCIETY Occupation (for Individual) OFFICE MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.557227**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. LANKFORD, JERRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2845 PONTIAC  
 City OAKDALE State CA Zip Code 95361-8213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PACIFIC ROOFING Occupation (for Individual) CONTRACTOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.562164**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 391 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. LANTING, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5999 HILLSVOOROUGH CT.  
 City GRANDVILLE State MI Zip Code 49418-3236  
 FEC ID number of contributing 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 10 / 09 / 2016  
**Transaction ID : SA17.571472**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. LAYTON, EVA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 809 BUNKER HILL DROVE  
 City CARSON CITY State NV Zip Code 89703-3611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1146.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.566446**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. LAYTON, EVA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 809 BUNKER HILL DROVE  
 City CARSON CITY State NV Zip Code 89703-3611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1146.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.566447**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	175.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 392 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. LAYTON, EVA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 809 BUNKER HILL DROVE  
 City CARSON CITY State NV Zip Code 89703-3611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1146.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2016  
**Transaction ID : SA17.566448**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. LAYTON, EVA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 809 BUNKER HILL DROVE  
 City CARSON CITY State NV Zip Code 89703-3611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1146.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 08 / 2016  
**Transaction ID : SA17.569738**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. LAYTON, EVA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 809 BUNKER HILL DROVE  
 City CARSON CITY State NV Zip Code 89703-3611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1146.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2016  
**Transaction ID : SA17.575912**  
 Amount of Each Receipt this Period  
 3.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	78.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 393 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. LAYTON, EVA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 809 BUNKER HILL DROVE

City CARSON CITY	State NV	Zip Code 89703-3611
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1146.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2016

**Transaction ID : SA17.578083**

Amount of Each Receipt this Period  
5.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. LAYTON, EVA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 809 BUNKER HILL DROVE

City CARSON CITY	State NV	Zip Code 89703-3611
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1146.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2016

**Transaction ID : SA17.584203**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. LAYTON, EVA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 809 BUNKER HILL DROVE

City CARSON CITY	State NV	Zip Code 89703-3611
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1146.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

**Transaction ID : SA17.584204**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	55.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 394 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. LAYTON, EVA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 809 BUNKER HILL DROVE  
 City CARSON CITY State NV Zip Code 89703-3611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1146.00

Date of Receipt **10 / 11 / 2016**  
**Transaction ID : SA17.587200**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. LEDBETTER, MARIA LEE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 924 ROLLING RIDGE ROAD  
 City LOCKHART State TX Zip Code 78644-4529  
 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 ▼ 225.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.591088**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. LEE, CATHERINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4310 JOE MILLER RD  
 City MALAGA State WA Zip Code 98828-9760  
 FEC ID number of contributing 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 **10 / 19 / 2016**  
**Transaction ID : SA17.555095**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 395 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**LEE, CATHERINE, , ,**

Mailing Address **4310 JOE MILLER RD**

City <b>MALAGA</b>	State <b>WA</b>	Zip Code <b>98828-9760</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2016

**Transaction ID : SA17.555096**

Amount of Each Receipt this Period  

100.00
--------

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**LEE, CATHERINE, , ,**

Mailing Address **4310 JOE MILLER RD**

City <b>MALAGA</b>	State <b>WA</b>	Zip Code <b>98828-9760</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2016

**Transaction ID : SA17.555097**

Amount of Each Receipt this Period  

50.00
-------

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**LEE, CATHERINE, , ,**

Mailing Address **4310 JOE MILLER RD**

City <b>MALAGA</b>	State <b>WA</b>	Zip Code <b>98828-9760</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2016

**Transaction ID : SA17.555099**

Amount of Each Receipt this Period  

50.00
-------

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>200.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 396 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. LEE, ELEANOR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1930 W RIVER BEND CT  
 City MEQUON State WI Zip Code 53092-2925  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 07 / 2016  
**Transaction ID : SA17.568796**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. LEE, ELEANOR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1930 W RIVER BEND CT  
 City MEQUON State WI Zip Code 53092-2925  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.587204**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. LEHMAN, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 554 PINE STREET  
 City MEADVILLE State PA Zip Code 16335-2954  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.584228**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	325.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 397 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. LEHMAN, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 554 PINE STREET  
 City MEADVILLE State PA Zip Code 16335-2954  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt 10 / 18 / 2016  
**Transaction ID : SA17.588310**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. LEHMAN, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 554 PINE STREET  
 City MEADVILLE State PA Zip Code 16335-2954  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.594774**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. LEHMAN, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 554 PINE STREET  
 City MEADVILLE State PA Zip Code 16335-2954  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt 10 / 08 / 2016  
**Transaction ID : SA17.594775**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 398 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. LEIGH, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 59 SMITH ST  
 City CHELMSFORD State MA Zip Code 01824-1701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DEPT OF VETERANS AFFAIRS Occupation (for Individual) MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 401.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.557250**  
 Amount of Each Receipt this Period 101.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. LEIGH, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 59 SMITH ST  
 City CHELMSFORD State MA Zip Code 01824-1701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DEPT OF VETERANS AFFAIRS Occupation (for Individual) MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 401.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.557252**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. LEMONS, FRED, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10807 S. MEMORIAL DR. STE D  
 City TULSA State OK Zip Code 74133-7360  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.592545**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	251.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 399 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. LEONI, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1234 TOWSLEY LANE  
 City ANN ARBOR State MI Zip Code 48105-9573  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FOUR STAR TRANSPORTATION CO. Occupation (for Individual) TRUCKING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.558237**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. LEONI, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1234 TOWSLEY LANE  
 City ANN ARBOR State MI Zip Code 48105-9573  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FOUR STAR TRANSPORTATION CO. Occupation (for Individual) TRUCKING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.558238**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. LEOPOLD, GERALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2507 AMHERST DR.  
 City WICHITA FALLS State TX Zip Code 76308-5327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UNITED SUPERMARKETS Occupation (for Individual) REGISTERED PHARMACIST  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt **10 / 08 / 2016**  
**Transaction ID : SA17.569747**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	375.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 400 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. LEOPOLD, GERALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2507 AMHERST DR.  
 City WICHITA FALLS State TX Zip Code 76308-5327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UNITED SUPERMARKETS Occupation (for Individual) REGISTERED PHARMACIST  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.594584**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. LEOPOLD, GERALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2507 AMHERST DR.  
 City WICHITA FALLS State TX Zip Code 76308-5327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UNITED SUPERMARKETS Occupation (for Individual) REGISTERED PHARMACIST  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.594585**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. LESHER, KEITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2452 GREENLEAF CT  
 City WICHITA State KS Zip Code 67226-1504  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.566468**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 401 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. LESLIE, JOSEPHINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6942 EAST BRONCO DRIVE  
 City PARADISE VALLEY State AZ Zip Code 85253-3123  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.566469**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. LESTER, JIM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 920 NINOVAN RD SE  
 City VIENNA State VA Zip Code 22180-5970  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) API Occupation (for Individual) CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 410.90

Date of Receipt 10 / 16 / 2016  
**Transaction ID : SA17.562176**  
 Amount of Each Receipt this Period 47.95  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT; REFUNDED \$47.95 ON 10/17/2016

**C. LESTER, JIM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 920 NINOVAN RD SE  
 City VIENNA State VA Zip Code 22180-5970  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) API Occupation (for Individual) CONSULTANT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 410.90

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.562177**  
 Amount of Each Receipt this Period 35.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	107.95
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 402 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. LESTER, JIM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 920 NINOVAN RD SE  
 City VIENNA State VA Zip Code 22180-5970  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) API Occupation (for Individual) CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 410.90

Date of Receipt 10 / 12 / 2016  
**Transaction ID : SA17.562178**  
 Amount of Each Receipt this Period 47.95  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. LEWIS, ALEXANDER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3417 BLACK HAWK RD.  
 City LAFAYETTE State CA Zip Code 94549-2326  
 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 ▼ 0.00

Date of Receipt 10 / 12 / 2016  
**Transaction ID : SA17.588335**  
 Amount of Each Receipt this Period 700.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT; REFUNDED \$700.00 ON 10/13/2016

**C. LEWIS, ASHLEY WELLS, WELLS, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24320 MALIBU ROAD  
 City MALIBU State CA Zip Code 90265-4612  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.563001**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	757.95
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 403 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. LEWIS, ASHLEY WELLS, WELLS, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24320 MALIBU ROAD  
 City MALIBU State CA Zip Code 90265-4612  
 FEC ID number of contributing 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 M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2016  
**Transaction ID : SA17.566479**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. LEWIS, ASHLEY WELLS, WELLS, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24320 MALIBU ROAD  
 City MALIBU State CA Zip Code 90265-4612  
 FEC ID number of contributing 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 M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2016  
**Transaction ID : SA17.573834**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. LEWIS, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7633 FM 438  
 City TROY State TX Zip Code 76579-3115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2016  
**Transaction ID : SA17.566476**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	65.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 404 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. LEWIS, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7633 FM 438  
 City TROY State TX Zip Code 76579-3115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.573833**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. LEWIS, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7633 FM 438  
 City TROY State TX Zip Code 76579-3115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 11 / 2016  
**Transaction ID : SA17.588031**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. LEWIS, EDWARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 GRAND MANOR CT.  
 City SUGAR LAND State TX Zip Code 77479-2555  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INDUSTRIAL INFO RESOURCES Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.559627**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	615.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 405 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. LEWIS, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7ELK POINTE LN.  
 City CASTLE ROCK State CO Zip Code 80108-9166  
 FEC ID number of contributing 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  
 10 / 05 / 2016  
**Transaction ID : SA17.566478**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. LEWIS, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7ELK POINTE LN.  
 City CASTLE ROCK State CO Zip Code 80108-9166  
 FEC ID number of contributing 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  
 10 / 10 / 2016  
**Transaction ID : SA17.573837**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. LEWIS, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6203 HIGHCROFT DR.  
 City NAPLES State FL Zip Code 34119-8496  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ADVANCED FLEXIBLE COMPOSITES INC. Occupation (for Individual) CEO  
 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  
 10 / 10 / 2016  
**Transaction ID : SA17.554718**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 406 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. LHAMON, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 126 MARBELLO CT  
 City SAINT MARYS State OH Zip Code 45885-9548  
 FEC ID number of contributing 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 10 / 10 / 2016  
**Transaction ID : SA17.573841**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. LILLY, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4716 WILLIAMSBURG GLADE  
 City WILLIAMSBURG State VA Zip Code 23185-2113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DOMINION Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.557478**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. LINDBERG, FRANK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1613 SIGNAL DRIVE  
 City NAPERVILLE State IL Zip Code 60565-2709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1525.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.566485**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 407 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. LINDQUIST, LINDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1149 W PENINSULA DR.  
 City GILBERT State AZ Zip Code 85233-6748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) REAL ESTATE Occupation (for Individual) SELF EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.562822**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. LIPSEY, SUZANNE H, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 450.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.566497**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. LIVINGSTON, WILLIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1401 NOBLE WAY  
 City FLOWER MOUND State TX Zip Code 75022-8114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.566504**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 408 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
LIVINGSTON, WILLIE, , ,

Mailing Address 1401 NOBLE WAY

City FLOWER MOUND	State TX	Zip Code 75022-8114
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
228.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2016

**Transaction ID : SA17.571521**

Amount of Each Receipt this Period  
20.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
LIVINGSTON, WILLIE, , ,

Mailing Address 1401 NOBLE WAY

City FLOWER MOUND	State TX	Zip Code 75022-8114
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
228.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2016

**Transaction ID : SA17.573856**

Amount of Each Receipt this Period  
3.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
LIVINGSTON, WILLIE, , ,

Mailing Address 1401 NOBLE WAY

City FLOWER MOUND	State TX	Zip Code 75022-8114
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
228.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2016

**Transaction ID : SA17.581614**

Amount of Each Receipt this Period  
20.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	43.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 409 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. LLANDEROSOS, CHRISTINA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7000 AURELIA RD.  
 City OKLAHOMA CITY State OK Zip Code 73121-3244  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 08 / 2016  
**Transaction ID : SA17.569759**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. LLOYD, ROSALIE D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1610 MANOR DRIVE NE  
 City CULLMAN State AL Zip Code 35055-2140  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 224.00

Date of Receipt 10 / 03 / 2016  
**Transaction ID : SA17.564047**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. LLOYD, ROSALIE D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1610 MANOR DRIVE NE  
 City CULLMAN State AL Zip Code 35055-2140  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 224.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.566510**  
 Amount of Each Receipt this Period 28.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	153.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 410 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
LLOYD, ROSALIE D, , ,

Mailing Address 1610 MANOR DRIVE NE

City CULLMAN	State AL	Zip Code 35055-2140
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
224.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2016

**Transaction ID : SA17.573857**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
LLOYD, ROSALIE D, , ,

Mailing Address 1610 MANOR DRIVE NE

City CULLMAN	State AL	Zip Code 35055-2140
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
224.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2016

**Transaction ID : SA17.573858**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
LLOYD, ROSALIE D, , ,

Mailing Address 1610 MANOR DRIVE NE

City CULLMAN	State AL	Zip Code 35055-2140
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
224.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

**Transaction ID : SA17.581316**

Amount of Each Receipt this Period  
15.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	65.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 411 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. LLOYD, ROSALIE D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1610 MANOR DRIVE NE  
 City CULLMAN State AL Zip Code 35055-2140  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 224.00

Date of Receipt **10 / 17 / 2016**  
**Transaction ID : SA17.584293**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. LOISEAU II, EDWARD M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 INDUSTRIAL ROAD  
 City WINDSOR LOCKS State CT Zip Code 06096-1101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ACCURATE WELDING SERVICES LLC Occupation (for Individual) PRESIDENT / . SELF EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **10 / 03 / 2016**  
**Transaction ID : SA17.554630**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. LOISEAU II, EDWARD M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 INDUSTRIAL ROAD  
 City WINDSOR LOCKS State CT Zip Code 06096-1101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ACCURATE WELDING SERVICES LLC Occupation (for Individual) PRESIDENT / . SELF EMPLOYED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **10 / 09 / 2016**  
**Transaction ID : SA17.554631**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	375.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 412 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. LOMBARDO, GLENDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10801 LURLINE AVE  
 City CHATSWORTH State CA Zip Code 91311-1636  
 FEC ID number of contributing 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 M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2016  
**Transaction ID : SA17.563463**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. LOMBARDO, GLENDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10801 LURLINE AVE  
 City CHATSWORTH State CA Zip Code 91311-1636  
 FEC ID number of contributing 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 M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2016  
**Transaction ID : SA17.563464**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. LOMBARDO, GLENDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10801 LURLINE AVE  
 City CHATSWORTH State CA Zip Code 91311-1636  
 FEC ID number of contributing 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 M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2016  
**Transaction ID : SA17.564048**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 413 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. LOMBARDO, GLENDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10801 LURLINE AVE  
 City CHATSWORTH State CA Zip Code 91311-1636  
 FEC ID number of contributing 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 **10 / 04 / 2016**  
**Transaction ID : SA17.564547**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. LOMBARDO, GLENDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10801 LURLINE AVE  
 City CHATSWORTH State CA Zip Code 91311-1636  
 FEC ID number of contributing 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 **10 / 12 / 2016**  
**Transaction ID : SA17.584307**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. LONG, ARTHUR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4025 CHUB LAKE RD  
 City ROXBORO State NC Zip Code 27574-7445  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THOMPSON Occupation (for Individual) CONSTRUCTION  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt **10 / 12 / 2016**  
**Transaction ID : SA17.584312**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 414 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. LONG, ARTHUR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4025 CHUB LAKE RD  
 City ROXBORO State NC Zip Code 27574-7445  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THOMPSON Occupation (for Individual) CONSTRUCTION  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.594017**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. LONG, DOROTHY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17810 FOSTER ROAD  
 City LOS GATOS State CA Zip Code 95030-7109  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.566524**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. LONG, MARION, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 26651 ROOKERY LAKE DRIVE  
 City BONITA SPRINGS State FL Zip Code 34134-5645  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.566525**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 415 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. LORENZ, ALONAH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 160 40TH AVE SE  
 City BENSON State MN Zip Code 56215-1358  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.559170**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. LORENZ, ALONAH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 160 40TH AVE SE  
 City BENSON State MN Zip Code 56215-1358  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.559171**  
 Amount of Each Receipt this Period 35.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. LOUGHRY, BEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4455 CAMP BOWIE STE 114 PMB 13  
 City FORT WORTH State TX Zip Code 76107-3800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1547.95

Date of Receipt 10 / 03 / 2016  
**Transaction ID : SA17.564053**  
 Amount of Each Receipt this Period 47.95  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 107.95  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 416 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. LOUGHRY, BEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4455 CAMP BOWIE STE 114  
 PMB 13  
 City FORT WORTH State TX Zip Code 76107-3800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1547.95

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.566532**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. LOUSIGNONT, BEVERLY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P O BOX 70  
 City LA GRANDE State OR Zip Code 97850-0070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CERTIFIED PERSONNEL SERVICE AGENCY INC Occupation (for Individual) SELF EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.556341**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. LOVE, JUDITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2065 OLD DOMINION RD  
 City ATLANTA State GA Zip Code 30350-4620  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.559272**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	790.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 417 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. LOWE, CAROLE J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P O BOX 160  
 City CHEYENNE WELLS State CO Zip Code 80810-0160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) FARMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 227.95

Date of Receipt 10 / 07 / 2016  
**Transaction ID : SA17.590209**  
 Amount of Each Receipt this Period 27.95  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. LOWTHER, LAVONDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 38943 LUCKIAMUTE RD  
 City PHILOMATH State OR Zip Code 97370-9784  
 FEC ID number of contributing 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 10 / 13 / 2016  
**Transaction ID : SA17.588311**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. LOYD, LAMAR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 90037  
 City HOUSTON State TX Zip Code 77290-0037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NOBLE ROYALTIES, INC. Occupation (for Individual) ENGINEER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.561695**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	377.95
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 418 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. LUKACS, LASZLO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27400 GRAND TRAVERSE AVE.  
 City FLAT ROCK State MI Zip Code 48134-  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.566541**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. LUNA, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1941 ALMANOR STREET  
 City OXNARD State CA Zip Code 93036-2666  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LUNA TRANSPORT, INC. Occupation (for Individual) ADMINISTRATIVE ASSISTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 10 / 09 / 2016  
**Transaction ID : SA17.560601**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. LUNA, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1941 ALMANOR STREET  
 City OXNARD State CA Zip Code 93036-2666  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LUNA TRANSPORT, INC. Occupation (for Individual) ADMINISTRATIVE ASSISTANT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 10 / 12 / 2016  
**Transaction ID : SA17.560602**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 419 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. LUNDSTROM, KAREN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21530 COUNTY 80

City NEVIS	State MN	Zip Code 56467-5069
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2016

**Transaction ID : SA17.569775**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. LUNDSTROM, KAREN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21530 COUNTY 80

City NEVIS	State MN	Zip Code 56467-5069
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2016

**Transaction ID : SA17.588331**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. LUSH, H.D., , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 301 CARL DRIVE

City BLOOMINGTON	State IL	Zip Code 61704-4613
---------------------	-------------	------------------------

FEC ID number of contributing 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
10		05		2016

**Transaction ID : SA17.566547**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	575.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 420 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. LYNCH, DAVID, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2807 S BROWNS LAKE DR.

City BURLINGTON	State WI	Zip Code 53105-7956
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) LYNCH CHEV	Occupation (for Individual) AUTO DEALER
---	--

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
10	/	17	/	2016

**Transaction ID : SA17.560620**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. LYTELL, JIM, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18301 GLADES FARM ROAD

City ESTERO	State FL	Zip Code 33928-9606
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) JIMLYTELL INC.	Occupation (for Individual) SELF
---	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2016

**Transaction ID : SA17.559914**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. MACDONALD, JUNE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4017 KILMARTIN DRIVE

City TALLAHASSEE	State FL	Zip Code 32309-2861
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2016

**Transaction ID : SA17.566556**

Amount of Each Receipt this Period  
10.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	610.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 421 OF 783
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MADDOX, TRUETT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 613 W GOLD AVE  
 City HOBBS State NM Zip Code 88240-1737  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LEA REGIONAL MEDICAL CENTER Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 625.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.560341**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MADDOX, TRUETT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 613 W GOLD AVE  
 City HOBBS State NM Zip Code 88240-1737  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LEA REGIONAL MEDICAL CENTER Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 625.00

Date of Receipt **10 / 08 / 2016**  
**Transaction ID : SA17.560342**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MADDOX, TRUETT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 613 W GOLD AVE  
 City HOBBS State NM Zip Code 88240-1737  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LEA REGIONAL MEDICAL CENTER Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 625.00

Date of Receipt **10 / 09 / 2016**  
**Transaction ID : SA17.560343**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 422 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MADDOX, TRUETT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 613 W GOLD AVE  
 City HOBBS State NM Zip Code 88240-1737  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LEA REGIONAL MEDICAL CENTER Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 625.00

Date of Receipt **10 / 12 / 2016**  
**Transaction ID : SA17.560344**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MADDOX, TRUETT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 613 W GOLD AVE  
 City HOBBS State NM Zip Code 88240-1737  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LEA REGIONAL MEDICAL CENTER Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 625.00

Date of Receipt **10 / 19 / 2016**  
**Transaction ID : SA17.560345**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MADDOX, TRUETT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 613 W GOLD AVE  
 City HOBBS State NM Zip Code 88240-1737  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LEA REGIONAL MEDICAL CENTER Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 625.00

Date of Receipt **10 / 19 / 2016**  
**Transaction ID : SA17.560346**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 423 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MAGGARD, RANDALL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1430 LAKE FLOYD CIRCLE  
 City SALEM State WV Zip Code 26426-7368  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MEPCO, LLC Occupation (for Individual) MANAGER-TECHNICAL SERVICES FC  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 19 / 2016**  
**Transaction ID : SA17.560978**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MAGNUS, DOUGLAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2410 HILTON WAY  
 City GAINESVILLE State GA Zip Code 30501-6192  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CONDITIONED AIR SYSTEMS INC Occupation (for Individual) CONTRACTOR  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **10 / 19 / 2016**  
**Transaction ID : SA17.556801**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MAGNUSSON, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2013 MISTY HAVEN LANE  
 City PLANO State TX Zip Code 75093-2508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1450.00

Date of Receipt **10 / 08 / 2016**  
**Transaction ID : SA17.588712**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1350.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 424 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MAGNUSSON, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2013 MISTY HAVEN LANE  
 City PLANO State TX Zip Code 75093-2508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1450.00

Date of Receipt 10 / 15 / 2016  
**Transaction ID : SA17.588713**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MAGNUSSON, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2013 MISTY HAVEN LANE  
 City PLANO State TX Zip Code 75093-2508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1450.00

Date of Receipt 10 / 13 / 2016  
**Transaction ID : SA17.588714**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MAHAFFEY, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5555 EVERITT ROAD NW  
 City ALBUQUERQUE State NM Zip Code 87120-1637  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FEMA Occupation (for Individual) COMPUTER SUPPORT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.558053**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 425 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MALARDIE, FRANK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2746 BIGGER ROAD  
 City BULGER State PA Zip Code 15019-9773  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt **10 / 11 / 2016**  
**Transaction ID : SA17.584413**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MALARDIE, FRANK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2746 BIGGER ROAD  
 City BULGER State PA Zip Code 15019-9773  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt **10 / 13 / 2016**  
**Transaction ID : SA17.588044**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MALLEY, MARTIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1304 MIDLAND AVE. APT. C47  
 City YONKERS State NY Zip Code 10704-1443  
 FEC ID number of contributing 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 **10 / 05 / 2016**  
**Transaction ID : SA17.566573**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**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		FOR LINE NUMBER: (check only one)	PAGE 426 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MALPASS, EVELYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21330 N. COBURG ROAD  
 City HARRISBURG State OR Zip Code 97446-9747  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.566574**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MANION, PHILLIP, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 911 BALBOA AVE CORONADO,CA.  
 City CORONADO State CA Zip Code 92118-2426  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) SELF EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.592405**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MANN, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5555 RESERVOIR DR. 200  
 City SAN DIEGO State CA Zip Code 92120-5134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.595602**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 427 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MANSELL, SUZANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 35 MAPLE AVENUE  
 City HAMBURG State NY Zip Code 14075-4837  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.566583**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MARCLEY, MIKE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2314 FLORAL WAY  
 City SANTA ROSA State CA Zip Code 95403-8903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) RE BROKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.591120**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MARKHAM, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3829 KINROSS DRIVE  
 3829 KINROSS DRIVE  
 City BIRMINGHAM State AL Zip Code 35242-5803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) SELF EMPLOYEEED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.593205**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 428 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MARKILES, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1101VISTA GRANDE DR.  
 City PACIFIC PALISADES State CA Zip Code 90272-2253  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.566594**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MARSHALL, KENNETH, A., DR., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 125 COOLIDGE AVE 310 310  
 City WATERTOWN State MA Zip Code 02472-2871  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.566597**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MARSHALL, KENNETH, A., DR., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 125 COOLIDGE AVE 310 310  
 City WATERTOWN State MA Zip Code 02472-2871  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 12 / 2016  
**Transaction ID : SA17.584452**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 429 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MARSHALL, KENNETH, A., DR., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 125 COOLIDGE AVE  
 310 310  
 City WATERTOWN State MA Zip Code 02472-2871  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 18 / 2016  
**Transaction ID : SA17.584457**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MARSHALL, WWESLEY RAY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13404 TAMAYO DRIVE  
 City AUSTIN State TX Zip Code 78729-7486  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 03 / 2016  
**Transaction ID : SA17.564071**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MARSHALL, WWESLEY RAY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13404 TAMAYO DRIVE  
 City AUSTIN State TX Zip Code 78729-7486  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.566599**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 430 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MARSHALL, WWESLEY RAY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13404 TAMAYO DRIVE  
 City AUSTIN State TX Zip Code 78729-7486  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt **10 / 12 / 2016**  
**Transaction ID : SA17.584458**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MARTINEZ, AUDREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 533 WOLF CREEK SCHOOL RD  
 City PICKENS State SC Zip Code 29671-8479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 522.95

Date of Receipt **10 / 04 / 2016**  
**Transaction ID : SA17.564563**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MARTINEZ, AUDREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 533 WOLF CREEK SCHOOL RD  
 City PICKENS State SC Zip Code 29671-8479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 522.95

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.566609**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	175.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 431 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MARTINEZ, AUDREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 533 WOLF CREEK SCHOOL RD  
 City PICKENS State SC Zip Code 29671-8479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 522.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 08 / 2016  
**Transaction ID : SA17.569802**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MARTINEZ, AUDREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 533 WOLF CREEK SCHOOL RD  
 City PICKENS State SC Zip Code 29671-8479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 522.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 08 / 2016  
**Transaction ID : SA17.569804**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MARTINEZ, AUDREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 533 WOLF CREEK SCHOOL RD  
 City PICKENS State SC Zip Code 29671-8479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 522.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2016  
**Transaction ID : SA17.571596**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	85.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 432 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MARTINEZ, AUDREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 533 WOLF CREEK SCHOOL RD  
 City PICKENS State SC Zip Code 29671-8479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 522.95

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.573931**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MARTINEZ, AUDREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 533 WOLF CREEK SCHOOL RD  
 City PICKENS State SC Zip Code 29671-8479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 522.95

Date of Receipt 10 / 15 / 2016  
**Transaction ID : SA17.578238**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MARTINEZ, AUDREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 533 WOLF CREEK SCHOOL RD  
 City PICKENS State SC Zip Code 29671-8479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 522.95

Date of Receipt 10 / 12 / 2016  
**Transaction ID : SA17.578240**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	110.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 433 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MARTINEZ, AUDREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 533 WOLF CREEK SCHOOL RD  
 City PICKENS State SC Zip Code 29671-8479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 522.95

Date of Receipt 10 / 16 / 2016  
**Transaction ID : SA17.584478**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MARTINEZ, AUDREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 533 WOLF CREEK SCHOOL RD  
 City PICKENS State SC Zip Code 29671-8479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 522.95

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.588054**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MARTIN, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8582 KATY FREEWAY 122  
 City HOUSTON State TX Zip Code 77024-1830  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) BUILDER/DEVELOPER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 12 / 2016  
**Transaction ID : SA17.592087**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	375.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 434 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MARTIN, DON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 150 GESSNER #12A  
 City HOUSTON State TX Zip Code 77024-6149  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.566607**  
 Amount of Each Receipt this Period 40.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT; REFUNDED \$40.00 ON 10/05/2016

**B. MARTIN, FREDERICK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10351 NORTH GIBSON ROAD  
 City HAYDEN State ID Zip Code 83835-8112  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.566608**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MARTIN, FREDERICK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10351 NORTH GIBSON ROAD  
 City HAYDEN State ID Zip Code 83835-8112  
 FEC ID number of contributing 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 10 / 08 / 2016  
**Transaction ID : SA17.569801**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	240.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 435 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MARTIN, RALPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7439 TWIN SABAL DR.  
 City HIALEAH State FL Zip Code 33014-2561  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) REAL ESTATE APPRAISER/BROKER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.591172**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MARTIN, SPENCER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2505 FLEETWOOD DR. NONE  
 City TYLER State TX Zip Code 75701-6513  
 FEC ID number of contributing 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 **10 / 16 / 2016**  
**Transaction ID : SA17.584466**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MARTIN, SPENCER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2505 FLEETWOOD DR. NONE  
 City TYLER State TX Zip Code 75701-6513  
 FEC ID number of contributing 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 **10 / 19 / 2016**  
**Transaction ID : SA17.584467**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 436 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MARTIN, SPENCER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2505 FLEETWOOD DR.  
 NONE  
 City TYLER State TX Zip Code 75701-6513  
 FEC ID number of contributing 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  
 10 / 11 / 2016  
**Transaction ID : SA17.587252**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MARTIN, SPENCER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2505 FLEETWOOD DR.  
 NONE  
 City TYLER State TX Zip Code 75701-6513  
 FEC ID number of contributing 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  
 10 / 11 / 2016  
**Transaction ID : SA17.587254**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MARTIN, SPENCER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2505 FLEETWOOD DR.  
 NONE  
 City TYLER State TX Zip Code 75701-6513  
 FEC ID number of contributing 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  
 10 / 14 / 2016  
**Transaction ID : SA17.588052**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 437 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MARUSH, DEBBIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1570 BAY BLVD  
 City ATLANTIC BEACH State NY Zip Code 11509-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 427.95

Date of Receipt 10 / 03 / 2016  
**Transaction ID : SA17.564073**  
 Amount of Each Receipt this Period 27.95  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MARUSH, DEBBIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1570 BAY BLVD  
 City ATLANTIC BEACH State NY Zip Code 11509-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 427.95

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.566611**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MASETTI, PAOLO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 848 CARILLON CT  
 City CREVE COEUR State MO Zip Code 63141-6316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) IPC BJC ST LOUIS Occupation (for Individual) M.D.  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 08 / 2016  
**Transaction ID : SA17.559722**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	152.95
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 438 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MASILKO, SARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 210 CIRCLEHILLS DR.  
 City GRAND FORKS State ND Zip Code 58201-7921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 431.00

Date of Receipt 10 / 03 / 2016  
**Transaction ID : SA17.564075**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MASILKO, SARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 210 CIRCLEHILLS DR.  
 City GRAND FORKS State ND Zip Code 58201-7921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 431.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.566614**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MATHEWS, GILBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 911  
 City BURNSVILLE State MN Zip Code 55337-0911  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2847.95

Date of Receipt 10 / 01 / 2016  
**Transaction ID : SA17.563484**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1053.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 439 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MATHEWS, GILBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 911

City BURNSVILLE	State MN	Zip Code 55337-0911
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2847.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2016

**Transaction ID : SA17.564076**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. MATHEWS, GILBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 911

City BURNSVILLE	State MN	Zip Code 55337-0911
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2847.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2016

**Transaction ID : SA17.566617**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. MATHEWS, GILBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 911

City BURNSVILLE	State MN	Zip Code 55337-0911
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2847.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2016

**Transaction ID : SA17.566618**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1200.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 440 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MATHEWS, GILBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 911

City BURNSVILLE	State MN	Zip Code 55337-0911
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2847.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2016

**Transaction ID : SA17.568826**

Amount of Each Receipt this Period  

47.95
-------

 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MATHEWS, GILBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 911

City BURNSVILLE	State MN	Zip Code 55337-0911
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2847.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2016

**Transaction ID : SA17.588332**

Amount of Each Receipt this Period  

500.00
--------

 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MATULA, STEPHEN, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3713 S. GEORGE MASON DR.  
813W

City FALLS CHURCH	State VA	Zip Code 22041-3761
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2016

**Transaction ID : SA17.566625**

Amount of Each Receipt this Period  

25.00
-------

 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	572.95
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 441 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MATULA, STEPHEN, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3713 S. GEORGE MASON DR.  
 813W  
 City FALLS CHURCH State VA Zip Code 22041-3761  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.587262**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MATZKA, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4800 LORWOOD DR.  
 MI  
 City SMITHS CREEK State MI Zip Code 48074-1528  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DSL CASTING & FORGING INTERNATIONAL, I Occupation (for Individual) SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 417.95

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.557562**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MATZKA, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4800 LORWOOD DR.  
 MI  
 City SMITHS CREEK State MI Zip Code 48074-1528  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DSL CASTING & FORGING INTERNATIONAL, I Occupation (for Individual) SALES  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 417.95

Date of Receipt 10 / 01 / 2016  
**Transaction ID : SA17.563486**  
 Amount of Each Receipt this Period 47.95  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	137.95
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 442 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MAUZEY, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 99 U.S. GRANT COURT, SOMERSET PLAN  
 City HENDERSON State NC Zip Code 27537-5012  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.566629**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT; REFUNDED \$100.00 ON 11/10/2016

**B. MAYER, LOTHAR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7098 AYRSHIRE LANE  
 City BOCA RATON State FL Zip Code 33496-1416  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.566639**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MCCANNA, KATHERINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 CALLE VISTA DEL SOL  
 City SAN CLEMENTE State CA Zip Code 92673-6913  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LTI AUTOMOTIVE Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : SA17.560586**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 443 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MCCANN, KENNETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 HUB LANE  
 PH  
 City LEVITTOWN State NY Zip Code 11756-2520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BARON INVESTIGATIONS Occupation (for Individual) BUSINESS OWNER  
 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  
 10 / 16 / 2016  
**Transaction ID : SA17.555522**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MCCARTER, MARION, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 209 COUNTRY CLUB DR.  
 B-2  
 City WETUMPKA State AL Zip Code 36092-1009  
 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 ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 04 / 2016  
**Transaction ID : SA17.564567**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MCCARTER, MARION, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 209 COUNTRY CLUB DR.  
 B-2  
 City WETUMPKA State AL Zip Code 36092-1009  
 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 ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 04 / 2016  
**Transaction ID : SA17.564568**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 444 OF 783
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. MCCARTER, MARION, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 05 / 2016
Mailing Address 209 COUNTRY CLUB DR. B-2		<b>Transaction ID : SA17.566657</b>
City WETUMPKA	State AL	Zip Code 36092-1009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. MCCARTER, MARION, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 08 / 2016
Mailing Address 209 COUNTRY CLUB DR. B-2		<b>Transaction ID : SA17.569819</b>
City WETUMPKA	State AL	Zip Code 36092-1009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. MCCARTER, MARION, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 09 / 2016
Mailing Address 209 COUNTRY CLUB DR. B-2		<b>Transaction ID : SA17.571619</b>
City WETUMPKA	State AL	Zip Code 36092-1009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 550.00	NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 445 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MCCARTER, MARION, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 209 COUNTRY CLUB DR.  
 B-2  
 City WETUMPKA State AL Zip Code 36092-1009  
 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 ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2016  
**Transaction ID : SA17.573958**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MCCARTER, MARION, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 209 COUNTRY CLUB DR.  
 B-2  
 City WETUMPKA State AL Zip Code 36092-1009  
 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 ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2016  
**Transaction ID : SA17.584529**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MCCARTER, MARION, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 209 COUNTRY CLUB DR.  
 B-2  
 City WETUMPKA State AL Zip Code 36092-1009  
 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 ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2016  
**Transaction ID : SA17.584530**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 446 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MCCARTER, MARION, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 209 COUNTRY CLUB DR.  
 B-2  
 City WETUMPKA State AL Zip Code 36092-1009  
 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 ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2016  
**Transaction ID : SA17.584531**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MCCLELLAN, JERRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 823 SOUTH DRIVEN THEATER RD.  
 City SALEM State IN Zip Code 47167-8397  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2016  
**Transaction ID : SA17.566660**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MCCLELLAN, JERRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 823 SOUTH DRIVEN THEATER RD.  
 City SALEM State IN Zip Code 47167-8397  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2016  
**Transaction ID : SA17.588061**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 447 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MCCLELLAN, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8042 E JUAN TABO RD.  
 City SCOTTSDALE State AZ Zip Code 85255-2846  
 FEC ID number of contributing 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 **10 / 12 / 2016**  
**Transaction ID : SA17.584536**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MCCLINTOCK, EVELENE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 700 N. TOWN EAST BLVD., APT. #144  
 City MESQUITE State TX Zip Code 75150-4791  
 FEC ID number of contributing 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 **10 / 10 / 2016**  
**Transaction ID : SA17.573960**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MCCLINTOCK, EVELENE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 700 N. TOWN EAST BLVD., APT. #144  
 City MESQUITE State TX Zip Code 75150-4791  
 FEC ID number of contributing 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 **10 / 18 / 2016**  
**Transaction ID : SA17.584537**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 448 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MCCORMICK, KIM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5200 MODICA LOTT ROAD  
 City BOSSIER CITY State LA Zip Code 71111-7232  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) SELF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **10 / 12 / 2016**  
**Transaction ID : SA17.591625**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT

**B. MCCUNE, BLAKE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3200 LA ROTONDA DRIVE 103  
 City RANCHO PALOS VERDE State CA Zip Code 90275-6161  
 FEC ID number of contributing 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 **10 / 05 / 2016**  
**Transaction ID : SA17.566670**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT

**C. MCDUFF, GLEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3240 ARIZONA AVE  
 City LOS ALAMOS State NM Zip Code 87544-1518  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.566673**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	565.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 449 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MCKAY, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7212 GULF HIGHLANDS DR.  
 City PORT RICHEY State FL Zip Code 34668-1409  
 FEC ID number of contributing 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 **10 / 05 / 2016**  
**Transaction ID : SA17.566684**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MCKILLOP, DAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8120 PHEASANT DR  
 City GILLETTE State WY Zip Code 82718-7243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) OWNER SMALL BUSINESS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **10 / 10 / 2016**  
**Transaction ID : SA17.590858**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MCKINNEY, ELIJAH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5714 RANGELINE RD  
 City MOUNT VERNON State OH Zip Code 43050-9473  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOWE INSURANCE SERVICES Occupation (for Individual) INSURANCE BROKER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.559434**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	625.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 450 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
MCKINNEY, ELIJAH, , ,

Mailing Address 5714 RANGELINE RD

City MOUNT VERNON	State OH	Zip Code 43050-9473
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HOWE INSURANCE SERVICES	Occupation (for Individual) INSURANCE BROKER
--	---

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
10		05		2016

**Transaction ID : SA17.559435**

Amount of Each Receipt this Period  
10.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
MCKINNEY, ELIJAH, , ,

Mailing Address 5714 RANGELINE RD

City MOUNT VERNON	State OH	Zip Code 43050-9473
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HOWE INSURANCE SERVICES	Occupation (for Individual) INSURANCE BROKER
--	---

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
10		05		2016

**Transaction ID : SA17.559436**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
MCKINNEY, ELIJAH, , ,

Mailing Address 5714 RANGELINE RD

City MOUNT VERNON	State OH	Zip Code 43050-9473
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HOWE INSURANCE SERVICES	Occupation (for Individual) INSURANCE BROKER
--	---

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
10		10		2016

**Transaction ID : SA17.559437**

Amount of Each Receipt this Period  
10.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	45.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 451 OF 783
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MCKINNIS, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2347 LITTLEBROOKE LANE  
 City DUNWOODY State GA Zip Code 30338-3174  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 377.95

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.588312**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MCLEAN, ANN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12 DOVE CV  
 City RICHMOND State VA Zip Code 23238-6113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MARK ANDREW MCLEAN Occupation (for Individual) MARK ANDREW MCLEAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.560748**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MCMANUS, JIM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 88 CHESTNUT ST  
 City WESTON State MA Zip Code 02493-1533  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) COMM. REAL ESTATE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1960.90

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.589780**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	550.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 452 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MCMANUS, JIM, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 88 CHESTNUT ST

City WESTON	State MA	Zip Code 02493-1533
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) COMM. REAL ESTATE
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1960.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2016

**Transaction ID : SA17.589781**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. MCMANUS, JIM, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 88 CHESTNUT ST

City WESTON	State MA	Zip Code 02493-1533
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) COMM. REAL ESTATE
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1960.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2016

**Transaction ID : SA17.589782**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. MCNAMARA, DONALD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1045 JILLIAM WAY  
201

City WINTER GARDEN	State FL	Zip Code 34787-4853
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RECREATION WORLD, INC.	Occupation (for Individual) CHAIRMAN
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	12	/	2016

**Transaction ID : SA17.562844**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 453 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
MCNAMARA, TRISH, , ,

Mailing Address 10 MARTY CLOSE

City GLENMOORE	State PA	Zip Code 19343-1419
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SIEMENS PLM	Occupation (for Individual) PROJECT MANAGER
--	--

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
10		05		2016

**Transaction ID : SA17.593034**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
MCNAMARA, TRISH, , ,

Mailing Address 10 MARTY CLOSE

City GLENMOORE	State PA	Zip Code 19343-1419
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SIEMENS PLM	Occupation (for Individual) PROJECT MANAGER
--	--

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
10		19		2016

**Transaction ID : SA17.593035**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
MCNAMARA, TRISH, , ,

Mailing Address 10 MARTY CLOSE

City GLENMOORE	State PA	Zip Code 19343-1419
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SIEMENS PLM	Occupation (for Individual) PROJECT MANAGER
--	--

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
10		18		2016

**Transaction ID : SA17.593036**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 454 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MCPHERSON, WARREN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12718 NORTHUP WAY  
 City BELLEVUE State WA Zip Code 98005-1948  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) VETCO Occupation (for Individual) SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.594933**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MCPHERSON, WARREN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12718 NORTHUP WAY  
 City BELLEVUE State WA Zip Code 98005-1948  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) VETCO Occupation (for Individual) SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 14 / 2016  
**Transaction ID : SA17.594934**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MCWHERTER, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 235 W LINCOLN AVE  
 City DELAWARE State OH Zip Code 43015-1626  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.566698**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 455 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MCWHERTER, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 235 W LINCOLN AVE  
 City DELAWARE State OH Zip Code 43015-1626  
 FEC ID number of contributing 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 10 / 14 / 2016  
**Transaction ID : SA17.587285**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MCWILLIAMS, LINDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7747 ROYAL SYDNEY DRIVE  
 City GAINESVILLE State VA Zip Code 20155-2868  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UNITED REAL ESTATE Occupation (for Individual) REAL ESTATE AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 10 / 08 / 2016  
**Transaction ID : SA17.594575**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MCWILLIAMS, LINDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7747 ROYAL SYDNEY DRIVE  
 City GAINESVILLE State VA Zip Code 20155-2868  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UNITED REAL ESTATE Occupation (for Individual) REAL ESTATE AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.594576**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 456 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MCWILLIAMS, LINDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7747 ROYAL SYDNEY DRIVE  
 City GAINESVILLE State VA Zip Code 20155-2868  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UNITED REAL ESTATE Occupation (for Individual) REAL ESTATE AGENT  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00

Date of Receipt **10 / 17 / 2016**  
**Transaction ID : SA17.594577**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MEADOWS, GILBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 807 CONTOUR DR.  
 City SAN ANTONIO State TX Zip Code 78212-1703  
 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 ▼ 350.00

Date of Receipt **10 / 18 / 2016**  
**Transaction ID : SA17.590977**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MEANS, JERRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1482  
 City GILLETTE State WY Zip Code 82717-1482  
 FEC ID number of contributing 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 **10 / 05 / 2016**  
**Transaction ID : SA17.566701**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 457 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MEEK, BONNIE / ROY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4245 RIVER RIDGE DRIVE  
 City NORCO State CA Zip Code 92860-1183  
 FEC ID number of contributing 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 **10 / 08 / 2016**  
**Transaction ID : SA17.569852**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MEINE, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16534 W. SANDIA PARK BL  
 City SURPRISE State AZ Zip Code 85374-6293  
 FEC ID number of contributing 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 **10 / 05 / 2016**  
**Transaction ID : SA17.566707**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MEINE, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16534 W. SANDIA PARK BL  
 City SURPRISE State AZ Zip Code 85374-6293  
 FEC ID number of contributing 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 **10 / 13 / 2016**  
**Transaction ID : SA17.584615**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 458 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MELLON, MONTE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 994 ADIRONDACK PLACE

City CHULA VISTA	State CA	Zip Code 91914-2653
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) EM PHYSICIAN
---	---

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
10	/	03	/	2016

**Transaction ID : SA17.590120**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. MELLON, MONTE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 994 ADIRONDACK PLACE

City CHULA VISTA	State CA	Zip Code 91914-2653
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) EM PHYSICIAN
---	---

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
10	/	05	/	2016

**Transaction ID : SA17.590172**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. MELLON, MONTE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 994 ADIRONDACK PLACE

City CHULA VISTA	State CA	Zip Code 91914-2653
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) EM PHYSICIAN
---	---

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
10	/	09	/	2016

**Transaction ID : SA17.590173**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 459 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MELLON, MONTE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 994 ADIRONDACK PLACE  
 City CHULA VISTA State CA Zip Code 91914-2653  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) EM PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 12 / 2016**  
**Transaction ID : SA17.590174**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MELLON, MONTE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 994 ADIRONDACK PLACE  
 City CHULA VISTA State CA Zip Code 91914-2653  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) EM PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 11 / 2016**  
**Transaction ID : SA17.590175**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MELVILLE, DAVID B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30 COLPITTS ROAD  
 City WESTON State MA Zip Code 02493-1534  
 FEC ID number of contributing 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 **10 / 05 / 2016**  
**Transaction ID : SA17.566710**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT; REFUNDED \$100.00 ON 10/05/2016

<b>SUBTOTAL</b> of Receipts This Page (optional).....	175.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 460 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MELVILLE, DAVID B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30 COLPITTS ROAD  
 City WESTON State MA Zip Code 02493-1534  
 FEC ID number of contributing 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 10 / 11 / 2016  
**Transaction ID : SA17.587293**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MELVILLE, DAVID B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30 COLPITTS ROAD  
 City WESTON State MA Zip Code 02493-1534  
 FEC ID number of contributing 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 10 / 18 / 2016  
**Transaction ID : SA17.587294**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MELVILLE, DAVID B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30 COLPITTS ROAD  
 City WESTON State MA Zip Code 02493-1534  
 FEC ID number of contributing 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 10 / 19 / 2016  
**Transaction ID : SA17.588070**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 461 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MELVILLE, DAVID B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30 COLPITTS ROAD  
 City WESTON State MA Zip Code 02493-1534  
 FEC ID number of contributing 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 **10 / 13 / 2016**  
**Transaction ID : SA17.588071**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MENDENHALL, MEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5199 BALDWIN TERRACE  
 City MARIETTA State GA Zip Code 30068-1581  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CLVL SOLUTIONS, LLC Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 16 / 2016**  
**Transaction ID : SA17.556625**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MENDIOLA JR, RUBEN A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 566300  
 City MIAMI State FL Zip Code 33256-6300  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DEALERNFA, INC Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **10 / 07 / 2016**  
**Transaction ID : SA17.557149**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 462 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MERLINO, DAVID A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PSC 76 BOX 8144  
 City APO State AP Zip Code 96319-0082  
 FEC ID number of contributing 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 **10 / 10 / 2016**  
**Transaction ID : SA17.563183**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MERLINO, DAVID A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PSC 76 BOX 8144  
 City APO State AP Zip Code 96319-0082  
 FEC ID number of contributing 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 **10 / 05 / 2016**  
**Transaction ID : SA17.594767**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MERLIN, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 540 MERLIN LN  
 City IRWIN State PA Zip Code 15642-5015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PITT INDUSTRIAL DIAMOND PRODUCTS,INC. Occupation (for Individual) SALES  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 336.80

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.562416**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 463 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MERLIN, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 540 MERLIN LN  
 City IRWIN State PA Zip Code 15642-5015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PITT INDUSTRIAL DIAMOND PRODUCTS,INC. Occupation (for Individual) SALES  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 336.80

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.562417**  
 Amount of Each Receipt this Period 27.95  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MERLIN, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 540 MERLIN LN  
 City IRWIN State PA Zip Code 15642-5015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PITT INDUSTRIAL DIAMOND PRODUCTS,INC. Occupation (for Individual) SALES  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 336.80

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.562418**  
 Amount of Each Receipt this Period 27.95  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MERLIN, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 540 MERLIN LN  
 City IRWIN State PA Zip Code 15642-5015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PITT INDUSTRIAL DIAMOND PRODUCTS,INC. Occupation (for Individual) SALES  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 336.80

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.562419**  
 Amount of Each Receipt this Period 27.95  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	83.85
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 464 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MERLIN, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 540 MERLIN LN  
 City IRWIN State PA Zip Code 15642-5015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PITT INDUSTRIAL DIAMOND PRODUCTS,INC. Occupation (for Individual) SALES  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 336.80

Date of Receipt 10 / 06 / 2016  
**Transaction ID : SA17.562420**  
 Amount of Each Receipt this Period 27.95  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MERLIN, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 540 MERLIN LN  
 City IRWIN State PA Zip Code 15642-5015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PITT INDUSTRIAL DIAMOND PRODUCTS,INC. Occupation (for Individual) SALES  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 336.80

Date of Receipt 10 / 07 / 2016  
**Transaction ID : SA17.562421**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MERLIN, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 540 MERLIN LN  
 City IRWIN State PA Zip Code 15642-5015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PITT INDUSTRIAL DIAMOND PRODUCTS,INC. Occupation (for Individual) SALES  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 336.80

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.562422**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	77.95
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 465 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MERLIN, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 540 MERLIN LN  
 City IRWIN State PA Zip Code 15642-5015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PITT INDUSTRIAL DIAMOND PRODUCTS,INC. Occupation (for Individual) SALES  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 336.80

Date of Receipt 10 / 11 / 2016  
**Transaction ID : SA17.562423**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MERLIN, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 540 MERLIN LN  
 City IRWIN State PA Zip Code 15642-5015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PITT INDUSTRIAL DIAMOND PRODUCTS,INC. Occupation (for Individual) SALES  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 336.80

Date of Receipt 10 / 11 / 2016  
**Transaction ID : SA17.562424**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MERRILL, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18440 HARBOR LIGHT  
 City CORNELIUS State NC Zip Code 28031-7795  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KONTEK INDUSTRIES INC Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 12 / 2016  
**Transaction ID : SA17.560183**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 466 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MERRILL, HUGH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 287 HOT SPRINGS ROAD  
 City SANTA BARBARA State CA Zip Code 93108-2443  
 FEC ID number of contributing 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 **10 / 08 / 2016**  
**Transaction ID : SA17.569863**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MERSHON, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2637 STUBBS MILL ROAD  
 City LEBANON State OH Zip Code 45036-8760  
 FEC ID number of contributing 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 **10 / 06 / 2016**  
**Transaction ID : SA17.568330**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MERSHON, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2637 STUBBS MILL ROAD  
 City LEBANON State OH Zip Code 45036-8760  
 FEC ID number of contributing 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 **10 / 10 / 2016**  
**Transaction ID : SA17.574019**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 467 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MERTZ, DORIS E., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15541 QUEENSFERRY  
 City FORT MYERS State FL Zip Code 33912-4004  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.566715**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MESLIN, MELISSA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 633 JULIA DR.  
 City WILMINGTON State NC Zip Code 28412-7953  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) RETAIL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.591321**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MICHAEL, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3406 MARYWOOD DR.  
 City SPRING State TX Zip Code 77388-5176  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 10 / 16 / 2016  
**Transaction ID : SA17.588072**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 468 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MIDDLETON, DALE, B., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 47810 PINECREST  
 City UTICA State MI Zip Code 48317-2855  
 FEC ID number of contributing 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 10 / 11 / 2016  
**Transaction ID : SA17.588313**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MIERS, BARBARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11905 WOODLAND WAY  
 City FRISCO State TX Zip Code 75035-6302  
 FEC ID number of contributing 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 10 / 06 / 2016  
**Transaction ID : SA17.568331**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MIERS, BARBARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11905 WOODLAND WAY  
 City FRISCO State TX Zip Code 75035-6302  
 FEC ID number of contributing 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 10 / 18 / 2016  
**Transaction ID : SA17.584651**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	375.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 469 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MIGUEL, SANDRA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 643 TRAFALGAR DRIVE  
 City HAGERSTOWN State MD Zip Code 21742-1231  
 FEC ID number of contributing 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 **10 / 05 / 2016**  
**Transaction ID : SA17.566729**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MIGUEL, SANDRA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 643 TRAFALGAR DRIVE  
 City HAGERSTOWN State MD Zip Code 21742-1231  
 FEC ID number of contributing 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 **10 / 06 / 2016**  
**Transaction ID : SA17.568332**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MIGUEL, SANDRA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 643 TRAFALGAR DRIVE  
 City HAGERSTOWN State MD Zip Code 21742-1231  
 FEC ID number of contributing 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 **10 / 18 / 2016**  
**Transaction ID : SA17.587299**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 470 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. MILLER, CAROLE, , ,</b>		Date of Receipt
Mailing Address 15922 71ST ST.NE		<input type="text" value="10"/> / <input type="text" value="05"/> / <input type="text" value="2016"/>
City ELK RIVER	State MN	Zip Code 55330-4801
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA17.566745</b>
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="325.00"/>	Amount of Each Receipt this Period <input type="text" value="100.00"/>
		<input type="checkbox"/> Memo Item CONTRIBUTION
		NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. MILLER, CAROLE, , ,</b>		Date of Receipt
Mailing Address 15922 71ST ST.NE		<input type="text" value="10"/> / <input type="text" value="12"/> / <input type="text" value="2016"/>
City ELK RIVER	State MN	Zip Code 55330-4801
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA17.587300</b>
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="325.00"/>	Amount of Each Receipt this Period <input type="text" value="50.00"/>
		<input type="checkbox"/> Memo Item CONTRIBUTION
		NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. MILLER, GARY, , ,</b>		Date of Receipt
Mailing Address 9614 STERN LANE		<input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2016"/>
City BROWNS VALLEY	State CA	Zip Code 95918-9707
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA17.591200</b>
Name of Employer (for Individual) SELF		Occupation (for Individual) REAL ESTATE BRFOKERAGE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="225.00"/>	Amount of Each Receipt this Period <input type="text" value="50.00"/>
		<input type="checkbox"/> Memo Item CONTRIBUTION
		NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="200.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 471 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MILLER, GARY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9614 STERN LANE

City BROWNS VALLEY	State CA	Zip Code 95918-9707
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) REAL ESTATE BRFOKERAGE
---	---

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
10		09		2016

**Transaction ID : SA17.591201**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. MILLER, GARY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9614 STERN LANE

City BROWNS VALLEY	State CA	Zip Code 95918-9707
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) REAL ESTATE BRFOKERAGE
---	---

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
10		17		2016

**Transaction ID : SA17.591202**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. MILLER, GARY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9614 STERN LANE

City BROWNS VALLEY	State CA	Zip Code 95918-9707
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) REAL ESTATE BRFOKERAGE
---	---

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
10		13		2016

**Transaction ID : SA17.591203**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 472 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MILLER, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 123 WEST MAIN ST  
 City BARRINGTON State IL Zip Code 60010-4302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) JEWELAR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 07 / 2016  
**Transaction ID : SA17.590574**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MILLER, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 123 WEST MAIN ST  
 City BARRINGTON State IL Zip Code 60010-4302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) JEWELAR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 15 / 2016  
**Transaction ID : SA17.590575**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MILLER, PAMELA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1408 HARRISON AVE BOX 414  
 City ELKINS State WV Zip Code 26241-3325  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) SOCIAL WORKER/ADVOCATE FOR EI  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 10 / 14 / 2016  
**Transaction ID : SA17.592669**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 473 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MILLER, PAMELA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1408 HARRISON AVE  
 BOX 414  
 City ELKINS State WV Zip Code 26241-3325  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) SOCIAL WORKER/ADVOCATE FOR E  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2016  
**Transaction ID : SA17.592878**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MILLER, PAMELA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1408 HARRISON AVE  
 BOX 414  
 City ELKINS State WV Zip Code 26241-3325  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) SOCIAL WORKER/ADVOCATE FOR E  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2016  
**Transaction ID : SA17.592879**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MILLER, PAMELA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1408 HARRISON AVE  
 BOX 414  
 City ELKINS State WV Zip Code 26241-3325  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) SOCIAL WORKER/ADVOCATE FOR E  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 08 / 2016  
**Transaction ID : SA17.592880**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 474 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MILLER, PAMELA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1408 HARRISON AVE  
 BOX 414  
 City ELKINS State WV Zip Code 26241-3325  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) SOCIAL WORKER/ADVOCATE FOR E  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2016  
**Transaction ID : SA17.592881**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MILLER, PAMELA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1408 HARRISON AVE  
 BOX 414  
 City ELKINS State WV Zip Code 26241-3325  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) SOCIAL WORKER/ADVOCATE FOR E  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2016  
**Transaction ID : SA17.592882**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MILLER, PAMELA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1408 HARRISON AVE  
 BOX 414  
 City ELKINS State WV Zip Code 26241-3325  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) SOCIAL WORKER/ADVOCATE FOR E  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2016  
**Transaction ID : SA17.592883**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 475 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MILLS, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8253 PARKSIDE DRIE  
 4W  
 City SAINT LOUIS State MO Zip Code 63105-1656  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MILLS PROPERTIES Occupation (for Individual) REAL ESTATE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1550.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.561133**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MITCHELL, JAMES S., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9802 NICHOLAS ST.  
 #350  
 City OMAHA State NE Zip Code 68114-2106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.589531**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MITCHELL, JAMES S., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9802 NICHOLAS ST.  
 #350  
 City OMAHA State NE Zip Code 68114-2106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 18 / 2016  
**Transaction ID : SA17.589549**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1200.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 476 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
MITSCH, MARILYN, , ,

Mailing Address 4 CHARLEY LAKE COURT

City SAINT PAUL	State MN	Zip Code 55127-6219
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
965.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

**Transaction ID : SA17.564590**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
MITSCH, MARILYN, , ,

Mailing Address 4 CHARLEY LAKE COURT

City SAINT PAUL	State MN	Zip Code 55127-6219
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
965.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2016

**Transaction ID : SA17.568337**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
MITSCH, MARILYN, , ,

Mailing Address 4 CHARLEY LAKE COURT

City SAINT PAUL	State MN	Zip Code 55127-6219
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
965.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2016

**Transaction ID : SA17.571693**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 477 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MITSCH, MARILYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 CHARLEY LAKE COURT

City SAINT PAUL	State MN	Zip Code 55127-6219
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
965.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2016

**Transaction ID : SA17.571694**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. MITSCH, MARILYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 CHARLEY LAKE COURT

City SAINT PAUL	State MN	Zip Code 55127-6219
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
965.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2016

**Transaction ID : SA17.574060**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. MITSCH, MARILYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 CHARLEY LAKE COURT

City SAINT PAUL	State MN	Zip Code 55127-6219
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
965.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2016

**Transaction ID : SA17.584702**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	175.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 478 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MITSCH, MARILYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 CHARLEY LAKE COURT  
 City SAINT PAUL State MN Zip Code 55127-6219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 965.00

Date of Receipt 10 / 12 / 2016  
**Transaction ID : SA17.584703**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MITSCH, MARILYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 CHARLEY LAKE COURT  
 City SAINT PAUL State MN Zip Code 55127-6219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 965.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.587305**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MOE, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16608 RED CANYON RANCH ROAD  
 City LOVELAND State CO Zip Code 80538-9183  
 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 BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4096.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.553580**  
 Amount of Each Receipt this Period 4096.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4171.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 479 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MOFFETT, DR. TONY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2510 MILLER WOODS CT  
 City VALRICO State FL Zip Code 33594-3819  
 FEC ID number of contributing 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 **10 / 05 / 2016**  
**Transaction ID : SA17.566761**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MOFFETT, DR. TONY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2510 MILLER WOODS CT  
 City VALRICO State FL Zip Code 33594-3819  
 FEC ID number of contributing 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 **10 / 10 / 2016**  
**Transaction ID : SA17.574064**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MOFFETT, DR. TONY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2510 MILLER WOODS CT  
 City VALRICO State FL Zip Code 33594-3819  
 FEC ID number of contributing 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 **10 / 18 / 2016**  
**Transaction ID : SA17.588077**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 480 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MOLLER, KARL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2886 WINDING OAK LANE

City WEST PALM BEACH	State FL	Zip Code 33414-7044
-------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) DOU	Occupation (for Individual) CEO
--	------------------------------------

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
10	/	10	/	2016

**Transaction ID : SA17.557504**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. MONKE, SHEILA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 25392 COUNTY ROAD 18

City NICKERSON	State NE	Zip Code 68044-2531
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) AGRICULTURE
---	--

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
10	/	10	/	2016

**Transaction ID : SA17.589422**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. MONSOOR, JIMMIE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5715 STILLMEADOW CT

City RENO	State NV	Zip Code 89502-8752
--------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2016

**Transaction ID : SA17.588340**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 481 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MONTEZ, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2724 ARAPAHOE STREET  
 City DENVER State CO Zip Code 80205-2706  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.566778**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MONTEZ, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2724 ARAPAHOE STREET  
 City DENVER State CO Zip Code 80205-2706  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 12 / 2016  
**Transaction ID : SA17.587309**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MONTGOMERY, DOROTHY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 BAYVIEW RD  
 City MANHASSET State NY Zip Code 11030-1045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PYRO SIGNAL & SUPPRESSION Occupation (for Individual) ACCTS MANAGER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.562646**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 482 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MOODY, STELLA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 842 EDGEWOOD PLACE  
 City WHITEFISH State MT Zip Code 59937-3444  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt **10 / 04 / 2016**  
**Transaction ID : SA17.564591**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MOODY, STELLA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 842 EDGEWOOD PLACE  
 City WHITEFISH State MT Zip Code 59937-3444  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt **10 / 06 / 2016**  
**Transaction ID : SA17.568341**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MOODY, STELLA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 842 EDGEWOOD PLACE  
 City WHITEFISH State MT Zip Code 59937-3444  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt **10 / 08 / 2016**  
**Transaction ID : SA17.569896**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	55.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 483 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MOODY, STELLA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 842 EDGEWOOD PLACE

City WHITEFISH	State MT	Zip Code 59937-3444
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
310.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2016

**Transaction ID : SA17.571706**

Amount of Each Receipt this Period  
10.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. MOODY, STELLA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 842 EDGEWOOD PLACE

City WHITEFISH	State MT	Zip Code 59937-3444
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
310.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2016

**Transaction ID : SA17.571707**

Amount of Each Receipt this Period  
15.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. MOODY, STELLA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 842 EDGEWOOD PLACE

City WHITEFISH	State MT	Zip Code 59937-3444
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
310.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2016

**Transaction ID : SA17.574074**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	50.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 484 OF 783
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MOODY, STELLA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 842 EDGEWOOD PLACE

City WHITEFISH	State MT	Zip Code 59937-3444
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
310.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2016

**Transaction ID : SA17.574075**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. MOODY, STELLA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 842 EDGEWOOD PLACE

City WHITEFISH	State MT	Zip Code 59937-3444
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
310.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2016

**Transaction ID : SA17.581348**

Amount of Each Receipt this Period  
15.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. MOODY, STELLA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 842 EDGEWOOD PLACE

City WHITEFISH	State MT	Zip Code 59937-3444
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
310.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2016

**Transaction ID : SA17.581646**

Amount of Each Receipt this Period  
20.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 485 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MOODY, STELLA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 842 EDGEWOOD PLACE  
 City WHITEFISH State MT Zip Code 59937-3444  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.581647**  
 Amount of Each Receipt this Period 20.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MOODY, STELLA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 842 EDGEWOOD PLACE  
 City WHITEFISH State MT Zip Code 59937-3444  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 10 / 17 / 2016  
**Transaction ID : SA17.584733**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MOORE, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1136 E FRONT ST  
 City LYNDEN State WA Zip Code 98264-1655  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) REST MGMNT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.591313**  
 Amount of Each Receipt this Period 40.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	85.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 486 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MOORE, TERRY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 305 MONARC COVE

City CEDAR PARK	State TX	Zip Code 78613-2106
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MOORE AND ASSOC.	Occupation (for Individual) SELF
---	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
271.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2016

**Transaction ID : SA17.561210**

Amount of Each Receipt this Period  
5.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. MOORE, TERRY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 305 MONARC COVE

City CEDAR PARK	State TX	Zip Code 78613-2106
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MOORE AND ASSOC.	Occupation (for Individual) SELF
---	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
271.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2016

**Transaction ID : SA17.561211**

Amount of Each Receipt this Period  
10.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. MOORE, TERRY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 305 MONARC COVE

City CEDAR PARK	State TX	Zip Code 78613-2106
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MOORE AND ASSOC.	Occupation (for Individual) SELF
---	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
271.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2016

**Transaction ID : SA17.561212**

Amount of Each Receipt this Period  
3.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	18.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 487 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MOORE, TERRY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 305 MONARC COVE

City CEDAR PARK	State TX	Zip Code 78613-2106
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MOORE AND ASSOC.	Occupation (for Individual) SELF
---	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
271.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2016

**Transaction ID : SA17.561213**

Amount of Each Receipt this Period  
5.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. MOORE, TERRY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 305 MONARC COVE

City CEDAR PARK	State TX	Zip Code 78613-2106
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MOORE AND ASSOC.	Occupation (for Individual) SELF
---	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
271.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2016

**Transaction ID : SA17.561214**

Amount of Each Receipt this Period  
5.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. MORFORD, MARTIN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 413807

City KANSAS CITY	State MO	Zip Code 64141-3807
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
293.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2016

**Transaction ID : SA17.564104**

Amount of Each Receipt this Period  
10.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	20.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 488 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MORFORD, MARTIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 413807

City KANSAS CITY	State MO	Zip Code 64141-3807
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
293.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2016  
**Transaction ID : SA17.566797**

Amount of Each Receipt this Period  
5.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. MORFORD, MARTIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 413807

City KANSAS CITY	State MO	Zip Code 64141-3807
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
293.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2016  
**Transaction ID : SA17.566798**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. MORFORD, MARTIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 413807

City KANSAS CITY	State MO	Zip Code 64141-3807
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
293.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2016  
**Transaction ID : SA17.568343**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	55.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 489 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MORFORD, MARTIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 413807  
 City KANSAS CITY State MO Zip Code 64141-3807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 293.00

Date of Receipt 10 / 08 / 2016  
**Transaction ID : SA17.569900**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MORFORD, MARTIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 413807  
 City KANSAS CITY State MO Zip Code 64141-3807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 293.00

Date of Receipt 10 / 09 / 2016  
**Transaction ID : SA17.571715**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MORFORD, MARTIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 413807  
 City KANSAS CITY State MO Zip Code 64141-3807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 293.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.574092**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	40.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 490 OF 783
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MORFORD, MARTIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 413807  
 City KANSAS CITY State MO Zip Code 64141-3807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 293.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.574093**  
 Amount of Each Receipt this Period 10.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MORFORD, MARTIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 413807  
 City KANSAS CITY State MO Zip Code 64141-3807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 293.00

Date of Receipt 10 / 14 / 2016  
**Transaction ID : SA17.578409**  
 Amount of Each Receipt this Period 5.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MORFORD, MARTIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 413807  
 City KANSAS CITY State MO Zip Code 64141-3807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 293.00

Date of Receipt 10 / 17 / 2016  
**Transaction ID : SA17.578410**  
 Amount of Each Receipt this Period 5.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	20.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 491 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MORFORD, MARTIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 413807  
 City KANSAS CITY State MO Zip Code 64141-3807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 293.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.580467**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MORRIS, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4011 FARRALON WAY  
 City OXNARD State CA Zip Code 93035-1430  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.566814**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MORRIS, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 746 N CONEY AVE  
 City AZUSA State CA Zip Code 91702-2239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) I Occupation (for Individual) PRESIDENT / OWNER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.559505**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	160.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 492 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MORRIS, DEBORAH, A., MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 146 MCDOUGALL ROAD

City ARGYLE	State NY	Zip Code 12809-3435
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ESSITY	Occupation (for Individual) PROG MGR
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
445.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2016

**Transaction ID : SA17.589238**

Amount of Each Receipt this Period  
30.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. MORRIS, DEBORAH, A., MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 146 MCDOUGALL ROAD

City ARGYLE	State NY	Zip Code 12809-3435
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ESSITY	Occupation (for Individual) PROG MGR
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
445.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2016

**Transaction ID : SA17.589239**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. MORTON, CURTIS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 1307

City MOLALLA	State OR	Zip Code 97038-1307
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CMX INDUSTRIES/CURTIS MORTON INDUSTRIE	Occupation (for Individual) SELF EMPLOYEED
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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
10		19		2016

**Transaction ID : SA17.556634**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	630.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 493 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MOSLEY, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13318 WEST BRAZOS BEND DR.  
 City NEEDVILLE State TX Zip Code 77461-9523  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FORT BEND CPOUNTY. Occupation (for Individual) LAW ENFORCEMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.558224**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MOTE, JUANITA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address POBOX 636  
 City ALTO State NM Zip Code 88312-0636  
 FEC ID number of contributing 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 **10 / 05 / 2016**  
**Transaction ID : SA17.566820**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MUELLER, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1300 WEST MAIN STREET  
 City LOUISVILLE State KY Zip Code 40203-1436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) CONSTRUCTION  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.589903**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	525.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 494 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MUNSON, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5128 BROOKVIEW DRIVE  
 City DALLAS State TX Zip Code 75220-2206  
 FEC ID number of contributing 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 10 / 10 / 2016  
**Transaction ID : SA17.574118**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MURDOCK, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3267 OLD BARN ROAD W  
 City PONTE VEDRA BEACH State FL Zip Code 32082-3718  
 FEC ID number of contributing 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 10 / 18 / 2016  
**Transaction ID : SA17.588314**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MURPHY, ANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19951 COLLIER ST  
 City WOODLAND HILLS State CA Zip Code 91364-3504  
 FEC ID number of contributing 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 10 / 10 / 2016  
**Transaction ID : SA17.574119**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	550.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 495 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MURPHY, ANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19951 COLLIER ST  
 City WOODLAND HILLS State CA Zip Code 91364-3504  
 FEC ID number of contributing 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 10 / 18 / 2016  
**Transaction ID : SA17.584799**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MURPHY, ANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19951 COLLIER ST  
 City WOODLAND HILLS State CA Zip Code 91364-3504  
 FEC ID number of contributing 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 10 / 18 / 2016  
**Transaction ID : SA17.587326**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MURPHY, ANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19951 COLLIER ST  
 City WOODLAND HILLS State CA Zip Code 91364-3504  
 FEC ID number of contributing 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 10 / 18 / 2016  
**Transaction ID : SA17.587327**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 496 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MURPHY, ANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19951 COLLIER ST  
 City WOODLAND HILLS State CA Zip Code 91364-3504  
 FEC ID number of contributing 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 **10 / 18 / 2016**  
**Transaction ID : SA17.587328**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MURPHY, ANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19951 COLLIER ST  
 City WOODLAND HILLS State CA Zip Code 91364-3504  
 FEC ID number of contributing 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 **10 / 19 / 2016**  
**Transaction ID : SA17.587329**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MURPHY, ANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19951 COLLIER ST  
 City WOODLAND HILLS State CA Zip Code 91364-3504  
 FEC ID number of contributing 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 **10 / 19 / 2016**  
**Transaction ID : SA17.587330**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 497 OF 783
<input 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 checked="" 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)  
**Committee to Defend the President**

**A. MURPHY, ANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19951 COLLIER ST  
 City WOODLAND HILLS State CA Zip Code 91364-3504  
 FEC ID number of contributing 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 **10 / 14 / 2016**  
**Transaction ID : SA17.588086**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MURPHY, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 299 CHEROKEE DR  
 City HARRISBURG State IL Zip Code 62946-3798  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MURPHY HOMES Occupation (for Individual) BUILDER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **10 / 18 / 2016**  
**Transaction ID : SA17.561330**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MURPHY, NANCY, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 105 BRANTWOOD DR.  
 City ELKTON State MD Zip Code 21921-8348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LICENSED ARTIST Occupation (for Individual) SELF EMPLOYED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.560415**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	625.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 498 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MURPHY, PATRICK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8719 E WHITTON AVE  
 City SCOTTSDALE State AZ Zip Code 85251-5070  
 FEC ID number of contributing 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 **10 / 05 / 2016**  
**Transaction ID : SA17.566836**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MURPHY, PETER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 78154 SAN TIMOTEO  
 City LA QUINTA State CA Zip Code 92253-6218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NO Occupation (for Individual) 760-564-2997  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **10 / 13 / 2016**  
**Transaction ID : SA17.595662**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MURPHY, PETER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 78154 SAN TIMOTEO  
 City LA QUINTA State CA Zip Code 92253-6218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NO Occupation (for Individual) 760-564-2997  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **10 / 11 / 2016**  
**Transaction ID : SA17.595663**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	375.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 499 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MURRAY, CHERYL D, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 493

City SEDALIA	State CO	Zip Code 80135-0493
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) DOUBLE R EXCAVATING, INC.	Occupation (for Individual) ADMINISTRATOR
--	--

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
10	/	14	/	2016

**Transaction ID : SA17.557510**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. NAEGELE, WILLIAM, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4300 BAKER RD.

City HOPKINS	State MN	Zip Code 55343-8600
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) RESTAURANTS/REALESTATE
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
497.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2016

**Transaction ID : SA17.562925**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. NAGY, MARIA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2500 PARKVIEW DRIVE  
2207

City HALLANDALE BEACH	State FL	Zip Code 33009-2885
--------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
277.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2016

**Transaction ID : SA17.563510**

Amount of Each Receipt this Period  
27.95

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	627.95
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 500 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. NAGY, MARIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2500 PARKVIEW DRIVE  
 2207  
 City HALLANDALE BEACH State FL Zip Code 33009-2885  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 277.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2016  
**Transaction ID : SA17.564116**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. NAGY, MARIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2500 PARKVIEW DRIVE  
 2207  
 City HALLANDALE BEACH State FL Zip Code 33009-2885  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 277.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 08 / 2016  
**Transaction ID : SA17.569928**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. NAGY, MARIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2500 PARKVIEW DRIVE  
 2207  
 City HALLANDALE BEACH State FL Zip Code 33009-2885  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 277.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2016  
**Transaction ID : SA17.574132**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 501 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. NAGY, MARIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2500 PARKVIEW DRIVE  
 2207  
 City HALLANDALE BEACH State FL Zip Code 33009-2885  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 277.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2016  
**Transaction ID : SA17.574133**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. NAGY, MARIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2500 PARKVIEW DRIVE  
 2207  
 City HALLANDALE BEACH State FL Zip Code 33009-2885  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 277.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 11 / 2016  
**Transaction ID : SA17.584825**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. NAGY, MARIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2500 PARKVIEW DRIVE  
 2207  
 City HALLANDALE BEACH State FL Zip Code 33009-2885  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 277.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2016  
**Transaction ID : SA17.584826**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 502 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. NAGY, MARIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2500 PARKVIEW DRIVE  
 2207  
 City HALLANDALE BEACH State FL Zip Code 33009-2885  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 277.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2016  
**Transaction ID : SA17.584827**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. NEILSON, W. LANE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1332 WEST COLONIAL DR.  
 City ORLANDO State FL Zip Code 32804-7119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NEILSON AND ASSOCIATES, P. A. Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 18 / 2016  
**Transaction ID : SA17.561596**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. NEILSON, W. LANE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1332 WEST COLONIAL DR.  
 City ORLANDO State FL Zip Code 32804-7119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NEILSON AND ASSOCIATES, P. A. Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2016  
**Transaction ID : SA17.561597**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 503 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. NELL, SHARON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 401 HWY A1A  
 131  
 City SATELLITE BEACH State FL Zip Code 32937-2307  
 FEC ID number of contributing 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  
 10 / 07 / 2016  
**Transaction ID : SA17.568853**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. NELL, SHARON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 401 HWY A1A  
 131  
 City SATELLITE BEACH State FL Zip Code 32937-2307  
 FEC ID number of contributing 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  
 10 / 09 / 2016  
**Transaction ID : SA17.571755**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. NELL, SHARON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 401 HWY A1A  
 131  
 City SATELLITE BEACH State FL Zip Code 32937-2307  
 FEC ID number of contributing 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  
 10 / 09 / 2016  
**Transaction ID : SA17.571756**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	325.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 504 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. NELL, SHARON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 401 HWY A1A  
 131  
 City SATELLITE BEACH State FL Zip Code 32937-2307  
 FEC ID number of contributing 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 10 / 11 / 2016  
**Transaction ID : SA17.584851**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. NELSON, CLIFFORD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3611 CRAMPTON RD  
 City HOPE MILLS State NC Zip Code 28348-2209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) INDEPENDANT CONTRACTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 04 / 2016  
**Transaction ID : SA17.592225**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. NELSON, CLIFFORD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3611 CRAMPTON RD  
 City HOPE MILLS State NC Zip Code 28348-2209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) INDEPENDANT CONTRACTOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 08 / 2016  
**Transaction ID : SA17.592226**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 125.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 505 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. NELSON, CLIFFORD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3611 CRAMPTON RD  
 City HOPE MILLS State NC Zip Code 28348-2209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) INDEPENDANT CONTRACTOR  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **10 / 13 / 2016**  
**Transaction ID : SA17.592227**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. NETTUNE, JULIEANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 123 HIGHLAND AVENUE  
 City SHORT HILLS State NJ Zip Code 07078-1960  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HUSBAND Occupation (for Individual) HOME MAKER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.559486**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. NEWTON, GEORGE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address FOUNTAIN VIEW DRIVE 602  
 City HOUSTON State TX Zip Code 77057-  
 FEC ID number of contributing 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 **10 / 03 / 2016**  
**Transaction ID : SA17.564120**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 506 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. NICHOLSON, MARTHA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21885 MAYWOOD TERR  
 City STERLING State VA Zip Code 20164-2398  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DEPARTMENT OF STATE Occupation (for Individual) CIVIL SERVANT  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 10 / 2016**  
**Transaction ID : SA17.557235**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. NICHOLAS, PHYLLIS, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 HOWARD ROAD  
 City GREENWICH State CT Zip Code 06831-3104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.566870**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. NICHOLAS, PHYLLIS, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 HOWARD ROAD  
 City GREENWICH State CT Zip Code 06831-3104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00

Date of Receipt **10 / 18 / 2016**  
**Transaction ID : SA17.588091**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 507 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. NICHOLAS, PHYLLIS, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 HOWARD ROAD  
 City GREENWICH State CT Zip Code 06831-3104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 10 / 12 / 2016  
**Transaction ID : SA17.588315**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. NICHOLSON, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1101 PLANTATION ISLAND DR. SOUTH 245  
 City SAINT AUGUSTINE State FL Zip Code 32080-6191  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.566876**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. NICKERSON, JAY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 66 BICKFORD AVENUE  
 City REVERE State MA Zip Code 02151-1723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 775.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.566878**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	375.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 508 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. NICKERSON, JAY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 66 BICKFORD AVENUE  
 City REVERE State MA Zip Code 02151-1723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 775.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2016  
**Transaction ID : SA17.566879**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. NICKSON, ROWENA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 802 W MAIN ST  
 City CROSBYTON State TX Zip Code 79322-2117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) COVENANT HEALTH SYSTEM Occupation (for Individual) NURSE  
 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  
 10 / 05 / 2016  
**Transaction ID : SA17.556906**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. NICOLL, SHARON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 341 KINGSTON AVE.  
 City MARTINEZ State CA Zip Code 94553-4015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 08 / 2016  
**Transaction ID : SA17.569944**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 509 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. NICOLAYSEN, STEPHEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7849 S SADDLE BAG WAY  
 City NAMPA State ID Zip Code 83687-9042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ES-O-EN MANAGEMENT Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.557860**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. NOBLE, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5990 PINKSTAFF LANE  
 City BEAUMONT State TX Zip Code 77706-2511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.566885**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. NOONKESTER, KEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1305 B GOVERNOR CT  
 City ABINGDON State MD Zip Code 21009-2345  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BRITESTAR BUSINESS Occupation (for Individual) SELF EMPLOYED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.555893**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 510 OF 783
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. NOONKESTER, KEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1305 B GOVERNOR CT  
 City ABINGDON State MD Zip Code 21009-2345  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BRITESTAR BUSINESS Occupation (for Individual) SELF EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.555894**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. NOONKESTER, KEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1305 B GOVERNOR CT  
 City ABINGDON State MD Zip Code 21009-2345  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BRITESTAR BUSINESS Occupation (for Individual) SELF EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.555895**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. NOONKESTER, KEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1305 B GOVERNOR CT  
 City ABINGDON State MD Zip Code 21009-2345  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BRITESTAR BUSINESS Occupation (for Individual) SELF EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.555896**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 511 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. NOONKESTER, KEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1305 B GOVERNOR CT  
 City ABINGDON State MD Zip Code 21009-2345  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BRITESTAR BUSINESS Occupation (for Individual) SELF EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt 10 / 14 / 2016  
**Transaction ID : SA17.555897**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. NOONKESTER, KEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1305 B GOVERNOR CT  
 City ABINGDON State MD Zip Code 21009-2345  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BRITESTAR BUSINESS Occupation (for Individual) SELF EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt 10 / 17 / 2016  
**Transaction ID : SA17.555898**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. NORCOTT, JEAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16111 MARLINTON DRIVE  
 City WHITTIER State CA Zip Code 90604-3651  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) YMCA Occupation (for Individual) WATER AEROBICS INSTRUCTOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.595472**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 512 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. NORTON, CAROLYN, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 05 / 2016 <b>Transaction ID : SA17.566897</b>
Mailing Address 2 LAMPHERE ROAD			Amount of Each Receipt this Period 25.00
City MYSTIC	State CT	Zip Code 06355-1422	<input type="checkbox"/> Memo Item CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.80		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. NORTON, CAROLYN, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 09 / 2016 <b>Transaction ID : SA17.571772</b>
Mailing Address 2 LAMPHERE ROAD			Amount of Each Receipt this Period 3.00
City MYSTIC	State CT	Zip Code 06355-1422	<input type="checkbox"/> Memo Item CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.80		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. NORTON, CAROLYN, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 09 / 2016 <b>Transaction ID : SA17.571773</b>
Mailing Address 2 LAMPHERE ROAD			Amount of Each Receipt this Period 10.00
City MYSTIC	State CT	Zip Code 06355-1422	<input type="checkbox"/> Memo Item CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 207.80		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	38.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 513 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. NOVELLI, GARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 364 ORANGE AVE.  
 City MILFORD State CT Zip Code 06461-2156  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.566900**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. NOWAKOWSKI, THOMAS E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 CHESTNUT LANE  
 City NEW HOPE State PA Zip Code 18938-9206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UMS,INC, Occupation (for Individual) SALES MGMT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 18 / 2016  
**Transaction ID : SA17.594321**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. NUNEZ, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8308 CALERA DR.  
 City AUSTIN State TX Zip Code 78735-1567  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PLATINUM PIPE RENTALS Occupation (for Individual) PARTNER/ PRES.  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.562440**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1125.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 514 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. NUNEZ, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8308 CALERA DR.  
 City AUSTIN State TX Zip Code 78735-1567  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PLATINUM PIPE RENTALS Occupation (for Individual) PARTNER/ PRES.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.562441**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT; REFUNDED \$250.00 ON 10/05/2016

**B. NUNEZ, RANDOLPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P O BOX 53305  
 City NEW ORLEANS State LA Zip Code 70153-3305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BUCK KREIHS MARINE REPAIR Occupation (for Individual) GENERAL MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.555934**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT

**C. O'BRIEN, STEVE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 990 STANFORD AVE 521  
 City BATON ROUGE State LA Zip Code 70808-3680  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LOUISIANA CHEMICAL EQUIPMENT CO. Occupation (for Individual) SALES  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 12 / 2016  
**Transaction ID : SA17.560558**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 515 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. O'CALLAGHAN, THOMAS F, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22929 HIDDEN RANCH ROAD  
 City AUBURN State CA Zip Code 95602-8523  
 FEC ID number of contributing 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 10 / 09 / 2016  
**Transaction ID : SA17.571783**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. O'MARA, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8592 EAST ILIFF DRIVE  
 City DENVER State CO Zip Code 80231-3807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) COMFORT AIR DISTRIBUTING, INC Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.556744**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. O. RAYES, PATRICK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO. BOX 195429  
 City DALLAS State TX Zip Code 75219-8607  
 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 BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 10 / 18 / 2016  
**Transaction ID : SA17.553590**  
 Amount of Each Receipt this Period 3000.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3350.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 516 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. ODELL, ROBERT, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9632 GRAND ISLE LN

City LAS VEGAS	State NV	Zip Code 89144-0839
-------------------	-------------	------------------------

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 ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2016

**Transaction ID : SA17.562384**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. ODER, DAVE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21 PAINTED FEATHER WAY

City LAS VEGAS	State NV	Zip Code 89135-7856
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SHIFT4 CORPORATION	Occupation (for Individual) EXECUTIVE
---	--

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
10	/	08	/	2016

**Transaction ID : SA17.593011**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. ODUM, FREIDA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 MYRTLEWOOD DRIVE

City SAVANNAH	State GA	Zip Code 31405-1084
------------------	-------------	------------------------

FEC ID number of contributing 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
10	/	14	/	2016

**Transaction ID : SA17.584952**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	625.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 517 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. ODUM, FREIDA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 MYRTLEWOOD DRIVE

City SAVANNAH	State GA	Zip Code 31405-1084
------------------	-------------	------------------------

FEC ID number of contributing 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
10		12		2016

**Transaction ID : SA17.587361**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. ODUM, FREIDA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 MYRTLEWOOD DRIVE

City SAVANNAH	State GA	Zip Code 31405-1084
------------------	-------------	------------------------

FEC ID number of contributing 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
10		12		2016

**Transaction ID : SA17.587362**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. ODUM, FREIDA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 MYRTLEWOOD DRIVE

City SAVANNAH	State GA	Zip Code 31405-1084
------------------	-------------	------------------------

FEC ID number of contributing 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
10		14		2016

**Transaction ID : SA17.588094**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 518 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. OLMSTEAD, ALLISON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 3122  
 City NEWPORT BEACH State CA Zip Code 92659-0736  
 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 10 / 18 / 2016  
**Transaction ID : SA17.590055**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT; REFUNDED \$250.00 ON 10/21/2016

**B. OLSON, BRIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2485 WOODLAND DR.  
 City OGDEN State UT Zip Code 84403-5129  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DELTA AIRLINES Occupation (for Individual) PILOT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.557189**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT

**C. OLSON, GERALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P O BOX 3209  
 City INCLINE VILLAGE State NV Zip Code 89450-3209  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.566923**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 519 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. ORTIZ, MARYGINA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 188 STEADWELL RD  
 City AMSTERDAM State NY Zip Code 12010-7507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) REAL ESTATE PROFESSIONAL  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.591215**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. OSBORNE, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P. O. BOX 908  
 City COLORADO SPRINGS State CO Zip Code 80901-0908  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RMC CORPORATION (SELF) Occupation (for Individual) RESIDENTIAL LAND DEVELOPMENT  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.588963**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. OSTERHOUT, HW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1002 DARIA DR.  
 City HOUSTON State TX Zip Code 77079-5024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RUBICON HOLDINGS Occupation (for Individual) CONSULTANTS  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.589075**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	325.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 520 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. OSTERHOUT, HW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1002 DARIA DR.  
 City HOUSTON State TX Zip Code 77079-5024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RUBICON HOLDINGS Occupation (for Individual) CONSULTANTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 18 / 2016  
**Transaction ID : SA17.589076**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. OSTERHOUT, HW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1002 DARIA DR.  
 City HOUSTON State TX Zip Code 77079-5024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RUBICON HOLDINGS Occupation (for Individual) CONSULTANTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 15 / 2016  
**Transaction ID : SA17.589077**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. OVERSTREET, PATSY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 58079 DOW TRAIL  
 City HANNIBAL State MO Zip Code 63401-7698  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.566941**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	175.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 521 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. OVERSTREET, PATSY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 58079 DOW TRAIL

City HANNIBAL	State MO	Zip Code 63401-7698
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 265.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2016

**Transaction ID : SA17.566942**

Amount of Each Receipt this Period  

50.00
-------

 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. OVERSTREET, PATSY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 58079 DOW TRAIL

City HANNIBAL	State MO	Zip Code 63401-7698
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 265.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2016

**Transaction ID : SA17.585005**

Amount of Each Receipt this Period  

25.00
-------

 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. OVERSTREET, PATSY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 58079 DOW TRAIL

City HANNIBAL	State MO	Zip Code 63401-7698
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 265.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2016

**Transaction ID : SA17.585006**

Amount of Each Receipt this Period  

25.00
-------

 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 522 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. PABIS, BARBARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 N LAKE CIRCLE  
 City WHITE PLAINS State NY Zip Code 10605-4200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ECCLESIA, LTD Occupation (for Individual) EXECUTIVE DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **10 / 12 / 2016**  
**Transaction ID : SA17.557662**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. PADGETT, DIANNE, BROADAWAY, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2455 DUNSTAN ROAD 406  
 City HOUSTON State TX Zip Code 77005-2306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 385.90

Date of Receipt **10 / 06 / 2016**  
**Transaction ID : SA17.591994**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. PADGETT, DIANNE, BROADAWAY, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2455 DUNSTAN ROAD 406  
 City HOUSTON State TX Zip Code 77005-2306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 385.90

Date of Receipt **10 / 07 / 2016**  
**Transaction ID : SA17.591995**  
 Amount of Each Receipt this Period 27.95  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	377.95
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 523 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. PADGETT, DIANNE, BROADAWAY, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2455 DUNSTAN ROAD  
 406  
 City HOUSTON State TX Zip Code 77005-2306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 385.90

Date of Receipt 10 / 07 / 2016  
**Transaction ID : SA17.591996**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. PADGETT, DIANNE, BROADAWAY, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2455 DUNSTAN ROAD  
 406  
 City HOUSTON State TX Zip Code 77005-2306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 385.90

Date of Receipt 10 / 09 / 2016  
**Transaction ID : SA17.591997**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. PADGETT, DIANNE, BROADAWAY, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2455 DUNSTAN ROAD  
 406  
 City HOUSTON State TX Zip Code 77005-2306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 385.90

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.591998**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 524 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. PADGETT, JULIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6065 DRIVE NW  
 City ATLANTA State GA Zip Code 30328-  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.566947**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. PALMER, RICHARD, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3031 CALLE SONORA UNIT O  
 City LAGUNA WOODS State CA Zip Code 92637-2766  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.566955**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. PALMER, RICHARD, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3031 CALLE SONORA UNIT O  
 City LAGUNA WOODS State CA Zip Code 92637-2766  
 FEC ID number of contributing 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 10 / 10 / 2016  
**Transaction ID : SA17.574225**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 525 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. PALMER, RICHARD, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3031 CALLE SONORA UNIT O  
 City LAGUNA WOODS State CA Zip Code 92637-2766  
 FEC ID number of contributing 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 **10 / 16 / 2016**  
**Transaction ID : SA17.585027**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. PALMER, RICHARD, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3031 CALLE SONORA UNIT O  
 City LAGUNA WOODS State CA Zip Code 92637-2766  
 FEC ID number of contributing 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 **10 / 18 / 2016**  
**Transaction ID : SA17.585028**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. PALMER, RICHARD, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3031 CALLE SONORA UNIT O  
 City LAGUNA WOODS State CA Zip Code 92637-2766  
 FEC ID number of contributing 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 **10 / 19 / 2016**  
**Transaction ID : SA17.585029**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**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: (check only one)	PAGE 526 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. PALMER, RICHARD, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3031 CALLE SONORA UNIT O  
 City LAGUNA WOODS State CA Zip Code 92637-2766  
 FEC ID number of contributing 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 10 / 11 / 2016  
**Transaction ID : SA17.585031**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. PALMER, RICHARD, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3031 CALLE SONORA UNIT O  
 City LAGUNA WOODS State CA Zip Code 92637-2766  
 FEC ID number of contributing 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 10 / 19 / 2016  
**Transaction ID : SA17.585034**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. PARMENTER, RONALD, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 328  
 City ODESSA State NY Zip Code 14869-0328  
 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 ▼ 300.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.566970**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**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: (check only one)	PAGE 527 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. PARMENTER, RONALD, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 328  
 City ODESSA State NY Zip Code 14869-0328  
 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 ▼ 300.00

Date of Receipt **10 / 14 / 2016**  
**Transaction ID : SA17.585051**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. PASLEY, BARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1530 LEONARD RD.  
 City SHREVEPORT State LA Zip Code 71115-8574  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) IMAP Occupation (for Individual) INSURANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1457.95

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.559580**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. PASLEY, BARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1530 LEONARD RD.  
 City SHREVEPORT State LA Zip Code 71115-8574  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) IMAP Occupation (for Individual) INSURANCE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1457.95

Date of Receipt **10 / 07 / 2016**  
**Transaction ID : SA17.559581**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1035.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 528 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. PASLEY, BARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1530 LEONARD RD.  
 City SHREVEPORT State LA Zip Code 71115-8574  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) IMAP Occupation (for Individual) INSURANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1457.95

Date of Receipt **10 / 01 / 2016**  
**Transaction ID : SA17.559585**  
 Amount of Each Receipt this Period 47.95  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. PASLEY, BARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1530 LEONARD RD.  
 City SHREVEPORT State LA Zip Code 71115-8574  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) IMAP Occupation (for Individual) INSURANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1457.95

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.559586**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. PASLEY, BARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1530 LEONARD RD.  
 City SHREVEPORT State LA Zip Code 71115-8574  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) IMAP Occupation (for Individual) INSURANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1457.95

Date of Receipt **10 / 08 / 2016**  
**Transaction ID : SA17.559587**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	187.95
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 529 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. PASQUAN, STEPHEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 EUCALYPTUS ROAD  
 City BELVEDERE TIBURON State CA Zip Code 94920-2436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) SELF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 15 / 2016  
**Transaction ID : SA17.591626**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. PAXTON, DEBRA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17939 HWY 62 WEST  
 City EUREKA SPRINGS State AR Zip Code 72632-3159  
 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 ▼ 227.95

Date of Receipt 10 / 01 / 2016  
**Transaction ID : SA17.589647**  
 Amount of Each Receipt this Period 27.95  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. PAXTON, DEBRA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17939 HWY 62 WEST  
 City EUREKA SPRINGS State AR Zip Code 72632-3159  
 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 ▼ 227.95

Date of Receipt 10 / 12 / 2016  
**Transaction ID : SA17.589691**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	727.95
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 530 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. PAYNE, HELEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5131 SANDYFIELDS LANE  
 City KATY State TX Zip Code 77494-2330  
 FEC ID number of contributing 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 10 / 07 / 2016  
**Transaction ID : SA17.568864**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. PAYNE, HELEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5131 SANDYFIELDS LANE  
 City KATY State TX Zip Code 77494-2330  
 FEC ID number of contributing 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 10 / 10 / 2016  
**Transaction ID : SA17.574245**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. PAYNE, HELEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5131 SANDYFIELDS LANE  
 City KATY State TX Zip Code 77494-2330  
 FEC ID number of contributing 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 10 / 10 / 2016  
**Transaction ID : SA17.574246**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**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: (check only one)	PAGE 531 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. PAYNE, HELEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5131 SANDYFIELDS LANE  
 City KATY State TX Zip Code 77494-2330  
 FEC ID number of contributing 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 10 / 18 / 2016  
**Transaction ID : SA17.585075**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. PEARSON, NOEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11048 CLYDESDALE LANE  
 City ROGERS State AR Zip Code 72756-8705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WASHINGTON REGIONAL MEDICAL CENTER Occupation (for Individual) PHARMACIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 15 / 2016  
**Transaction ID : SA17.595125**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. PECK, FRANK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8317 LINDA VISTA  
 City ABILENE State TX Zip Code 79606-6503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WESTERN SURPLUS Occupation (for Individual) INSURANCE UNDERWRITER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.595255**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	525.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 532 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. PELDNER, PATRICK, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13511 VIA MICHAELANGELO CY

City CYPRESS	State TX	Zip Code 77429-4749
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ECORP INTERNATIONAL, LLC	Occupation (for Individual) COO
---	------------------------------------

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
10	/	05	/	2016

**Transaction ID : SA17.557686**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. PELDNER, PATRICK, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13511 VIA MICHAELANGELO CY

City CYPRESS	State TX	Zip Code 77429-4749
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ECORP INTERNATIONAL, LLC	Occupation (for Individual) COO
---	------------------------------------

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
10	/	11	/	2016

**Transaction ID : SA17.557687**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. PERRAULT, LEWIS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11061 HIDEAWAY LAKE CIRCLE

City ANCHORAGE	State AK	Zip Code 99507-6157
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2016

**Transaction ID : SA17.593295**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 533 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. PERRIZO, KATHY, , MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6243 PARKHURST DRIVE  
 City GOLETA State CA Zip Code 93117-1625  
 FEC ID number of contributing 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 **10 / 08 / 2016**  
**Transaction ID : SA17.569993**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. PERRIZO, KATHY, , MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6243 PARKHURST DRIVE  
 City GOLETA State CA Zip Code 93117-1625  
 FEC ID number of contributing 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 **10 / 09 / 2016**  
**Transaction ID : SA17.571840**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. PERRIZO, KATHY, , MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6243 PARKHURST DRIVE  
 City GOLETA State CA Zip Code 93117-1625  
 FEC ID number of contributing 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 **10 / 10 / 2016**  
**Transaction ID : SA17.574261**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 534 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. PERRIZO, KATHY, , MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6243 PARKHURST DRIVE

City GOLETA	State CA	Zip Code 93117-1625
----------------	-------------	------------------------

FEC ID number of contributing 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
10		19		2016

**Transaction ID : SA17.585111**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. PERRIZO, KATHY, , MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6243 PARKHURST DRIVE

City GOLETA	State CA	Zip Code 93117-1625
----------------	-------------	------------------------

FEC ID number of contributing 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
10		11		2016

**Transaction ID : SA17.585112**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. PERRIZO, KATHY, , MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6243 PARKHURST DRIVE

City GOLETA	State CA	Zip Code 93117-1625
----------------	-------------	------------------------

FEC ID number of contributing 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
10		14		2016

**Transaction ID : SA17.587387**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 535 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. PERRY, HENRY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 150 SECLUDED WAY

City TITUSVILLE	State FL	Zip Code 32780-8128
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2016

**Transaction ID : SA17.567031**

Amount of Each Receipt this Period  
40.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. PERRY, HENRY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 150 SECLUDED WAY

City TITUSVILLE	State FL	Zip Code 32780-8128
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2016

**Transaction ID : SA17.588106**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. PERRY, SAM, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1159 LITTLE ROCK WAY

City LAS VEGAS	State NV	Zip Code 89123-3634
-------------------	-------------	------------------------

FEC ID number of contributing 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
10		10		2016

**Transaction ID : SA17.563132**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	390.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 536 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. PETERSON, GLEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1270 PLEASANTVIEW DR.  
 City ELGIN State IL Zip Code 60123-1335  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.567045**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. PETERMAN, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address N63 W23565 SILVER SPRING DR. SUITE 358  
 City SUSSEX State WI Zip Code 53089-4918  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 206.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.567033**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. PETERMAN, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address N63 W23565 SILVER SPRING DR. SUITE 358  
 City SUSSEX State WI Zip Code 53089-4918  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 206.00

Date of Receipt 10 / 09 / 2016  
**Transaction ID : SA17.571843**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 537 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. PETERSON, RALPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12 MARINERS POINT  
 City CROSSVILLE State TN Zip Code 38558-2771  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.567042**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. PETERSON, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 1490  
 City WOODINVILLE State WA Zip Code 98072-1490  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.567046**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT; REFUNDED \$100.00 ON 10/05/2016

**C. PETERSON, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 1490  
 City WOODINVILLE State WA Zip Code 98072-1490  
 FEC ID number of contributing 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 10 / 17 / 2016  
**Transaction ID : SA17.588108**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 538 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. PETERSEN, WAYNE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 15 MILE RD NW

City SPARTA	State MI	Zip Code 49345-9539
----------------	-------------	------------------------

FEC ID number of contributing 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
10		05		2016

**Transaction ID : SA17.567038**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. PFEIFER, ST, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address POB 251 GIG HARBOR, WA

City GIG HARBOR	State WA	Zip Code 98335-0251
--------------------	-------------	------------------------

FEC ID number of contributing 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
10		03		2016

**Transaction ID : SA17.564141**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. PFEIFER, ST, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address POB 251 GIG HARBOR, WA

City GIG HARBOR	State WA	Zip Code 98335-0251
--------------------	-------------	------------------------

FEC ID number of contributing 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
10		05		2016

**Transaction ID : SA17.567051**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	175.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 539 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. PFEIFER, ST, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address POB 251 GIG HARBOR, WA

City GIG HARBOR	State WA	Zip Code 98335-0251
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FEC ID number of contributing 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  
 10 / 06 / 2016  
**Transaction ID : SA17.568379**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. PFEIFER, ST, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address POB 251 GIG HARBOR, WA

City GIG HARBOR	State WA	Zip Code 98335-0251
--------------------	-------------	------------------------

FEC ID number of contributing 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  
 10 / 17 / 2016  
**Transaction ID : SA17.587393**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. PHELPS, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1808 PINE ST

City VALRICO	State FL	Zip Code 33594-6734
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) QUALITY PRECAST COMP.	Occupation (for Individual) AREA MANAGER
--	---

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  
 10 / 05 / 2016  
**Transaction ID : SA17.562664**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 540 OF 783
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. PHELPS, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1808 PINE ST  
 City VALRICO State FL Zip Code 33594-6734  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) QUALITY PRECAST COMP. Occupation (for Individual) AREA MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **10 / 11 / 2016**  
**Transaction ID : SA17.562665**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. PHILLIPS, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4057 GIBSONIA RD  
 City GIBSONIA State PA Zip Code 15044-9338  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 453.00

Date of Receipt **10 / 08 / 2016**  
**Transaction ID : SA17.595084**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. PHILLIPS, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4057 GIBSONIA RD  
 City GIBSONIA State PA Zip Code 15044-9338  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 453.00

Date of Receipt **10 / 08 / 2016**  
**Transaction ID : SA17.595085**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	53.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 541 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. PHILLIPS, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4057 GIBSONIA RD  
 City GIBSONIA State PA Zip Code 15044-9338  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 453.00

Date of Receipt 10 / 08 / 2016  
**Transaction ID : SA17.595086**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. PHILLIPS, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2826 COMMANCHE AVE.  
 City ORANGE PARK State FL Zip Code 32065-7447  
 FEC ID number of contributing 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 10 / 11 / 2016  
**Transaction ID : SA17.588316**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. PHIPPS, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1180 MAIN STREET  
 City WAKEFIELD State MA Zip Code 01880-4116  
 FEC ID number of contributing 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 10 / 10 / 2016  
**Transaction ID : SA17.574288**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	375.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 542 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. PHIPPS, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1180 MAIN STREET  
 City WAKEFIELD State MA Zip Code 01880-4116  
 FEC ID number of contributing 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 **10 / 11 / 2016**  
**Transaction ID : SA17.588112**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. PICKENS, GERALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 216 WINDEMERE DRIVE 2  
 City JACKSON State TN Zip Code 38305-9279  
 FEC ID number of contributing 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 **10 / 17 / 2016**  
**Transaction ID : SA17.585142**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. PIERCE, WILLIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1499 HIGHWAY 11 NORTH  
 City PETAL State MS Zip Code 39465-9586  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 797.95

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.567063**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 543 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. PIERCE, WILLIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1499 HIGHWAY 11 NORTH  
 City PETAL State MS Zip Code 39465-9586  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 797.95

Date of Receipt 10 / 09 / 2016  
**Transaction ID : SA17.571858**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. PILCHER, CHESTER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24 EASTERN PT  
 City SALEM State SC Zip Code 29676-4512  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.567067**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. PIRRIE. III, WILLIAM. DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 208. NORTH. 44TH. ST  
 City CODY State WY Zip Code 82414-9281  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 13 / 2016  
**Transaction ID : SA17.588280**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 544 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. PIRRIE, III, WILLIAM. DONALD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 208. NORTH. 44TH. ST  
City CODY State WY Zip Code 82414-9281  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00

Date of Receipt **10 / 11 / 2016**  
**Transaction ID : SA17.588333**  
Amount of Each Receipt this Period 500.00  
 Memo Item  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT

**B. PISTACCHIO, DELORES, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 7289 NORTH SAN PEDRO  
City FRESNO State CA Zip Code 93711-0652  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) COZAD TRAILERS Occupation (for Individual) SELF  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **10 / 10 / 2016**  
**Transaction ID : SA17.554635**  
Amount of Each Receipt this Period 500.00  
 Memo Item  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT

**C. PITTS, THOMAS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 4786 CAUGHLIN PKWAY 305  
City RENO State NV Zip Code 89519-1003  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 508.00

Date of Receipt **10 / 01 / 2016**  
**Transaction ID : SA17.589987**  
Amount of Each Receipt this Period 25.00  
 Memo Item  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 1025.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 545 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. PITTS, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4786 CAUGHLIN PKWAY  
 305  
 City RENO State NV Zip Code 89519-1003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 508.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 04 / 2016  
**Transaction ID : SA17.589991**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. PITTS, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4786 CAUGHLIN PKWAY  
 305  
 City RENO State NV Zip Code 89519-1003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 508.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2016  
**Transaction ID : SA17.589996**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. PITTS, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4786 CAUGHLIN PKWAY  
 305  
 City RENO State NV Zip Code 89519-1003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 508.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2016  
**Transaction ID : SA17.589997**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 546 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. PITTS, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4786 CAUGHLIN PKWAY  
 305  
 City RENO State NV Zip Code 89519-1003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 508.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2016  
**Transaction ID : SA17.590005**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. PITTS, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4786 CAUGHLIN PKWAY  
 305  
 City RENO State NV Zip Code 89519-1003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 508.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2016  
**Transaction ID : SA17.590011**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. PITTS, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4786 CAUGHLIN PKWAY  
 305  
 City RENO State NV Zip Code 89519-1003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 508.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2016  
**Transaction ID : SA17.590014**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	13.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 547 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. PITTS, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4786 CAUGHLIN PKWAY  
 305  
 City RENO State NV Zip Code 89519-1003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 508.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 11 / 2016  
**Transaction ID : SA17.590015**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. PITTS, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4786 CAUGHLIN PKWAY  
 305  
 City RENO State NV Zip Code 89519-1003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 508.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2016  
**Transaction ID : SA17.590016**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. PITTS, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4786 CAUGHLIN PKWAY  
 305  
 City RENO State NV Zip Code 89519-1003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 508.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2016  
**Transaction ID : SA17.590018**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	20.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 548 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. PLATT, NANCY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 OLD JACKSON AVE  
 15  
 City HASTINGS ON HUDSON State NY Zip Code 10706-3203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.563212**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. PLATT, NANCY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 OLD JACKSON AVE  
 15  
 City HASTINGS ON HUDSON State NY Zip Code 10706-3203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 10 / 15 / 2016  
**Transaction ID : SA17.585166**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. PLATT, NANCY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 OLD JACKSON AVE  
 15  
 City HASTINGS ON HUDSON State NY Zip Code 10706-3203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 10 / 18 / 2016  
**Transaction ID : SA17.587405**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 549 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. POAGE, WALLER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2117 COOLIDGE DRIVE  
 City ARLINGTON State TX Zip Code 76011-3237  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 278.00

Date of Receipt 10 / 03 / 2016  
**Transaction ID : SA17.564146**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. POAGE, WALLER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2117 COOLIDGE DRIVE  
 City ARLINGTON State TX Zip Code 76011-3237  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 278.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.567081**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. POGODZINSKI, ANTHONY, E., DR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9609 MANITOU PK DR. 9  
 City MINOCQUA State WI Zip Code 54548-9362  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.567083**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 153.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 550 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. POGODZINSKI, ANTHONY, E., DR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9609 MANITOU PK DR.  
9

City MINOCQUA	State WI	Zip Code 54548-9362
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2016

**Transaction ID : SA17.567084**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. POGODZINSKI, ANTHONY, E., DR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9609 MANITOU PK DR.  
9

City MINOCQUA	State WI	Zip Code 54548-9362
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2016

**Transaction ID : SA17.574311**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. POGODZINSKI, ANTHONY, E., DR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9609 MANITOU PK DR.  
9

City MINOCQUA	State WI	Zip Code 54548-9362
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2016

**Transaction ID : SA17.585172**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 551 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. POGODZINSKI, ANTHONY, E., DR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9609 MANITOU PK DR.  
9

City MINOCQUA	State WI	Zip Code 54548-9362
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

**Transaction ID : SA17.587409**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. POLLOCK, THOMAS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8545 RANCH ROAD 1623

City BLANCO	State TX	Zip Code 78606-5170
----------------	-------------	------------------------

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 ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2016

**Transaction ID : SA17.591111**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. PORDON, NANCY E, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1451 STATE ROUTE 167  
P.O. BOX 93

City HOP BOTTOM	State PA	Zip Code 18824-7608
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2016

**Transaction ID : SA17.567093**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 552 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
PORDON, NANCY E, , ,

Mailing Address 1451 STATE ROUTE 167  
P.O. BOX 93

City HOP BOTTOM State PA Zip Code 18824-7608

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
10 / 07 / 2016  
**Transaction ID : SA17.568870**

Amount of Each Receipt this Period  
10.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
PORDON, NANCY E, , ,

Mailing Address 1451 STATE ROUTE 167  
P.O. BOX 93

City HOP BOTTOM State PA Zip Code 18824-7608

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
10 / 07 / 2016  
**Transaction ID : SA17.568871**

Amount of Each Receipt this Period  
10.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
PORDON, NANCY E, , ,

Mailing Address 1451 STATE ROUTE 167  
P.O. BOX 93

City HOP BOTTOM State PA Zip Code 18824-7608

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
10 / 09 / 2016  
**Transaction ID : SA17.571877**

Amount of Each Receipt this Period  
10.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	30.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 553 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. PORDON, NANCY E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1451 STATE ROUTE 167  
 P.O. BOX 93  
 City HOP BOTTOM State PA Zip Code 18824-7608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.580612**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. PORTER, MARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2706 BELLWOOD DR.  
 City BRANDON State FL Zip Code 33511-7112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PHYSICAL THERAPIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.592336**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. POTTER, TODD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13000 SHERBURNE AVE  
 City BECKER State MN Zip Code 55308-8823  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) T J POTTER TRUCKING Occupation (for Individual) BUSINESS OWNER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.593680**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	310.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 554 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. POTTER, WILLIAMOTTER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1120 HUFFMAN RD.PMB 586

City ANCHORAGE	State AK	Zip Code 99515-3516
-------------------	-------------	------------------------

FEC ID number of contributing 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  
 10 / 14 / 2016  
**Transaction ID : SA17.588317**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. POWELL, ELDRIDGE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1533 POWELL TRACE,

City ABBEVILLE	State AL	Zip Code 36310-5670
-------------------	-------------	------------------------

FEC ID number of contributing 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  
 10 / 05 / 2016  
**Transaction ID : SA17.567104**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. POWELL, ELDRIDGE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1533 POWELL TRACE,

City ABBEVILLE	State AL	Zip Code 36310-5670
-------------------	-------------	------------------------

FEC ID number of contributing 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  
 10 / 18 / 2016  
**Transaction ID : SA17.587414**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 555 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. POWERS, BILL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6220 E. 89TH ST.  
 City TULSA State OK Zip Code 74137-3127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) POWERS DESIGN AND BUILD, LLC Occupation (for Individual) BUSINESSMAN  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 09 / 2016**  
**Transaction ID : SA17.562493**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. POWERS, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 555 555-5555  
 City GREENBACK State TN Zip Code 37742-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 220.95

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.567105**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. POWERS, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 555 555-5555  
 City GREENBACK State TN Zip Code 37742-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 220.95

Date of Receipt **10 / 10 / 2016**  
**Transaction ID : SA17.574324**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	285.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 556 OF 783
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. POWERS, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 555 555-5555  
 City GREENBACK State TN Zip Code 37742-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.95

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.585207**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. PREJEAN, CURTIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2811 FALMOTH DR.  
 City SHREVEPORT State LA Zip Code 71106-8430  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RED RIVER CV SURGEONS Occupation (for Individual) CV SURGEON  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 07 / 2016  
**Transaction ID : SA17.562846**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. PREJEAN, CURTIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2811 FALMOTH DR.  
 City SHREVEPORT State LA Zip Code 71106-8430  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RED RIVER CV SURGEONS Occupation (for Individual) CV SURGEON  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 04 / 2016  
**Transaction ID : SA17.562847**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 557 OF 783
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. PREJEAN, CURTIS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2811 FALMOTH DR.

City SHREVEPORT	State LA	Zip Code 71106-8430
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RED RIVER CV SURGEONS	Occupation (for Individual) CV SURGEON
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2016

**Transaction ID : SA17.562848**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. PRESCOTT, RALPH, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 105 GARLAND LANE

City GARDINER	State ME	Zip Code 04345-3389
------------------	-------------	------------------------

FEC ID number of contributing 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
10	/	05	/	2016

**Transaction ID : SA17.567111**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. PRESCOTT, RALPH, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 105 GARLAND LANE

City GARDINER	State ME	Zip Code 04345-3389
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FEC ID number of contributing 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
10	/	18	/	2016

**Transaction ID : SA17.585214**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 558 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. PRESCOTT, RALPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 105 GARLAND LANE  
 City GARDINER State ME Zip Code 04345-3389  
 FEC ID number of contributing 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 10 / 19 / 2016  
**Transaction ID : SA17.585215**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. PRESCOTT, RALPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 105 GARLAND LANE  
 City GARDINER State ME Zip Code 04345-3389  
 FEC ID number of contributing 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 10 / 19 / 2016  
**Transaction ID : SA17.585216**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. PRICE, NANCY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1805 CRANE CREEK BVD  
 City MELBOURNE State FL Zip Code 32940-6763  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.567115**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 559 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**PUBLOW, ANDREW, , ,**

Mailing Address **896 HIGHLAND AVE**

City <b>ROCHESTER</b>	State <b>NY</b>	Zip Code <b>14620-1861</b>
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**550.00**

Date of Receipt  
**10 / 04 / 2016**

**Transaction ID : SA17.564645**

Amount of Each Receipt this Period  
**250.00**

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**PUBLOW, ANDREW, , ,**

Mailing Address **896 HIGHLAND AVE**

City <b>ROCHESTER</b>	State <b>NY</b>	Zip Code <b>14620-1861</b>
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**550.00**

Date of Receipt  
**10 / 10 / 2016**

**Transaction ID : SA17.574346**

Amount of Each Receipt this Period  
**100.00**

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**PUBLOW, ANDREW, , ,**

Mailing Address **896 HIGHLAND AVE**

City <b>ROCHESTER</b>	State <b>NY</b>	Zip Code <b>14620-1861</b>
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
**550.00**

Date of Receipt  
**10 / 19 / 2016**

**Transaction ID : SA17.588121**

Amount of Each Receipt this Period  
**100.00**

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>450.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 560 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. PUGMIRE, RONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7923 WILLOWCREST ROAD  
 City SALT LAKE CITY State UT Zip Code 84121-5726  
 FEC ID number of contributing 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 **10 / 17 / 2016**  
**Transaction ID : SA17.585239**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. PUGMIRE, RONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7923 WILLOWCREST ROAD  
 City SALT LAKE CITY State UT Zip Code 84121-5726  
 FEC ID number of contributing 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 **10 / 18 / 2016**  
**Transaction ID : SA17.585240**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. PUGMIRE, RONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7923 WILLOWCREST ROAD  
 City SALT LAKE CITY State UT Zip Code 84121-5726  
 FEC ID number of contributing 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 **10 / 18 / 2016**  
**Transaction ID : SA17.585241**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 561 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. PUGMIRE, RONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7923 WILLOWCREST ROAD  
 City SALT LAKE CITY State UT Zip Code 84121-5726  
 FEC ID number of contributing 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 10 / 18 / 2016  
**Transaction ID : SA17.585242**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. PURCELL, CAROL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 59 PRINCEWOOD LANE  
 City WEST PALM BEACH State FL Zip Code 33410-1495  
 FEC ID number of contributing 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 10 / 17 / 2016  
**Transaction ID : SA17.585245**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. PURCELL, CAROL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 59 PRINCEWOOD LANE  
 City WEST PALM BEACH State FL Zip Code 33410-1495  
 FEC ID number of contributing 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 10 / 11 / 2016  
**Transaction ID : SA17.588122**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 562 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. PURCELL, CAROL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 59 PRINCEWOOD LANE  
 City WEST PALM BEACH State FL Zip Code 33410-1495  
 FEC ID number of contributing 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 10 / 11 / 2016  
**Transaction ID : SA17.588123**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. RADCLIFFE, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 PASSAIC AVENUE SUITE 220  
 City FAIRFIELD State NJ Zip Code 07004-3508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DENTISTRY TODAY Occupation (for Individual) SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 797.95

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.557219**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. RADICKE, LEWIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9102 POWHATAN  
 City SAN ANTONIO State TX Zip Code 78230-4402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) VETERINARIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.591926**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 563 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. RAEBER, ERIC, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2101 N FARES  
 City EVANSVILLE State IN Zip Code 47711-3945  
 FEC ID number of contributing 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 10 / 08 / 2016  
**Transaction ID : SA17.561017**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. RAHN, NOEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 1350.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.558485**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. RAHN, NOEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 1350.00

Date of Receipt 10 / 08 / 2016  
**Transaction ID : SA17.558486**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 564 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. RAMIREZ, BENJAMIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1959 S. POWER ROAD #103-412  
 City MESA State AZ Zip Code 85206-3768  
 FEC ID number of contributing 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 **10 / 05 / 2016**  
**Transaction ID : SA17.567147**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. RAMIREZ, BENJAMIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1959 S. POWER ROAD #103-412  
 City MESA State AZ Zip Code 85206-3768  
 FEC ID number of contributing 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 **10 / 12 / 2016**  
**Transaction ID : SA17.589965**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. RAMSEY, GERALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6300 RICHMOND PLACE  
 City NORFOLK State VA Zip Code 23508-1128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INSTANT SYSTEMS Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt **10 / 03 / 2016**  
**Transaction ID : SA17.559667**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	325.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 565 OF 783
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. RAMSEY, GERALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6300 RICHMOND PLACE  
 City NORFOLK State VA Zip Code 23508-1128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INSTANT SYSTEMS Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt **10 / 09 / 2016**  
**Transaction ID : SA17.559668**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. RAMSEY, GERALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6300 RICHMOND PLACE  
 City NORFOLK State VA Zip Code 23508-1128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INSTANT SYSTEMS Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt **10 / 12 / 2016**  
**Transaction ID : SA17.559669**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. RAMSER, JENNIFER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1893 GARDEN RD  
 City DURHAM State CA Zip Code 95938-9652  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RAMCO CONSULTING, LLC Occupation (for Individual) SELF-EMPLOYED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **10 / 09 / 2016**  
**Transaction ID : SA17.562740**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	550.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 566 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**RAMSER, JENNIFER, , ,**

Mailing Address **1893 GARDEN RD**

City <b>DURHAM</b>	State <b>CA</b>	Zip Code <b>95938-9652</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>RAMCO CONSULTING, LLC</b>	Occupation (for Individual) <b>SELF-EMPLOYED</b>
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**275.00**

Date of Receipt  
**10 / 19 / 2016**

**Transaction ID : SA17.562741**

Amount of Each Receipt this Period  
**25.00**

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**RAMSER, JENNIFER, , ,**

Mailing Address **1893 GARDEN RD**

City <b>DURHAM</b>	State <b>CA</b>	Zip Code <b>95938-9652</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>RAMCO CONSULTING, LLC</b>	Occupation (for Individual) <b>SELF-EMPLOYED</b>
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**275.00**

Date of Receipt  
**10 / 17 / 2016**

**Transaction ID : SA17.562742**

Amount of Each Receipt this Period  
**100.00**

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**RAMSER, JENNIFER, , ,**

Mailing Address **1893 GARDEN RD**

City <b>DURHAM</b>	State <b>CA</b>	Zip Code <b>95938-9652</b>
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>RAMCO CONSULTING, LLC</b>	Occupation (for Individual) <b>SELF-EMPLOYED</b>
---	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
**275.00**

Date of Receipt  
**10 / 19 / 2016**

**Transaction ID : SA17.562743**

Amount of Each Receipt this Period  
**100.00**

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>225.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 567 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. RANDLETT, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 204 CHARLIE LACKEY RD  
 City HIDDENITE State NC Zip Code 28636-8233  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.567153**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. RANIERI, TOM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 229 ABBEY LANE  
 City NEW CASTLE State PA Zip Code 16101-9103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 327.95

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.567154**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. RANIERI, TOM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 229 ABBEY LANE  
 City NEW CASTLE State PA Zip Code 16101-9103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 327.95

Date of Receipt 10 / 12 / 2016  
**Transaction ID : SA17.588127**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 568 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. RANSOM, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16745 BURKE AVE. NORTH  
 City SHORELINE State WA Zip Code 98133-5517  
 FEC ID number of contributing 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 10 / 01 / 2016  
**Transaction ID : SA17.563540**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. RANSOM, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16745 BURKE AVE. NORTH  
 City SHORELINE State WA Zip Code 98133-5517  
 FEC ID number of contributing 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 10 / 08 / 2016  
**Transaction ID : SA17.570032**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. RANSOM, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16745 BURKE AVE. NORTH  
 City SHORELINE State WA Zip Code 98133-5517  
 FEC ID number of contributing 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 10 / 08 / 2016  
**Transaction ID : SA17.570033**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 569 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. RANSOM, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16745 BURKE AVE. NORTH  
 City SHORELINE State WA Zip Code 98133-5517  
 FEC ID number of contributing 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 **10 / 18 / 2016**  
**Transaction ID : SA17.585279**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. RAPP, CHRISTIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4010 QUARRY CT  
 City CRESTWOOD State KY Zip Code 40014-8824  
 FEC ID number of contributing 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 **10 / 11 / 2016**  
**Transaction ID : SA17.588128**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. REDFERN, KEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6203 SKAHAN LANE  
 City AUSTIN State TX Zip Code 78739-1687  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DANIELE-HEAD MGMT CORP. Occupation (for Individual) INSURANCE EXECUTIVE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **10 / 12 / 2016**  
**Transaction ID : SA17.557092**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	625.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 570 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. REECE, LAWRENCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1720 BUCKTHORN CT  
 City MINDEN State NV Zip Code 89423-4127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RFI ENTERPRISES Occupation (for Individual) CONSOLTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.589692**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. REED, TERRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1725 ROANOKE  
 City PLACENTIA State CA Zip Code 92870-2625  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.567170**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. REICHERT, HENRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3014 ROME  
 City WARREN State MI Zip Code 48091-2347  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MAXIMUM ALARM & SURVEILLANCE , INC. Occupation (for Individual) ELECTRONIC SECURITY  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : SA17.560822**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 125.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 571 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. REICHERT, HENRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3014 ROME  
 City WARREN State MI Zip Code 48091-2347  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MAXIMUM ALARM & SURVEILLANCE , INC. Occupation (for Individual) ELECTRONIC SECURITY  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.560823**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. RENTON, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 LEEWARD LANE  
 City RIVERSIDE State CT Zip Code 06878-2409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RENTON INVESTMENTS LLC Occupation (for Individual) CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.562911**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. REYNOLDS, KENNETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8200 GORDON PETTY CT  
 City BRENTWOOD State TN Zip Code 37027-7382  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) REYNOLDS MORTGAGE & INVESTMENT COMPANY Occupation (for Individual) COMMERCIAL MORTGAGE BAKER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.588901**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 572 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. REYNOLDS, KENNETH, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8200 GORDON PETTY CT

City BRENTWOOD	State TN	Zip Code 37027-7382
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) REYNOLDS MORTGAGE & INVESTMENT COMPANY	Occupation (for Individual) COMMERCIAL MORTGAGE BAKER
---	--

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
10		11		2016

**Transaction ID : SA17.588902**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. RHOADES, ANN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13519 PINO CANYON PL

City ALBUQUERQUE	State NM	Zip Code 87111-7102
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PEOPLEINK	Occupation (for Individual) PRES
--	-------------------------------------

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
10		19		2016

**Transaction ID : SA17.562322**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. RHODES, JAY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 206 S MORRISON DR.

City ADA	State OK	Zip Code 74820-7049
-------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
527.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2016

**Transaction ID : SA17.567199**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 573 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
RHODES, JAY, , ,

Mailing Address 206 S MORRISON DR.

City ADA	State OK	Zip Code 74820-7049
-------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
527.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2016

**Transaction ID : SA17.567200**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
RHODES, JAY, , ,

Mailing Address 206 S MORRISON DR.

City ADA	State OK	Zip Code 74820-7049
-------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
527.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2016

**Transaction ID : SA17.570053**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
RHODES, JAY, , ,

Mailing Address 206 S MORRISON DR.

City ADA	State OK	Zip Code 74820-7049
-------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
527.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2016

**Transaction ID : SA17.571935**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 574 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
RHODES, JAY, , ,

Mailing Address 206 S MORRISON DR.

City ADA	State OK	Zip Code 74820-7049
-------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
527.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2016

**Transaction ID : SA17.571936**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
RHODES, JAY, , ,

Mailing Address 206 S MORRISON DR.

City ADA	State OK	Zip Code 74820-7049
-------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
527.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2016

**Transaction ID : SA17.585318**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
RHODES, JAY, , ,

Mailing Address 206 S MORRISON DR.

City ADA	State OK	Zip Code 74820-7049
-------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
527.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2016

**Transaction ID : SA17.585321**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 575 OF 783
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. RICHERT, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 34180 HURON RIVER DRIVE  
 City NEW BOSTON State MI Zip Code 48164-9779  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.567205**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. RILEY, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4543 SHADY BLOSUM LANE  
 City COLUMBUS State OH Zip Code 43230-7546  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.567212**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. RISSI, SHIRLEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 514 INDIAN RD  
 City CEDAR RAPIDS State IA Zip Code 52403-1817  
 FEC ID number of contributing 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 10 / 09 / 2016  
**Transaction ID : SA17.571952**  
 Amount of Each Receipt this Period 300.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 576 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. ROBERT, DIANE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6406 SCENIC DRIVE  
 City YAKIMA State WA Zip Code 98908-2119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 427.95

Date of Receipt 10 / 04 / 2016  
**Transaction ID : SA17.564658**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. ROBERT, DIANE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6406 SCENIC DRIVE  
 City YAKIMA State WA Zip Code 98908-2119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 427.95

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.567224**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. ROBERT, DIANE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6406 SCENIC DRIVE  
 City YAKIMA State WA Zip Code 98908-2119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 427.95

Date of Receipt 10 / 09 / 2016  
**Transaction ID : SA17.571957**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 577 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. ROBERT, DIANE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6406 SCENIC DRIVE  
 City YAKIMA State WA Zip Code 98908-2119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 427.95

Date of Receipt 10 / 09 / 2016  
**Transaction ID : SA17.571958**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. ROBERT, DIANE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6406 SCENIC DRIVE  
 City YAKIMA State WA Zip Code 98908-2119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 427.95

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.587445**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. ROBERTSON, DON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 75137 SPYGLASS DR.  
 City INDIAN WELLS State CA Zip Code 92210-7633  
 FEC ID number of contributing 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 10 / 10 / 2016  
**Transaction ID : SA17.574432**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 578 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. ROBERTS, EVELYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27446 MOUNTAIN MEADOW RD.  
 City ESCONDIDO State CA Zip Code 92026-7909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) RANCH MGR.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.592685**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. ROBERTS, GARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6206 APPIAN WAY  
 City RIVERSIDE State CA Zip Code 92506-4555  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt **10 / 18 / 2016**  
**Transaction ID : SA17.587448**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. ROBERTS, GARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6206 APPIAN WAY  
 City RIVERSIDE State CA Zip Code 92506-4555  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt **10 / 16 / 2016**  
**Transaction ID : SA17.587451**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 579 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. ROBERTS, KARAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 841 TWO MOONS WAY  
 City IVINS State UT Zip Code 84738-6355  
 FEC ID number of contributing 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  
 10 / 05 / 2016  
**Transaction ID : SA17.567227**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. ROBERTS, KARAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 841 TWO MOONS WAY  
 City IVINS State UT Zip Code 84738-6355  
 FEC ID number of contributing 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  
 10 / 05 / 2016  
**Transaction ID : SA17.567228**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. ROBERTS, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5940 NW 17TH COURT  
 City BELL State FL Zip Code 32619-4455  
 FEC ID number of contributing 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  
 10 / 10 / 2016  
**Transaction ID : SA17.574430**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 580 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. ROBERTS, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5940 NW 17TH COURT  
 City BELL State FL Zip Code 32619-4455  
 FEC ID number of contributing 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 10 / 12 / 2016  
**Transaction ID : SA17.588143**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. ROBERTS, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8330 GULF RD  
 City NORTH EAST State PA Zip Code 16428-4308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ROBERTSO WARHOUSING AND DISTRIBUTION Occupation (for Individual) BUSINESS OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 09 / 2016  
**Transaction ID : SA17.588981**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. ROBINSON, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5438 EAST CHOLLA STREET  
 City SCOTTSDALE State AZ Zip Code 85254-4723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) STILLWATER LANDSCAPE MANAGEMENT, LLC.C Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 07 / 2016  
**Transaction ID : SA17.593543**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 581 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. ROBISON, MAURICE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 305 SOUTH STREET  
 City NORTH VERNON State IN Zip Code 47265-2331  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.567234**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. ROBLES, BEEMETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7122 N 23RD PL  
 City PHOENIX State AZ Zip Code 85020-5657  
 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 ▼ 350.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.590918**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. ROBLES, BEEMETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7122 N 23RD PL  
 City PHOENIX State AZ Zip Code 85020-5657  
 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 ▼ 350.00

Date of Receipt 10 / 12 / 2016  
**Transaction ID : SA17.590967**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 582 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. ROCK, JENNIFER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8329 MUIRFIELD DR.  
 City FUQUAY VARINA State NC Zip Code 27526-7508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 232.95

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.567238**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. RODACK, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16051 COLLINS AVE 3502  
 City NORTH MIAMI BEACH State FL Zip Code 33160-4505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3300.00

Date of Receipt 10 / 09 / 2016  
**Transaction ID : SA17.571966**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. RODACK, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16051 COLLINS AVE 3502  
 City NORTH MIAMI BEACH State FL Zip Code 33160-4505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3300.00

Date of Receipt 10 / 16 / 2016  
**Transaction ID : SA17.585405**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	175.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 583 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. RODACK, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16051 COLLINS AVE  
 3502  
 City NORTH MIAMI BEACH State FL Zip Code 33160-4505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3300.00

Date of Receipt **10 / 16 / 2016**  
**Transaction ID : SA17.585406**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. RODACK, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16051 COLLINS AVE  
 3502  
 City NORTH MIAMI BEACH State FL Zip Code 33160-4505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3300.00

Date of Receipt **10 / 14 / 2016**  
**Transaction ID : SA17.588318**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. RODAMMER, EUGENE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 630 ISLAND DRIVE  
 City KEY LARGO State FL Zip Code 33037-4808  
 FEC ID number of contributing 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 **10 / 09 / 2016**  
**Transaction ID : SA17.571967**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 584 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. RODAMMER, EUGENE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 630 ISLAND DRIVE  
 City KEY LARGO State FL Zip Code 33037-4808  
 FEC ID number of contributing 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 **10 / 11 / 2016**  
**Transaction ID : SA17.588147**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. RODAMMER, EUGENE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 630 ISLAND DRIVE  
 City KEY LARGO State FL Zip Code 33037-4808  
 FEC ID number of contributing 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 **10 / 12 / 2016**  
**Transaction ID : SA17.588148**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. RODAWAY, GENE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4175 EAST MEXICO AVENUE 402  
 City DENVER State CO Zip Code 80222-4112  
 FEC ID number of contributing 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 **10 / 05 / 2016**  
**Transaction ID : SA17.591236**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 585 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. ROGERS, HENRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9802 BAYMEADOWS RD.  
 STE.12-1778  
 City JACKSONVILLE State FL Zip Code 32256-7917  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.567250**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. ROGERS, JON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1731 AVIATION BLVD  
 City LINCOLN State CA Zip Code 95648-9317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RFC Occupation (for Individual) MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 903.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.562690**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. ROLL, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 575 KRISTY CT  
 City NEWPORT NEWS State VA Zip Code 23602-9025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.590986**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 586 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. ROLL, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 575 KRISTY CT  
 City NEWPORT NEWS State VA Zip Code 23602-9025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt **10 / 11 / 2016**  
**Transaction ID : SA17.590990**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. ROLL, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 575 KRISTY CT  
 City NEWPORT NEWS State VA Zip Code 23602-9025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt **10 / 13 / 2016**  
**Transaction ID : SA17.590991**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. ROLL, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 575 KRISTY CT  
 City NEWPORT NEWS State VA Zip Code 23602-9025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt **10 / 19 / 2016**  
**Transaction ID : SA17.590992**  
 Amount of Each Receipt this Period 35.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	85.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 587 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. ROLL, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 575 KRISTY CT  
 City NEWPORT NEWS State VA Zip Code 23602-9025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.590993**  
 Amount of Each Receipt this Period 35.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. RONDINELLA, LOUIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 608  
 City SOMERS POINT State NJ Zip Code 08244-0608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) DOCTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 17 / 2016  
**Transaction ID : SA17.590077**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. ROOD, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2306 STATLEY OAK ST.  
 City KINGWOOD State TX Zip Code 77345-1898  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JOHN W. ROOD CPA/CFP Occupation (for Individual) CPA/CFP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.559957**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	385.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 588 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. ROOT, DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2402 NW BLUE RIDGE DRIVE  
 City SEATTLE State WA Zip Code 98177-5432  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GM NAMEPLATE Occupation (for Individual) CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 247.95

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.558537**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. ROSEN, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 1246  
 City MC LEAN State VA Zip Code 22101-1246  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LAW OFFICE Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.589837**  
 Amount of Each Receipt this Period 35.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. ROSS, DENNIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 703 1ST AVE  
 City DODGE CENTER State MN Zip Code 55927-9149  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RDM OF MN INC. Occupation (for Individual) BUSINESS OWNER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 12 / 2016  
**Transaction ID : SA17.562806**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	160.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 589 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. ROSSI, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 GLADE ST  
 City EXCELSIOR State MN Zip Code 55331-9515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UNIV OF MN Occupation (for Individual) SANITARIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2016  
**Transaction ID : SA17.594592**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. ROSSI, NUNZIO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10224 ROMA MADRE AVE  
 City LAS VEGAS State NV Zip Code 89135-2584  
 FEC ID number of contributing 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  
 10 / 05 / 2016  
**Transaction ID : SA17.567264**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. ROUGH, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12504 N. FAIRVIEW RD  
 City MEAD State WA Zip Code 99021-8306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EAGLE HELICOPTERS, INC. Occupation (for Individual) OWNER, PILOT/MECHANIC  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2016  
**Transaction ID : SA17.557623**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 590 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. ROUGH, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12504 N. FAIRVIEW RD  
 City MEAD State WA Zip Code 99021-8306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EAGLE HELICOPTERS, INC. Occupation (for Individual) OWNER, PILOT/MECHANIC  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.557624**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. ROWLEY, GLENN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 109 MACKINTOSH LANE  
 City DARDENNE PRAIRIE State MO Zip Code 63368-7226  
 FEC ID number of contributing 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 10 / 09 / 2016  
**Transaction ID : SA17.571984**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. RUECKER, LEE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33590 WOODLAND POND TRAIL  
 City NORTH FORK State CA Zip Code 93643-9630  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.567277**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1125.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 591 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. RUECKER, LEE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33590 WOODLAND POND TRAIL  
 City NORTH FORK State CA Zip Code 93643-9630  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 18 / 2016  
**Transaction ID : SA17.585482**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. RUECKER, LEE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33590 WOODLAND POND TRAIL  
 City NORTH FORK State CA Zip Code 93643-9630  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 18 / 2016  
**Transaction ID : SA17.585483**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. RUPP, PAOLA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6513 T BAR M BLVD  
 City HOUSTON State TX Zip Code 77069-1210  
 FEC ID number of contributing 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  
 10 / 05 / 2016  
**Transaction ID : SA17.567284**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 592 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. RUPP, PAOLA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6513 T BAR M BLVD

City HOUSTON	State TX	Zip Code 77069-1210
-----------------	-------------	------------------------

FEC ID number of contributing 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
10	/	05	/	2016

**Transaction ID : SA17.567285**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. RUPP, PAOLA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6513 T BAR M BLVD

City HOUSTON	State TX	Zip Code 77069-1210
-----------------	-------------	------------------------

FEC ID number of contributing 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
10	/	18	/	2016

**Transaction ID : SA17.585492**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. RUSSELL, HELENE H, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 922 ASHFORD DR.

City SAN ANGELO	State TX	Zip Code 76901-5339
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
265.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2016

**Transaction ID : SA17.567291**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 593 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. RUSSELL, HELENE H, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 922 ASHFORD DR.  
 City SAN ANGELO State TX Zip Code 76901-5339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 265.95

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.574476**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. RUSSELL, HELENE H, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 922 ASHFORD DR.  
 City SAN ANGELO State TX Zip Code 76901-5339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 265.95

Date of Receipt 10 / 18 / 2016  
**Transaction ID : SA17.578814**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. RUSSELL, HELENE H, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 922 ASHFORD DR.  
 City SAN ANGELO State TX Zip Code 76901-5339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 265.95

Date of Receipt 10 / 13 / 2016  
**Transaction ID : SA17.580717**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	40.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 594 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. RUSSELL, HELENE H, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 922 ASHFORD DR.  
 City SAN ANGELO State TX Zip Code 76901-5339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 265.95

Date of Receipt 10 / 11 / 2016  
**Transaction ID : SA17.585495**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. RUSSELL, HELENE H, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 922 ASHFORD DR.  
 City SAN ANGELO State TX Zip Code 76901-5339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 265.95

Date of Receipt 10 / 11 / 2016  
**Transaction ID : SA17.585498**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. RUST, CLAUDE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 32632 BLUFF DR.  
 City COARSEGOLD State CA Zip Code 93614-9000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt 10 / 13 / 2016  
**Transaction ID : SA17.588452**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 53.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 595 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. RUST, CLAUDE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 32632 BLUFF DR.  
 City COARSEGOLD State CA Zip Code 93614-9000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt 10 / 13 / 2016  
**Transaction ID : SA17.588453**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. RUST, CLAUDE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 32632 BLUFF DR.  
 City COARSEGOLD State CA Zip Code 93614-9000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt 10 / 13 / 2016  
**Transaction ID : SA17.588454**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT; REFUNDED \$250.00 ON 11/22/2016

**C. SACHS, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14602 CYPRESS LINKS TR  
 City CYPRESS State TX Zip Code 77429-4201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) MR.  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 08 / 2016  
**Transaction ID : SA17.592096**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	355.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 596 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. SACHS, JOHN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14602 CYPRESS LINKS TR

City CYPRESS	State TX	Zip Code 77429-4201
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) MR.
--	------------------------------------

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
10	/	10	/	2016

**Transaction ID : SA17.595550**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. SACHS, JOHN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14602 CYPRESS LINKS TR

City CYPRESS	State TX	Zip Code 77429-4201
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) MR.
--	------------------------------------

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
10	/	18	/	2016

**Transaction ID : SA17.595560**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. SACKRIDER, ROBERT, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 308OAK ST

City LADY LAKE	State FL	Zip Code 32159-3745
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SACKROOFING INC	Occupation (for Individual) ROOFING CONTRACTOR
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2016

**Transaction ID : SA17.589123**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 597 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. SAN NICOLAS, GREGORIO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 153 CHALAN PALE DUENAS HAYA  
 City SANTA RITA State GU Zip Code 96915-  
 FEC ID number of contributing 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 **10 / 05 / 2016**  
**Transaction ID : SA17.567323**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. SAN NICOLAS, GREGORIO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 153 CHALAN PALE DUENAS HAYA  
 City SANTA RITA State GU Zip Code 96915-  
 FEC ID number of contributing 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 **10 / 12 / 2016**  
**Transaction ID : SA17.588153**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. SANSOM, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9455 PENSACOLA BOULEVARD SUITE B  
 City PENSACOLA State FL Zip Code 32534-1237  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JOHN M. SANSOM, P.A. Occupation (for Individual) ACCOUNTANT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **10 / 10 / 2016**  
**Transaction ID : SA17.559950**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 598 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. SANTOITEMMA-STENT, JEAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 INDIAN ROAD  
 2F  
 City NEW YORK State NY Zip Code 10034-1016  
 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 ▼ 325.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.563130**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. SARGENT, KATHRYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 HIGHLAND PARK VILLAGE  
 100-129  
 City DALLAS State TX Zip Code 75205-2789  
 FEC ID number of contributing 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 10 / 01 / 2016  
**Transaction ID : SA17.590381**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. SARGENT, KATHRYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 HIGHLAND PARK VILLAGE  
 100-129  
 City DALLAS State TX Zip Code 75205-2789  
 FEC ID number of contributing 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 10 / 10 / 2016  
**Transaction ID : SA17.590383**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 599 OF 783
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. SAUNDERS, JOHN C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4440 BELHAVEN FOREST DRIVE GASTONI  
 City GASTONIA State NC Zip Code 28056-8347  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SAUNDERS THREAD COMPANY Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 370.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.589220**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. SAUNDERS, JOHN C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4440 BELHAVEN FOREST DRIVE GASTONI  
 City GASTONIA State NC Zip Code 28056-8347  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SAUNDERS THREAD COMPANY Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 370.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.589221**  
 Amount of Each Receipt this Period 40.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. SAUNDERS, NANCY A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1032 CORONADO LANE  
 City LYNCHBURG State VA Zip Code 24502-1720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 313.00

Date of Receipt 10 / 09 / 2016  
**Transaction ID : SA17.572019**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 600 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. SAUNDERS, NANCY A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1032 CORONADO LANE  
 City LYNCHBURG State VA Zip Code 24502-1720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 313.00

Date of Receipt **10 / 16 / 2016**  
**Transaction ID : SA17.576298**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. SAUNDERS, NANCY A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1032 CORONADO LANE  
 City LYNCHBURG State VA Zip Code 24502-1720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 313.00

Date of Receipt **10 / 11 / 2016**  
**Transaction ID : SA17.581682**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. SAUNDERS, WALLACE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 624 HAWK RUN DR.  
 City O FALLON State MO Zip Code 63368-8185  
 FEC ID number of contributing 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 **10 / 05 / 2016**  
**Transaction ID : SA17.562928**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT; REFUNDED \$10.00 ON 10/05/2016

<b>SUBTOTAL</b> of Receipts This Page (optional).....	33.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 601 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. SAUNDERS, WALLACE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 624 HAWK RUN DR.  
 City O FALLON State MO Zip Code 63368-8185  
 FEC ID number of contributing 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 10 / 03 / 2016  
**Transaction ID : SA17.564187**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. SAUNDERS, WALLACE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 624 HAWK RUN DR.  
 City O FALLON State MO Zip Code 63368-8185  
 FEC ID number of contributing 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 10 / 10 / 2016  
**Transaction ID : SA17.574511**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. SAUNDERS, WALLACE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 624 HAWK RUN DR.  
 City O FALLON State MO Zip Code 63368-8185  
 FEC ID number of contributing 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 10 / 12 / 2016  
**Transaction ID : SA17.576297**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	11.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 602 OF 783
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. SAUNDERS, WALLACE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 624 HAWK RUN DR.  
 City O FALLON State MO Zip Code 63368-8185  
 FEC ID number of contributing 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 10 / 14 / 2016  
**Transaction ID : SA17.578857**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. SAUNDERS, WALLACE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 624 HAWK RUN DR.  
 City O FALLON State MO Zip Code 63368-8185  
 FEC ID number of contributing 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 10 / 18 / 2016  
**Transaction ID : SA17.578858**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. SCHAFFNIT, BOBBIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 1385  
 City ROCKINGHAM State NC Zip Code 28380-1385  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 885.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.567344**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	35.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 603 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. SCHAFFNIT, BOBBIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 1385  
 City ROCKINGHAM State NC Zip Code 28380-1385  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 885.00

Date of Receipt **10 / 06 / 2016**  
**Transaction ID : SA17.568421**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. SCHAFFNIT, BOBBIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 1385  
 City ROCKINGHAM State NC Zip Code 28380-1385  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 885.00

Date of Receipt **10 / 07 / 2016**  
**Transaction ID : SA17.568905**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. SCHAFFNIT, BOBBIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 1385  
 City ROCKINGHAM State NC Zip Code 28380-1385  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 885.00

Date of Receipt **10 / 08 / 2016**  
**Transaction ID : SA17.570117**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 604 OF 783
<input 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 checked="" 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)  
**Committee to Defend the President**

**A. SCHAFFNIT, BOBBIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 1385

City ROCKINGHAM	State NC	Zip Code 28380-1385
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 885.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2016

**Transaction ID : SA17.572024**

Amount of Each Receipt this Period  

25.00
-------

 Memo Item  
**CONTRIBUTION**  
**NON CONTRIBUTION ACCOUNT**

**B. SCHAFFNIT, BOBBIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 1385

City ROCKINGHAM	State NC	Zip Code 28380-1385
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 885.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2016

**Transaction ID : SA17.574519**

Amount of Each Receipt this Period  

25.00
-------

 Memo Item  
**CONTRIBUTION**  
**NON CONTRIBUTION ACCOUNT**

**C. SCHAFFNIT, BOBBIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 1385

City ROCKINGHAM	State NC	Zip Code 28380-1385
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 885.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2016

**Transaction ID : SA17.574520**

Amount of Each Receipt this Period  

50.00
-------

 Memo Item  
**CONTRIBUTION**  
**NON CONTRIBUTION ACCOUNT**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 605 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. SCHAFFNIT, BOBBIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 1385  
 City ROCKINGHAM State NC Zip Code 28380-1385  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 885.00

Date of Receipt **10 / 13 / 2016**  
**Transaction ID : SA17.585551**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. SCHAFFNIT, BOBBIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 1385  
 City ROCKINGHAM State NC Zip Code 28380-1385  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 885.00

Date of Receipt **10 / 13 / 2016**  
**Transaction ID : SA17.585552**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. SCHAFFNIT, BOBBIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 1385  
 City ROCKINGHAM State NC Zip Code 28380-1385  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 885.00

Date of Receipt **10 / 12 / 2016**  
**Transaction ID : SA17.585553**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 606 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. SCHAFFNIT, BOBBIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 1385  
 City ROCKINGHAM State NC Zip Code 28380-1385  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 885.00

Date of Receipt **10 / 11 / 2016**  
**Transaction ID : SA17.585554**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. SCHAFFNIT, BOBBIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 1385  
 City ROCKINGHAM State NC Zip Code 28380-1385  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 885.00

Date of Receipt **10 / 19 / 2016**  
**Transaction ID : SA17.587488**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. SCHEFLO, ALEXANDER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4602 CAMDEN CT  
 4602 CAMDEN CT  
 City STOCKTON State CA Zip Code 95212-1616  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.567348**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 607 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. SCHEFLO, ALEXANDER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4602 CAMDEN CT  
 4602 CAMDEN CT  
 City STOCKTON State CA Zip Code 95212-1616  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2016  
**Transaction ID : SA17.567349**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. SCHEFLO, ALEXANDER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4602 CAMDEN CT  
 4602 CAMDEN CT  
 City STOCKTON State CA Zip Code 95212-1616  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2016  
**Transaction ID : SA17.585559**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. SCHEFLO, ALEXANDER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4602 CAMDEN CT  
 4602 CAMDEN CT  
 City STOCKTON State CA Zip Code 95212-1616  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2016  
**Transaction ID : SA17.585560**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 608 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. SCHEIDEMANTEL, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2637 GLENCHESTER ROAD  
 City WEXFORD State PA Zip Code 15090-7904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NEPTUNE Occupation (for Individual) SALES MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.561601**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. SCHEIDEMANTEL, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2637 GLENCHESTER ROAD  
 City WEXFORD State PA Zip Code 15090-7904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NEPTUNE Occupation (for Individual) SALES MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.561602**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. SCHEIDEMANTEL, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2637 GLENCHESTER ROAD  
 City WEXFORD State PA Zip Code 15090-7904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NEPTUNE Occupation (for Individual) SALES MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 13 / 2016  
**Transaction ID : SA17.561603**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 609 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. SCHEIDEMANTEL, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2637 GLENCHESTER ROAD  
 City WEXFORD State PA Zip Code 15090-7904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NEPTUNE Occupation (for Individual) SALES MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **10 / 18 / 2016**  
**Transaction ID : SA17.561604**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. SCHERR, JEAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3064 RIVERDALE RD  
 City THE VILLAGES State FL Zip Code 32162-7604  
 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 ▼ 225.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.567352**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. SCHERR, JEAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3064 RIVERDALE RD  
 City THE VILLAGES State FL Zip Code 32162-7604  
 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 ▼ 225.00

Date of Receipt **10 / 06 / 2016**  
**Transaction ID : SA17.568423**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125.00
<b>TOTAL</b> 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 610 OF 783  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. SCHIERL, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 111 N. WASHINGTON STREET #450  
 SUITE 450  
 City GREEN BAY State WI Zip Code 54301-4257  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1006.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.553581**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. SCHIERL, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 111 N. WASHINGTON STREET #450  
 SUITE 450  
 City GREEN BAY State WI Zip Code 54301-4257  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1006.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.567354**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. SCHLESINGER, STEPHEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 66 QUEEN ST.  
 PH4002  
 City HONOLULU State HI Zip Code 96813-4449  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) SURGEON  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 15 / 2016  
**Transaction ID : SA17.592563**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 1503.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 611 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. SCHMIEDER, BONNIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 226  
 City GLENWOOD State NM Zip Code 88039-  
 FEC ID number of contributing 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 **10 / 05 / 2016**  
**Transaction ID : SA17.567362**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. SCHNEIDER, CHRISTOPHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 812 VINEWOOD AVE  
 City WILLOW SPRINGS State IL Zip Code 60480-1461  
 FEC ID number of contributing 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 **10 / 05 / 2016**  
**Transaction ID : SA17.567364**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. SCHNEIDER, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6435 W JEFFERSON BLVD #202  
 City FORT WAYNE State IN Zip Code 46804-6203  
 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 ▼ 1000.00

Date of Receipt **10 / 10 / 2016**  
**Transaction ID : SA17.590940**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1125.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 612 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. SCHRADER, CLARENCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 52 SUMMIT AVENUE  
 City WAKEFIELD State RI Zip Code 02879-2227  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.567371**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. SCHROTH, GUNTHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2225 E QUINCY AVE  
 City ORANGE State CA Zip Code 92867-6150  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.567375**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. SCHUMER, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2494 HWY K  
 City PERRYVILLE State MO Zip Code 63775-9157  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.567381**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 613 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. SCHWARTZ, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1310 JULIANA PLACE  
 City ALEXANDRIA State VA Zip Code 22304-1515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FIDUCONSULT Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 334.00

Date of Receipt 10 / 09 / 2016  
**Transaction ID : SA17.572043**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. SCHWARTZ, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1310 JULIANA PLACE  
 City ALEXANDRIA State VA Zip Code 22304-1515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FIDUCONSULT Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 334.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.574552**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. SCOTT, RONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4391 LYON DR.  
 City COLUMBUS State OH Zip Code 43220-4431  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CEVA LOGISTICE Occupation (for Individual) BUSINESS DEVELOPMENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.556349**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 153.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 614 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. SEEDS, ELEANORL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 102 PENN FOREST TRAIL  
 City ALBRIGHTSVILLE State PA Zip Code 18210-3935  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JANSSEN PHARMA Occupation (for Individual) NURSE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 09 / 2016**  
**Transaction ID : SA17.559853**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. SEELY, GAIL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2701 WEST 2000 SOUTH  
 City REXBURG State ID Zip Code 83440-4032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.567405**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. SELICH, JUDITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 358  
 City SOUTH BEACH State OR Zip Code 97366-0358  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt **10 / 19 / 2016**  
**Transaction ID : SA17.587734**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	375.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 615 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. SELLERS, CRAIG, , ,</b>		Date of Receipt
Mailing Address 12832 BAY DRIVE		<input type="text" value="10"/> / <input type="text" value="05"/> / <input type="text" value="2016"/>
City LUSBY	State MD	Zip Code 20657-3267
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA17.557789</b>
Name of Employer (for Individual) ENERCON SERVICES		Occupation (for Individual) PROJECT MANAGER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="303.00"/>	Amount of Each Receipt this Period <input type="text" value="100.00"/>
		<input type="checkbox"/> Memo Item CONTRIBUTION
		NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. SHACKLEY, DOUGLAS, , ,</b>		Date of Receipt
Mailing Address DOUGLAS		<input type="text" value="10"/> / <input type="text" value="12"/> / <input type="text" value="2016"/>
City PLEASANTON	State CA	Zip Code 94588-
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA17.562157</b>
Name of Employer (for Individual) PACIFIC AUXILIARY FIRE ALARM CO..		Occupation (for Individual) BUSINESS OWNER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="358.32"/>	Amount of Each Receipt this Period <input type="text" value="5.00"/>
		<input type="checkbox"/> Memo Item CONTRIBUTION
		NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. SHALOM, ASHER, , ,</b>		Date of Receipt
Mailing Address 950 S. BOYLE AVE		<input type="text" value="10"/> / <input type="text" value="05"/> / <input type="text" value="2016"/>
City LOS ANGELES	State CA	Zip Code 90023-1269
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA17.555268</b>
Name of Employer (for Individual) ASHERCONCEPTS		Occupation (for Individual) TEXTILE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="350.00"/>	Amount of Each Receipt this Period <input type="text" value="25.00"/>
		<input type="checkbox"/> Memo Item CONTRIBUTION
		NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="130.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 616 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. SHALOM, ASHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 950 S. BOYLE AVE  
 City LOS ANGELES State CA Zip Code 90023-1269  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ASHERCONCEPTS Occupation (for Individual) TEXTILE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.555269**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. SHALOM, ASHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 950 S. BOYLE AVE  
 City LOS ANGELES State CA Zip Code 90023-1269  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ASHERCONCEPTS Occupation (for Individual) TEXTILE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.555270**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. SHARRETT, GARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1777 S. BURLINGTON BLVD 206  
 City BURLINGTON State WA Zip Code 98233-3223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) COEUR ALASKA Occupation (for Individual) WATER TREATMENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 14 / 2016  
**Transaction ID : SA17.556658**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 617 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. SHARRETT, GARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1777 S. BURLINGTON BLVD  
 206  
 City BURLINGTON State WA Zip Code 98233-3223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) COEUR ALASKA Occupation (for Individual) WATER TREATMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.556659**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. SHARRETT, GARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1777 S. BURLINGTON BLVD  
 206  
 City BURLINGTON State WA Zip Code 98233-3223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) COEUR ALASKA Occupation (for Individual) WATER TREATMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 17 / 2016  
**Transaction ID : SA17.556660**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. SHARRETT, GARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1777 S. BURLINGTON BLVD  
 206  
 City BURLINGTON State WA Zip Code 98233-3223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) COEUR ALASKA Occupation (for Individual) WATER TREATMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.556661**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	80.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 618 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. SHARRETT, GARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1777 S. BURLINGTON BLVD  
 206  
 City BURLINGTON State WA Zip Code 98233-3223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) COEUR ALASKA Occupation (for Individual) WATER TREATMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 11 / 2016  
**Transaction ID : SA17.556662**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. SHBEEB, N F, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2100 FOUNTAIN VIEW  
 29  
 City HOUSTON State TX Zip Code 77057-3669  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 347.95

Date of Receipt 10 / 08 / 2016  
**Transaction ID : SA17.570155**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. SHBEEB, N F, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2100 FOUNTAIN VIEW  
 29  
 City HOUSTON State TX Zip Code 77057-3669  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 347.95

Date of Receipt 10 / 15 / 2016  
**Transaction ID : SA17.585679**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**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: (check only one)	PAGE 619 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. SHBEEB, N F, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2100 FOUNTAIN VIEW  
29

City HOUSTON State TX Zip Code 77057-3669

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
347.95

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2016

**Transaction ID : SA17.585680**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. SHBEEB, N F, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2100 FOUNTAIN VIEW  
29

City HOUSTON State TX Zip Code 77057-3669

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
347.95

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 19 / 2016

**Transaction ID : SA17.585681**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. SHBEEB, N F, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2100 FOUNTAIN VIEW  
29

City HOUSTON State TX Zip Code 77057-3669

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
347.95

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2016

**Transaction ID : SA17.585682**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 620 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. SHBEEB, N F, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2100 FOUNTAIN VIEW  
 29  
 City HOUSTON State TX Zip Code 77057-3669  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 347.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2016  
**Transaction ID : SA17.588160**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. SHEA, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 164 CADENCE TRAIL  
 City CANTON State GA Zip Code 30115-7625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYEED Occupation (for Individual) CONSULTANT  
 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  
 10 / 05 / 2016  
**Transaction ID : SA17.592652**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. SHEEHY, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 330 SOUTH MAIN STREET  
 City ANDOVER State MA Zip Code 01810-4925  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WHITTEMORE COMPANY Occupation (for Individual) WHITTEMORE COMPANY  
 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  
 10 / 11 / 2016  
**Transaction ID : SA17.595318**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 621 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. SILVA, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17721 VALLEY VISTA BL.  
 City ENCINO State CA Zip Code 91316-3746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FORM ARCHITECTURAL INC. Occupation (for Individual) MR.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 470.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.558212**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. SILVA, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17721 VALLEY VISTA BL.  
 City ENCINO State CA Zip Code 91316-3746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FORM ARCHITECTURAL INC. Occupation (for Individual) MR.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 470.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.558213**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. SILVA, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17721 VALLEY VISTA BL.  
 City ENCINO State CA Zip Code 91316-3746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FORM ARCHITECTURAL INC. Occupation (for Individual) MR.  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 470.00

Date of Receipt 10 / 13 / 2016  
**Transaction ID : SA17.558214**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 622 OF 783
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. SILVA, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8331 E. NIGHTINGALE STAR DRIVE  
 City SCOTTSDALE State AZ Zip Code 85266-1353  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WND Occupation (for Individual) PILOT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.595391**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. SIMEK, LAUREN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3100 N. BROOK HILLS DRIVE  
 City GREEN BAY State WI Zip Code 54313-8280  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.567463**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. SIMMONS, SUE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 720 N KINGSHIGHWAY  
 City SIKESTON State MO Zip Code 63801-1943  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.567464**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 623 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. SIMON, ALLEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1383 N CRISS ST  
 City CHANDLER State AZ Zip Code 85226-1307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.567465**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. SIMON, FRANK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3101 LA COSTA ST  
 City BAKERSFIELD State CA Zip Code 93306-2328  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) REAL ESTATE BROKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.591176**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. SIMON, FRANK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3101 LA COSTA ST  
 City BAKERSFIELD State CA Zip Code 93306-2328  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) REAL ESTATE BROKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **10 / 12 / 2016**  
**Transaction ID : SA17.591197**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 624 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. SIMONEAU, JON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX #37  
 City CLIFTON State IL Zip Code 60927-0037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PIGGUSH SIMONEAU INC. Occupation (for Individual) CONSTRUCTION  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.562400**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. SIMONI, JUSTINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 732 PEAKES POINT  
 City GULF BREEZE State FL Zip Code 32561-4127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) INVESTMENTS  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **10 / 15 / 2016**  
**Transaction ID : SA17.590552**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. SIMPSON, BETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3100 CARLISLE RD  
 City BIRMINGHAM State AL Zip Code 35213-3422  
 FEC ID number of contributing 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 **10 / 08 / 2016**  
**Transaction ID : SA17.570175**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 625 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. SIMPSON, BETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3100 CARLISLE RD  
 City BIRMINGHAM State AL Zip Code 35213-3422  
 FEC ID number of contributing 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 10 / 10 / 2016  
**Transaction ID : SA17.574621**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. SKEREN, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 MOODY CT 200  
 City THOUSAND OAKS State CA Zip Code 91360-6068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FLOYD SKEREN KELLY Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.558171**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. SKINNER, RALPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6201 CR 700  
 City BLUE MOUNTAIN State MS Zip Code 38610-9667  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) SALES AGENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.592453**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	140.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 626 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. SKINNER, RALPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6201 CR 700

City BLUE MOUNTAIN	State MS	Zip Code 38610-9667
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) SALES AGENT
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 11 / 2016  
**Transaction ID : SA17.592454**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. SLOWEY, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1111EPPERSON ST

City ATHENS	State TN	Zip Code 37303-
----------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2016  
**Transaction ID : SA17.564211**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. SMITH, CAROL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3409 WEST 28TH STREET

City MINNEAPOLIS	State MN	Zip Code 55416-4302
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2016  
**Transaction ID : SA17.567500**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 627 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. SMITH, ELIZABETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 151 SADDLETOP DRIVE  
 City TANEYTOWN State MD Zip Code 21787-1547  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 347.95

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.567514**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. SMITH, GERTRAUD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8441 GARVEY DRIVE  
 City RALEIGH State NC Zip Code 27616-3176  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SMITH SEAL OF NC Occupation (for Individual) MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 10 / 03 / 2016  
**Transaction ID : SA17.593109**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. SMITH, GERTRAUD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8441 GARVEY DRIVE  
 City RALEIGH State NC Zip Code 27616-3176  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SMITH SEAL OF NC Occupation (for Individual) MANAGER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 10 / 18 / 2016  
**Transaction ID : SA17.593110**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	545.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 628 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. SMITH, GERTRAUD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8441 GARVEY DRIVE  
 City RALEIGH State NC Zip Code 27616-3176  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SMITH SEAL OF NC Occupation (for Individual) MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt **10 / 12 / 2016**  
**Transaction ID : SA17.593111**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. SMITH, GERTRAUD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8441 GARVEY DRIVE  
 City RALEIGH State NC Zip Code 27616-3176  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SMITH SEAL OF NC Occupation (for Individual) MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt **10 / 19 / 2016**  
**Transaction ID : SA17.593112**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. SMITH, LINDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7666 N. ANDI LANE  
 City FLORENCE State AZ Zip Code 85132-8945  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 327.95

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.567520**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	175.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 629 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. SMITH, NOEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2903 SUNSET DR  
 City EAU CLAIRE State WI Zip Code 54703-5872  
 FEC ID number of contributing 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 10 / 14 / 2016  
**Transaction ID : SA17.593280**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. SMITH, ROY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 85 BRENTHILL DR  
 City NEWARK State OH Zip Code 43055-9777  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) WEB DESIGN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 221.95

Date of Receipt 10 / 07 / 2016  
**Transaction ID : SA17.591933**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. SMITH, ROY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 85 BRENTHILL DR  
 City NEWARK State OH Zip Code 43055-9777  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) WEB DESIGN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 221.95

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.591934**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1035.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 630 OF 783
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. SNIDER, LOUISE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 742 JEANETTE AVE.

City STEUBENVILLE	State OH	Zip Code 43952-1253
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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 ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		19		2016

**Transaction ID : SA17.591475**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. SOCHAN, GEORGE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13125

City BOWIE	State MD	Zip Code 20715-
---------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BOWIE STATE UNIVERSITY	Occupation (for Individual) PROFESSOR OF HISTORY
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1077.95

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		10		2016

**Transaction ID : SA17.555837**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. SOCHAN, GEORGE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13125

City BOWIE	State MD	Zip Code 20715-
---------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BOWIE STATE UNIVERSITY	Occupation (for Individual) PROFESSOR OF HISTORY
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1077.95

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		10		2016

**Transaction ID : SA17.555838**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 631 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. SOLCHER, KATHLEEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14703 EAGLE VISTA DRIVE  
 A.T. # 224  
 City HOUSTON State TX Zip Code 77077-5394  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 10 / 15 / 2016  
**Transaction ID : SA17.588173**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. SOLCHER, KATHLEEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14703 EAGLE VISTA DRIVE  
 A.T. # 224  
 City HOUSTON State TX Zip Code 77077-5394  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 10 / 15 / 2016  
**Transaction ID : SA17.588174**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. SOLOMON, FLOYD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4207 MALLARD DR.  
 City BAYTOWN State TX Zip Code 77523-8833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SOLOMON ENVELOPE CONSULTING, LLC Occupation (for Individual) CONSTRUCTION CONSULTANT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 12 / 2016  
**Transaction ID : SA17.593155**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 632 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. SOMAYAJULU, AKELLA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11303 MINARET DR  
 City TAMPA State FL Zip Code 33626-2669  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 IBM SR IT ARCHITECT  
 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  
 10 / 05 / 2016  
**Transaction ID : SA17.559528**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. SORENSON, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5044 SAN AQUARIO DRIVE  
 City SAN DIEGO State CA Zip Code 92109-1508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 RETIRED 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  
 10 / 05 / 2016  
**Transaction ID : SA17.567535**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. SPELTS, GAIL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7826 PARKER ST  
 City OMAHA State NE Zip Code 68114-1631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 RETIRED 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  
 10 / 08 / 2016  
**Transaction ID : SA17.570212**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 633 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. SPELTS, GAIL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7826 PARKER ST  
 City OMAHA State NE Zip Code 68114-1631  
 FEC ID number of contributing 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  
 10 / 09 / 2016  
**Transaction ID : SA17.572145**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. SPELTS, GAIL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7826 PARKER ST  
 City OMAHA State NE Zip Code 68114-1631  
 FEC ID number of contributing 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  
 10 / 11 / 2016  
**Transaction ID : SA17.585838**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. SPELTS, GAIL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7826 PARKER ST  
 City OMAHA State NE Zip Code 68114-1631  
 FEC ID number of contributing 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  
 10 / 11 / 2016  
**Transaction ID : SA17.585839**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 634 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. SPELTS, GAIL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7826 PARKER ST  
 City OMAHA State NE Zip Code 68114-1631  
 FEC ID number of contributing 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  
 10 / 16 / 2016  
**Transaction ID : SA17.585840**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. SPELTS, GAIL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7826 PARKER ST  
 City OMAHA State NE Zip Code 68114-1631  
 FEC ID number of contributing 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  
 10 / 11 / 2016  
**Transaction ID : SA17.585841**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. SPIGLE, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1528 DUDLEY MOUNTAIN ROAD  
 City CHARLOTTESVILLE State VA Zip Code 22903-7835  
 FEC ID number of contributing 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  
 10 / 05 / 2016  
**Transaction ID : SA17.567547**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 635 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. SPIGLE, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1528 DUDLEY MOUNTAIN ROAD  
 City CHARLOTTEVILLE State VA Zip Code 22903-7835  
 FEC ID number of contributing 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 **10 / 11 / 2016**  
**Transaction ID : SA17.587552**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. SPIKES, WARREN, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 578  
 City HUGOTON State KS Zip Code 67951-0578  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.567548**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. SPIKES, WARREN, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 578  
 City HUGOTON State KS Zip Code 67951-0578  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt **10 / 10 / 2016**  
**Transaction ID : SA17.574684**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	95.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 636 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. SPIKES, WARREN, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 578

City HUGOTON	State KS	Zip Code 67951-0578
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 11 / 2016  
**Transaction ID : SA17.587553**

Amount of Each Receipt this Period  
 50.00

Memo Item  
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. SPIKES, WARREN, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 578

City HUGOTON	State KS	Zip Code 67951-0578
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2016  
**Transaction ID : SA17.587554**

Amount of Each Receipt this Period  
 50.00

Memo Item  
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. SPIKES, WARREN, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 578

City HUGOTON	State KS	Zip Code 67951-0578
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2016  
**Transaction ID : SA17.591346**

Amount of Each Receipt this Period  
 25.00

Memo Item  
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 637 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. SPRIGGS, BETTY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1456 MUIRFIELD ROAD  
 City RIVERSIDE State CA Zip Code 92506-5576  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) COMMERCIAL PROPERTY MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 08 / 2016  
**Transaction ID : SA17.589790**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. SPRIGGS, BETTY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1456 MUIRFIELD ROAD  
 City RIVERSIDE State CA Zip Code 92506-5576  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) COMMERCIAL PROPERTY MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.589791**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. SPRIGGS, BETTY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1456 MUIRFIELD ROAD  
 City RIVERSIDE State CA Zip Code 92506-5576  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) COMMERCIAL PROPERTY MANAGER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 12 / 2016  
**Transaction ID : SA17.589792**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 638 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. SPURLING, WARREN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3201 N GREEN RIVER RD  
 City EVANSVILLE State IN Zip Code 47715-1353  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SPURLING PROPERTIES Occupation (for Individual) REAL ESTATE DEVELOPER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.593296**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. SQUIRES, MELODY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3202 PORTOFINO PT. N-4 APT N4  
 City POMPANO BEACH State FL Zip Code 33066-1246  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 223.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.567559**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. SQUIRES, MELODY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3202 PORTOFINO PT. N-4 APT N4  
 City POMPANO BEACH State FL Zip Code 33066-1246  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 223.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.567560**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	275.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 639 OF 783
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. SQUIRES, MELODY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3202 PORTOFINO PT. N-4  
 APT N4  
 City POMPANO BEACH State FL Zip Code 33066-1246  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 223.00

Date of Receipt **10 / 07 / 2016**  
**Transaction ID : SA17.568931**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. SQUIRES, MELODY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3202 PORTOFINO PT. N-4  
 APT N4  
 City POMPANO BEACH State FL Zip Code 33066-1246  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 223.00

Date of Receipt **10 / 08 / 2016**  
**Transaction ID : SA17.570213**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. SQUIRES, MELODY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3202 PORTOFINO PT. N-4  
 APT N4  
 City POMPANO BEACH State FL Zip Code 33066-1246  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 223.00

Date of Receipt **10 / 10 / 2016**  
**Transaction ID : SA17.574687**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	40.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 640 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. SQUYRES, LIZ, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9033 PREMIER ROW

City DALLAS	State TX	Zip Code 75247-5405
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) B2B CASUALS, INC.	Occupation (for Individual) B2B CASUALS, INC.
--	--

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
10		05		2016

**Transaction ID : SA17.592435**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. SQUYRES, LIZ, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9033 PREMIER ROW

City DALLAS	State TX	Zip Code 75247-5405
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) B2B CASUALS, INC.	Occupation (for Individual) B2B CASUALS, INC.
--	--

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
10		10		2016

**Transaction ID : SA17.592440**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. STAAB, ROBERT, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6655 BOTTLEBRUSH LN

City NAPLES	State FL	Zip Code 34109-3813
----------------	-------------	------------------------

FEC ID number of contributing 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
10		05		2016

**Transaction ID : SA17.567564**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 641 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. STACY, EDITH, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 17

City MORTON	State MS	Zip Code 39117-0017
----------------	-------------	------------------------

FEC ID number of contributing 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  
 10 / 14 / 2016

**Transaction ID : SA17.585868**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. STACY, EDITH, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 17

City MORTON	State MS	Zip Code 39117-0017
----------------	-------------	------------------------

FEC ID number of contributing 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  
 10 / 18 / 2016

**Transaction ID : SA17.585869**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. STACY, EDITH, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 17

City MORTON	State MS	Zip Code 39117-0017
----------------	-------------	------------------------

FEC ID number of contributing 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  
 10 / 17 / 2016

**Transaction ID : SA17.587556**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 642 OF 783
	<input 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 checked="" 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)  
**Committee to Defend the President**

**A. STAFFORD, SHELTON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8928 W. YUKON DR.  
 City PEORIA State AZ Zip Code 85382-6448  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 223.00

Date of Receipt **10 / 04 / 2016**  
**Transaction ID : SA17.564689**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. STAFFORD, SHELTON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8928 W. YUKON DR.  
 City PEORIA State AZ Zip Code 85382-6448  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 223.00

Date of Receipt **10 / 08 / 2016**  
**Transaction ID : SA17.570215**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. STAFFORD, SHELTON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8928 W. YUKON DR.  
 City PEORIA State AZ Zip Code 85382-6448  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 223.00

Date of Receipt **10 / 10 / 2016**  
**Transaction ID : SA17.574690**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	11.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 643 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. STAFFORD, SHELTON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8928 W. YUKON DR.  
 City PEORIA State AZ Zip Code 85382-6448  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 223.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.576382**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. STAFFORD, SHELTON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8928 W. YUKON DR.  
 City PEORIA State AZ Zip Code 85382-6448  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 223.00

Date of Receipt 10 / 12 / 2016  
**Transaction ID : SA17.579025**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. STAFFORD, SHELTON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8928 W. YUKON DR.  
 City PEORIA State AZ Zip Code 85382-6448  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 223.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.579026**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	13.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 644 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. STAFFORD, SHELTON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8928 W. YUKON DR.  
 City PEORIA State AZ Zip Code 85382-6448  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 223.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2016  
**Transaction ID : SA17.579027**  
 Amount of Each Receipt this Period  
 5.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. STAFFORD, SHELTON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8928 W. YUKON DR.  
 City PEORIA State AZ Zip Code 85382-6448  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 223.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2016  
**Transaction ID : SA17.579028**  
 Amount of Each Receipt this Period  
 5.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. STAFFORD, SHELTON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8928 W. YUKON DR.  
 City PEORIA State AZ Zip Code 85382-6448  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 223.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2016  
**Transaction ID : SA17.579029**  
 Amount of Each Receipt this Period  
 5.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	15.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 645 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. STAFFORD, SHELTON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8928 W. YUKON DR.  
 City PEORIA State AZ Zip Code 85382-6448  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 223.00

Date of Receipt 10 / 11 / 2016  
**Transaction ID : SA17.579030**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. STALNAKER, JAMES D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7204 CLYDESDALE ST  
 City HIGHLAND State CA Zip Code 92346-5089  
 FEC ID number of contributing 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 10 / 09 / 2016  
**Transaction ID : SA17.589168**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. STALNAKER, JAMES D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7204 CLYDESDALE ST  
 City HIGHLAND State CA Zip Code 92346-5089  
 FEC ID number of contributing 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 10 / 10 / 2016  
**Transaction ID : SA17.589169**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	55.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 646 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. STALNAKER, JAMES D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7204 CLYDESDALE ST  
 City HIGHLAND State CA Zip Code 92346-5089  
 FEC ID number of contributing 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 **10 / 12 / 2016**  
**Transaction ID : SA17.589170**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. STALNAKER, JAMES D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7204 CLYDESDALE ST  
 City HIGHLAND State CA Zip Code 92346-5089  
 FEC ID number of contributing 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 **10 / 05 / 2016**  
**Transaction ID : SA17.589173**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. STANDRIDGE, GEORGIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2119 COLUSA ST  
 City CORNING State CA Zip Code 96021-2303  
 FEC ID number of contributing 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 **10 / 10 / 2016**  
**Transaction ID : SA17.574695**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 647 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. STARK, CHERYL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 55 S SANDOW RD  
 City MIDLAND State MI Zip Code 48640-9006  
 FEC ID number of contributing 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 10 / 09 / 2016  
**Transaction ID : SA17.572159**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. STARK, CHERYL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 55 S SANDOW RD  
 City MIDLAND State MI Zip Code 48640-9006  
 FEC ID number of contributing 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 10 / 12 / 2016  
**Transaction ID : SA17.587561**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. STEFFEN, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 798 ASHFIELD COURT  
 City FT MITCHELL State KY Zip Code 41017-9680  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AVION Occupation (for Individual) SALES  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 07 / 2016  
**Transaction ID : SA17.555413**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 648 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. STEIN, HELEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2937 NW 24TH TER  
 STEIN RESIDENCE  
 City BOCA RATON State FL Zip Code 33431-6203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 608.00

Date of Receipt 10 / 03 / 2016  
**Transaction ID : SA17.564227**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. STEIN, HELEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2937 NW 24TH TER  
 STEIN RESIDENCE  
 City BOCA RATON State FL Zip Code 33431-6203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 608.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.567586**  
 Amount of Each Receipt this Period 5.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. STEIN, HELEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2937 NW 24TH TER  
 STEIN RESIDENCE  
 City BOCA RATON State FL Zip Code 33431-6203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 608.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.567588**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	55.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 649 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. STEIN, HELEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2937 NW 24TH TER  
 STEIN RESIDENCE  
 City BOCA RATON State FL Zip Code 33431-6203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 608.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2016  
**Transaction ID : SA17.568932**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. STEIN, HELEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2937 NW 24TH TER  
 STEIN RESIDENCE  
 City BOCA RATON State FL Zip Code 33431-6203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 608.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 08 / 2016  
**Transaction ID : SA17.570227**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. STEIN, HELEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2937 NW 24TH TER  
 STEIN RESIDENCE  
 City BOCA RATON State FL Zip Code 33431-6203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 608.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2016  
**Transaction ID : SA17.572168**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 650 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. STEIN, HELEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2937 NW 24TH TER  
 STEIN RESIDENCE  
 City BOCA RATON State FL Zip Code 33431-6203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 608.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2016  
**Transaction ID : SA17.574705**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. STEIN, HELEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2937 NW 24TH TER  
 STEIN RESIDENCE  
 City BOCA RATON State FL Zip Code 33431-6203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 608.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2016  
**Transaction ID : SA17.574706**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. STEIN, HELEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2937 NW 24TH TER  
 STEIN RESIDENCE  
 City BOCA RATON State FL Zip Code 33431-6203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 608.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2016  
**Transaction ID : SA17.585896**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 651 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. STEIN, HELEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2937 NW 24TH TER  
 STEIN RESIDENCE  
 City BOCA RATON State FL Zip Code 33431-6203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 608.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2016  
**Transaction ID : SA17.585897**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. STEIN, HELEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2937 NW 24TH TER  
 STEIN RESIDENCE  
 City BOCA RATON State FL Zip Code 33431-6203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 608.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2016  
**Transaction ID : SA17.585898**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. STEIN, HELEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2937 NW 24TH TER  
 STEIN RESIDENCE  
 City BOCA RATON State FL Zip Code 33431-6203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 608.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2016  
**Transaction ID : SA17.585899**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 652 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. STEIN, HELEN, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2016
Mailing Address 2937 NW 24TH TER STEIN RESIDENCE		<b>Transaction ID : SA17.585900</b>
City BOCA RATON	State FL	Zip Code 33431-6203
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 608.00	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. STEIN, HELEN, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2016
Mailing Address 2937 NW 24TH TER STEIN RESIDENCE		<b>Transaction ID : SA17.585901</b>
City BOCA RATON	State FL	Zip Code 33431-6203
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 608.00	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. STELLATO, DONALD, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 05 / 2016
Mailing Address 240 DONLEA ROAD		<b>Transaction ID : SA17.589513</b>
City BARRINGTON	State IL	Zip Code 60010-4015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.95
Name of Employer (for Individual) SELF	Occupation (for Individual) ATTORNEY	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 227.95	NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	77.95
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 653 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. STELLATO, DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 240 DONLEA ROAD  
 City BARRINGTON State IL Zip Code 60010-4015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 227.95

Date of Receipt 10 / 09 / 2016  
**Transaction ID : SA17.589524**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. STEPHENSON, ANN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15406 PARK ESTATES LN  
 City HOUSTON State TX Zip Code 77062-3654  
 FEC ID number of contributing 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 10 / 19 / 2016  
**Transaction ID : SA17.585907**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. STEWART, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address RR 4 BOX 646  
 City MARBLE HILL State MO Zip Code 63764-9418  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) WRITER/SPEAKER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.591976**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 654 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. STEWART, JERRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 305 OVERRIDGE COVE  
 City HERMITAGE State TN Zip Code 37076-4419  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.574720**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. STEWART, JERRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 305 OVERRIDGE COVE  
 City HERMITAGE State TN Zip Code 37076-4419  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 12 / 2016  
**Transaction ID : SA17.588190**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. STIDUM, THEA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 915 11TH STREET  
 City SACRAMENTO State CA Zip Code 95814-2804  
 FEC ID number of contributing 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 10 / 19 / 2016  
**Transaction ID : SA17.588319**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 655 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. STONE, LOUIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O.BOX 21'2  
 City GREENS FARMS State CT Zip Code 06838-0212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) OWNER, DRIVING SERVICE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.592920**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. STORMONT, RICHARD M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3747 PEACHTREE RD NE 723  
 City ATLANTA State GA Zip Code 30319-1360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.567610**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. STRANDER, CORY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 131 LAKEWOOD ESTATES DR.  
 City NEW ORLEANS State LA Zip Code 70131-8364  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) MANUFACTURER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.560715**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	550.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 656 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. STRANDER, CORY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 131 LAKEWOOD ESTATES DR.  
 City NEW ORLEANS State LA Zip Code 70131-8364  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) MANUFACTURER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.590691**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. STRATTON, SCOTT & KERSTIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24 FAIRLANE DRIVE  
 City BEDFORD State NH Zip Code 03110-4913  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FEDEX CORP. Occupation (for Individual) PILOT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.558049**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. STROMEI, TOM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 69  
 City LOS LUNAS State NM Zip Code 87031-0069  
 FEC ID number of contributing 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 **10 / 05 / 2016**  
**Transaction ID : SA17.567627**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 657 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. STRONG, CAROLYN, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6226 MILLWOOD DR.  
 City WARRENTON State VA Zip Code 20187-7942  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.567629**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. STRONG, CAROLYN, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6226 MILLWOOD DR.  
 City WARRENTON State VA Zip Code 20187-7942  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.567630**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. STRONG, CAROLYN, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6226 MILLWOOD DR.  
 City WARRENTON State VA Zip Code 20187-7942  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.585947**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 658 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. STUCKY, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1804 FIREBOX  
 City NEWTON State KS Zip Code 67114-5526  
 FEC ID number of contributing 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 M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2016  
**Transaction ID : SA17.567636**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. SUCHER, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 359 GOLF VIEW DR  
 City COHUTTA State GA Zip Code 30710-9389  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) MD  
 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  
 10 / 10 / 2016  
**Transaction ID : SA17.590725**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. SULLIVAN, HARLEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 351 MARIPOSA LOOP  
 City NEW BRAUNFELS State TX Zip Code 78132-3353  
 FEC ID number of contributing 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  
 10 / 10 / 2016  
**Transaction ID : SA17.574748**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT; REFUNDED \$500.00 ON 12/05/2016

<b>SUBTOTAL</b> of Receipts This Page (optional).....	775.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 659 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. SULLIVAN, PATRICIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15300 WATERMILL TERRACE  
 City WOODBRIDGE State VA Zip Code 22191-4119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) INDEPENDENT CAR DEALER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.592805**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. SUTPHEN, GEORGE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5206 SAWGRASS DRIVE  
 City GARLAND State TX Zip Code 75044-5039  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 252.95

Date of Receipt **10 / 17 / 2016**  
**Transaction ID : SA17.590155**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. SUTTON, LINDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4273 PINTO RD  
 City KINGMAN State AZ Zip Code 86401-7211  
 FEC ID number of contributing 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 **10 / 05 / 2016**  
**Transaction ID : SA17.567652**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 660 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. SUTTON, LINDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4273 PINTO RD  
 City KINGMAN State AZ Zip Code 86401-7211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2016  
**Transaction ID : SA17.567653**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. SUTTON, LINDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4273 PINTO RD  
 City KINGMAN State AZ Zip Code 86401-7211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 11 / 2016  
**Transaction ID : SA17.587578**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. SWANSON, BARBARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7724 YORK LN N  
 City MINNEAPOLIS State MN Zip Code 55443-2891  
 FEC ID number of contributing 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  
 10 / 03 / 2016  
**Transaction ID : SA17.564246**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 661 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. SWANSON, RONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 115 DURANGO TRL  
 City GEORGETOWN State TX Zip Code 78633-4875  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 232.95

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.585987**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. SWEET, DAVID, P., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 277 PISCASSIC RD  
 City NEWFIELDS State NH Zip Code 03856-8109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 244.00

Date of Receipt 10 / 02 / 2016  
**Transaction ID : SA17.563725**  
 Amount of Each Receipt this Period 10.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. SWEET, DAVID, P., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 277 PISCASSIC RD  
 City NEWFIELDS State NH Zip Code 03856-8109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 244.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.567655**  
 Amount of Each Receipt this Period 15.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	50.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 662 OF 783
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. SWEET, DAVID, P., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 277 PISCASSIC RD

City NEWFIELDS	State NH	Zip Code 03856-8109
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
244.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2016

**Transaction ID : SA17.575158**

Amount of Each Receipt this Period  
1.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. SWEET, DAVID, P., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 277 PISCASSIC RD

City NEWFIELDS	State NH	Zip Code 03856-8109
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
244.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2016

**Transaction ID : SA17.580904**

Amount of Each Receipt this Period  
10.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. SWIERZ, MARGE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 OAK TREE LANE

City PINEHURST	State NC	Zip Code 28374-8837
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
219.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2016

**Transaction ID : SA17.563726**

Amount of Each Receipt this Period  
27.95

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	38.95
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 663 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**SWIERZ, MARGE, , ,**

Mailing Address 1 OAK TREE LANE

City PINEHURST	State NC	Zip Code 28374-8837
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
219.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2016

**Transaction ID : SA17.564705**

Amount of Each Receipt this Period  
3.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**SWIERZ, MARGE, , ,**

Mailing Address 1 OAK TREE LANE

City PINEHURST	State NC	Zip Code 28374-8837
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
219.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2016

**Transaction ID : SA17.567656**

Amount of Each Receipt this Period  
10.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**SWIERZ, MARGE, , ,**

Mailing Address 1 OAK TREE LANE

City PINEHURST	State NC	Zip Code 28374-8837
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
219.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	06	/	2016

**Transaction ID : SA17.568468**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	38.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 664 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. SWIERZ, MARGE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 OAK TREE LANE

City PINEHURST	State NC	Zip Code 28374-8837
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
219.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2016

**Transaction ID : SA17.570260**

Amount of Each Receipt this Period  
3.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. SWIERZ, MARGE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 OAK TREE LANE

City PINEHURST	State NC	Zip Code 28374-8837
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
219.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2016

**Transaction ID : SA17.572204**

Amount of Each Receipt this Period  
3.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. SWIERZ, MARGE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 OAK TREE LANE

City PINEHURST	State NC	Zip Code 28374-8837
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
219.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2016

**Transaction ID : SA17.572205**

Amount of Each Receipt this Period  
3.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	9.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 665 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**SWIERZ, MARGE, , ,**

Mailing Address **1 OAK TREE LANE**

City <b>PINEHURST</b>	State <b>NC</b>	Zip Code <b>28374-8837</b>
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**219.95**

Date of Receipt  
**10 / 09 / 2016**

**Transaction ID : SA17.572206**

Amount of Each Receipt this Period  
**20.00**

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**SWIERZ, MARGE, , ,**

Mailing Address **1 OAK TREE LANE**

City <b>PINEHURST</b>	State <b>NC</b>	Zip Code <b>28374-8837</b>
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**219.95**

Date of Receipt  
**10 / 10 / 2016**

**Transaction ID : SA17.574765**

Amount of Each Receipt this Period  
**20.00**

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**SWIERZ, MARGE, , ,**

Mailing Address **1 OAK TREE LANE**

City <b>PINEHURST</b>	State <b>NC</b>	Zip Code <b>28374-8837</b>
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**219.95**

Date of Receipt  
**10 / 19 / 2016**

**Transaction ID : SA17.576418**

Amount of Each Receipt this Period  
**3.00**

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>43.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 666 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**SWIERZ, MARGE, , ,**

Mailing Address **1 OAK TREE LANE**

City <b>PINEHURST</b>	State <b>NC</b>	Zip Code <b>28374-8837</b>
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**219.95**

Date of Receipt  
**10 / 11 / 2016**

**Transaction ID : SA17.579109**

Amount of Each Receipt this Period  
**5.00**

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**SWIERZ, MARGE, , ,**

Mailing Address **1 OAK TREE LANE**

City <b>PINEHURST</b>	State <b>NC</b>	Zip Code <b>28374-8837</b>
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**219.95**

Date of Receipt  
**10 / 12 / 2016**

**Transaction ID : SA17.580905**

Amount of Each Receipt this Period  
**10.00**

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**SWIERZ, MARGE, , ,**

Mailing Address **1 OAK TREE LANE**

City <b>PINEHURST</b>	State <b>NC</b>	Zip Code <b>28374-8837</b>
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
**219.95**

Date of Receipt  
**10 / 12 / 2016**

**Transaction ID : SA17.580906**

Amount of Each Receipt this Period  
**10.00**

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>25.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 667 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. SWIERZ, MARGE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 OAK TREE LANE

City PINEHURST	State NC	Zip Code 28374-8837
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
219.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2016

**Transaction ID : SA17.581702**

Amount of Each Receipt this Period  
20.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. SWIERZ, MARGE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 OAK TREE LANE

City PINEHURST	State NC	Zip Code 28374-8837
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
219.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2016

**Transaction ID : SA17.581703**

Amount of Each Receipt this Period  
20.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. SWIER, RANDALL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17585 FRENCH CAMP RD

City RIPON	State CA	Zip Code 95366-9799
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) SELF EMPLOYED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
427.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	06	/	2016

**Transaction ID : SA17.592296**

Amount of Each Receipt this Period  
27.95

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	67.95
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 668 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. SWIER, RANDALL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17585 FRENCH CAMP RD

City RIPON	State CA	Zip Code 95366-9799
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) SELF EMPLOYED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
427.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2016

**Transaction ID : SA17.592297**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. SWIER, RANDALL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17585 FRENCH CAMP RD

City RIPON	State CA	Zip Code 95366-9799
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) SELF EMPLOYED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
427.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2016

**Transaction ID : SA17.592298**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. SWIER, RANDALL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17585 FRENCH CAMP RD

City RIPON	State CA	Zip Code 95366-9799
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) SELF EMPLOYED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
427.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2016

**Transaction ID : SA17.592299**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 669 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. SWIER, RANDALL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17585 FRENCH CAMP RD

City RIPON	State CA	Zip Code 95366-9799
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) SELF EMPLOYED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
427.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2016

**Transaction ID : SA17.592300**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. SWIER, RANDALL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17585 FRENCH CAMP RD

City RIPON	State CA	Zip Code 95366-9799
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) SELF EMPLOYED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
427.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2016

**Transaction ID : SA17.592301**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. SWIER, RANDALL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17585 FRENCH CAMP RD

City RIPON	State CA	Zip Code 95366-9799
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) SELF EMPLOYED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
427.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2016

**Transaction ID : SA17.592302**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 670 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. SWIER, RANDALL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17585 FRENCH CAMP RD  
 City RIPON State CA Zip Code 95366-9799  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) SELF EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 427.95

Date of Receipt **10 / 11 / 2016**  
**Transaction ID : SA17.592303**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. SWINGLE, TRUMAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24940 STUKEY CEMERTERY TRAIL  
 City KIRKSVILLE State MO Zip Code 63501-7817  
 FEC ID number of contributing 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 **10 / 10 / 2016**  
**Transaction ID : SA17.574766**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. SWINGLE, TRUMAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24940 STUKEY CEMERTERY TRAIL  
 City KIRKSVILLE State MO Zip Code 63501-7817  
 FEC ID number of contributing 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 **10 / 16 / 2016**  
**Transaction ID : SA17.587582**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 671 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. TAKAHASHI, MICHIO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 656 JOSHUA COURT  
 City WALNUT CREEK State CA Zip Code 94598-1726  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 361.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.567663**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. TALLEY, EVA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 950  
 City DANDRIDGE State TN Zip Code 37725-0950  
 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 **10 / 10 / 2016**  
**Transaction ID : SA17.589662**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. TAMARA, DUNAEV, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 743 PEACH TREE LANE  
 City FRANKLIN LAKES State NJ Zip Code 07417-2341  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BASC, INC Occupation (for Individual) BUSINESS OWNER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **10 / 13 / 2016**  
**Transaction ID : SA17.555529**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1275.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 672 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. TAQUEY, ANTONY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 26544

City WINSTON SALEM	State NC	Zip Code 27114-6544
-----------------------	-------------	------------------------

FEC ID number of contributing 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  
 10 / 05 / 2016  
**Transaction ID : SA17.567671**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. TAQUEY, ANTONY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 26544

City WINSTON SALEM	State NC	Zip Code 27114-6544
-----------------------	-------------	------------------------

FEC ID number of contributing 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  
 10 / 11 / 2016  
**Transaction ID : SA17.588281**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. TARTAGLIA, DANIEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6428 RIDGE TERRACE #761 #761

City ORLANDO	State FL	Zip Code 32810-2523
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UMBRA INSTITUTE	Occupation (for Individual) EDUCATOR
--	---

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  
 10 / 13 / 2016  
**Transaction ID : SA17.554616**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	550.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 673 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. TATE, STANLEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1175 NE 125TH STREET, SUITE 102

City NORTH MIAMI	State FL	Zip Code 33161-5009
---------------------	-------------	------------------------

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 ▼  
331.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2016

**Transaction ID : SA17.592173**

Amount of Each Receipt this Period  
3.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. TATE, STANLEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1175 NE 125TH STREET, SUITE 102

City NORTH MIAMI	State FL	Zip Code 33161-5009
---------------------	-------------	------------------------

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 ▼  
331.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2016

**Transaction ID : SA17.592744**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. TAYLOR, MARGARET W., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address BLUE FOREST CT.

City MARYVILLE	State TN	Zip Code 37803-
-------------------	-------------	--------------------

FEC ID number of contributing 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
10	/	05	/	2016

**Transaction ID : SA17.567687**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	103.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 674 OF 783
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. TAYLOR, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25703 BRUSHY CREEK DR.  
 City HOCKLEY State TX Zip Code 77447-6255  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RISI COMPETZIONE Occupation (for Individual) ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : SA17.588942**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. TAYLOR, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25703 BRUSHY CREEK DR.  
 City HOCKLEY State TX Zip Code 77447-6255  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RISI COMPETZIONE Occupation (for Individual) ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 09 / 2016  
**Transaction ID : SA17.588943**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. TAYLOR, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25703 BRUSHY CREEK DR.  
 City HOCKLEY State TX Zip Code 77447-6255  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RISI COMPETZIONE Occupation (for Individual) ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 17 / 2016  
**Transaction ID : SA17.588944**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	85.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 675 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. TAYLOR, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25703 BRUSHY CREEK DR.  
 City HOCKLEY State TX Zip Code 77447-6255  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RISI COMPETZIONE Occupation (for Individual) ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **10 / 12 / 2016**  
**Transaction ID : SA17.588945**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. TERRELL, LESTER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 494  
 City MAGEE State MS Zip Code 39111-0494  
 FEC ID number of contributing 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 **10 / 18 / 2016**  
**Transaction ID : SA17.588206**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. TERRELL, LESTER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 494  
 City MAGEE State MS Zip Code 39111-0494  
 FEC ID number of contributing 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 **10 / 18 / 2016**  
**Transaction ID : SA17.588207**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 676 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. TERRELL, LESTER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 494  
 City MAGEE State MS Zip Code 39111-0494  
 FEC ID number of contributing 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 **10 / 12 / 2016**  
**Transaction ID : SA17.588208**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. TERRILL, MINERVA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3560 RANCHERO ROAD  
 City PLANO State TX Zip Code 75093-7606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.567693**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. TEUFEL, DENNIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 5596 SCOTTSDALEAZ  
 City SCOTTSDALE State AZ Zip Code 85261-5596  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 565.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.567695**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 677 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. THATCHER, CHARLES, H., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20255 LANDMARK LANE  
 City COVINGTON State LA Zip Code 70435-7746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST THERMAL Occupation (for Individual) ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.558702**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. THATCHER, CHARLES, H., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20255 LANDMARK LANE  
 City COVINGTON State LA Zip Code 70435-7746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST THERMAL Occupation (for Individual) ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **10 / 18 / 2016**  
**Transaction ID : SA17.558703**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. THIEL, KATHERINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 625 N. DOUSMAN RD.  
 City OCONOMOWOC State WI Zip Code 53066-9445  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ARTLINE, LTD. Occupation (for Individual) SMALL BUSINESS OWNER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 377.95

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.555250**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 140.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 678 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. THOENNES, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address #7 CALADONIA CT.  
 City BLOOMINGTON State IL Zip Code 61704-4185  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CREATIVE KITCHENS & BATHS Occupation (for Individual) BUSINESS OWNER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 14 / 2016**  
**Transaction ID : SA17.556944**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. THOMAS, GAIL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4130 HUNTERS RIDGE DRIVE  
 City RAVENNA State OH Zip Code 44266-8230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 207.95

Date of Receipt **10 / 03 / 2016**  
**Transaction ID : SA17.564260**  
 Amount of Each Receipt this Period 107.95  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. THOMAS, PATRICIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1400 N HARRIS RDG  
 City ATLANTA State GA Zip Code 30327-4423  
 FEC ID number of contributing 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 **10 / 10 / 2016**  
**Transaction ID : SA17.574813**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	607.95
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 679 OF 783
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. THOMPSON, RONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8129 CURRY AVE NE  
 City ALBUQUERQUE State NM Zip Code 87109-4913  
 FEC ID number of contributing 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: 10 / 05 / 2016  
**Transaction ID : SA17.594676**  
 Amount of Each Receipt this Period: 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. THOMPSON, RONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8129 CURRY AVE NE  
 City ALBUQUERQUE State NM Zip Code 87109-4913  
 FEC ID number of contributing 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: 10 / 08 / 2016  
**Transaction ID : SA17.594677**  
 Amount of Each Receipt this Period: 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. THOMPSON, RONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8129 CURRY AVE NE  
 City ALBUQUERQUE State NM Zip Code 87109-4913  
 FEC ID number of contributing 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: 10 / 12 / 2016  
**Transaction ID : SA17.594678**  
 Amount of Each Receipt this Period: 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 680 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. THORNTON, PAT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 624 N ARLINGTON HEIGHTS RD  
 City ARLINGTON HEIGHTS State IL Zip Code 60004-5662  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PAT MOONEY INC Occupation (for Individual) BUSINESS OWNER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.562240**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. THROWER, MIKE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 COLUMBUS PKWY  
 City OPELIKA State AL Zip Code 36801-5933  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) H&W TIRE SERVICE Occupation (for Individual) AUTO REPAIRS & SALES  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 11 / 2016  
**Transaction ID : SA17.558742**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. TOLENTINO, ANTHONY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 HAMBLIN POINT ROAD  
 City EAST FALMOUTH State MA Zip Code 02536-7708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.567737**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	390.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 681 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. TOOHEY, MARY HOLLY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 300.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.555032**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. TOOHEY, MARY HOLLY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 300.00

Date of Receipt 10 / 14 / 2016  
**Transaction ID : SA17.555034**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. TOOMEY, BEVERLY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3539 KAHAWALU DR. RETIRED  
 City HONOLULU State HI Zip Code 96817-1074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 362.00

Date of Receipt 10 / 01 / 2016  
**Transaction ID : SA17.563600**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	325.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 682 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. TOOMEY, BEVERLY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3539 KAHAWALU DR.  
 RETIRED  
 City HONOLULU State HI Zip Code 96817-1074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 362.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.567744**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. TOOMEY, BEVERLY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3539 KAHAWALU DR.  
 RETIRED  
 City HONOLULU State HI Zip Code 96817-1074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 362.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.567745**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. TOOMEY, BEVERLY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3539 KAHAWALU DR.  
 RETIRED  
 City HONOLULU State HI Zip Code 96817-1074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 362.00

Date of Receipt 10 / 09 / 2016  
**Transaction ID : SA17.572253**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	56.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 683 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. TOOMEY, BEVERLY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3539 KAHAWALU DR.  
 RETIRED  
 City HONOLULU State HI Zip Code 96817-1074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 362.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2016  
**Transaction ID : SA17.572254**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. TOOMEY, BEVERLY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3539 KAHAWALU DR.  
 RETIRED  
 City HONOLULU State HI Zip Code 96817-1074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 362.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2016  
**Transaction ID : SA17.574839**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. TOOMEY, BEVERLY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3539 KAHAWALU DR.  
 RETIRED  
 City HONOLULU State HI Zip Code 96817-1074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 362.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2016  
**Transaction ID : SA17.586112**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	53.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 684 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. TOOMEY, BEVERLY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3539 KAHAWALU DR.  
 RETIRED  
 City HONOLULU State HI Zip Code 96817-1074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 362.00

Date of Receipt 10 / 12 / 2016  
**Transaction ID : SA17.586113**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. TORRES, MARIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 44 WEST 56TH ST. # 4  
 4  
 City NEW YORK State NY Zip Code 10019-3864  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EDP GROUP Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 435.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.557695**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. TORRES, MARIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 44 WEST 56TH ST. # 4  
 4  
 City NEW YORK State NY Zip Code 10019-3864  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EDP GROUP Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 435.00

Date of Receipt 10 / 03 / 2016  
**Transaction ID : SA17.557696**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 685 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. TORRES, MARIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 44 WEST 56TH ST. # 4  
 City NEW YORK State NY Zip Code 10019-3864  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EDP GROUP Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 435.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.557697**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. TORRES, MARIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 44 WEST 56TH ST. # 4  
 City NEW YORK State NY Zip Code 10019-3864  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EDP GROUP Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 435.00

Date of Receipt 10 / 08 / 2016  
**Transaction ID : SA17.557698**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. TORRES, MARIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 44 WEST 56TH ST. # 4  
 City NEW YORK State NY Zip Code 10019-3864  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EDP GROUP Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 435.00

Date of Receipt 10 / 09 / 2016  
**Transaction ID : SA17.557699**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 686 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. TORRES, MARIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 44 WEST 56TH ST. # 4  
 City NEW YORK State NY Zip Code 10019-3864  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EDP GROUP Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 435.00

Date of Receipt 10 / 09 / 2016  
**Transaction ID : SA17.557700**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. TORRES, MARIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 44 WEST 56TH ST. # 4  
 City NEW YORK State NY Zip Code 10019-3864  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EDP GROUP Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 435.00

Date of Receipt 10 / 11 / 2016  
**Transaction ID : SA17.557701**  
 Amount of Each Receipt this Period 5.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. TORRES, MARIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 44 WEST 56TH ST. # 4  
 City NEW YORK State NY Zip Code 10019-3864  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EDP GROUP Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 435.00

Date of Receipt 10 / 12 / 2016  
**Transaction ID : SA17.557702**  
 Amount of Each Receipt this Period 5.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	35.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 687 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. TORRES, MARIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 44 WEST 56TH ST. # 4  
 City NEW YORK State NY Zip Code 10019-3864  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EDP GROUP Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 435.00

Date of Receipt 10 / 15 / 2016  
**Transaction ID : SA17.557703**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. TOWNSEND, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27120 FLAMINGO DR  
 City BONITA SPRINGS State FL Zip Code 34135-4452  
 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 280.00

Date of Receipt 10 / 03 / 2016  
**Transaction ID : SA17.564267**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. TOWNSEND, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27120 FLAMINGO DR  
 City BONITA SPRINGS State FL Zip Code 34135-4452  
 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 280.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.567754**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**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: (check only one)	PAGE 688 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. TOWNSEND, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27120 FLAMINGO DR  
 City BONITA SPRINGS State FL Zip Code 34135-4452  
 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 ▼ 280.00

Date of Receipt 10 / 07 / 2016  
**Transaction ID : SA17.568949**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. TOWNSEND, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27120 FLAMINGO DR  
 City BONITA SPRINGS State FL Zip Code 34135-4452  
 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 ▼ 280.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.574848**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. TOWNSEND, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27120 FLAMINGO DR  
 City BONITA SPRINGS State FL Zip Code 34135-4452  
 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 ▼ 280.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.574849**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 689 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. TOWNSEND, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27120 FLAMINGO DR  
 City BONITA SPRINGS State FL Zip Code 34135-4452  
 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 ▼ 280.00

Date of Receipt 10 / 14 / 2016  
**Transaction ID : SA17.579186**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. TOWNSEND, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27120 FLAMINGO DR  
 City BONITA SPRINGS State FL Zip Code 34135-4452  
 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 ▼ 280.00

Date of Receipt 10 / 11 / 2016  
**Transaction ID : SA17.586124**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. TRANSKI, NANCY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1815 RILEY CENTER RD.  
 City MEMPHIS State MI Zip Code 48041-2316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 206.80

Date of Receipt 10 / 07 / 2016  
**Transaction ID : SA17.568950**  
 Amount of Each Receipt this Period 27.95  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.95
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 690 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. TRANSKI, NANCY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1815 RILEY CENTER RD.  
 City MEMPHIS State MI Zip Code 48041-2316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 206.80

Date of Receipt 10 / 18 / 2016  
**Transaction ID : SA17.579193**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. TRANSKI, NANCY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1815 RILEY CENTER RD.  
 City MEMPHIS State MI Zip Code 48041-2316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 206.80

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.579194**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. TRANSKI, NANCY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1815 RILEY CENTER RD.  
 City MEMPHIS State MI Zip Code 48041-2316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 206.80

Date of Receipt 10 / 15 / 2016  
**Transaction ID : SA17.586132**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	35.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 691 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. TRANSKI, NANCY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1815 RILEY CENTER RD.  
 City MEMPHIS State MI Zip Code 48041-2316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 206.80

Date of Receipt 10 / 15 / 2016  
**Transaction ID : SA17.586605**  
 Amount of Each Receipt this Period 27.95  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. TRIOLO, GAYLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 CROSSROADS BLVD 514  
 City CARMEL State CA Zip Code 93923-8674  
 FEC ID number of contributing 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 10 / 09 / 2016  
**Transaction ID : SA17.572261**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. TROUTMAN, LESLIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3901 E PINNACLE PEAK RD 91  
 City PHOENIX State AZ Zip Code 85050-8109  
 FEC ID number of contributing 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 10 / 06 / 2016  
**Transaction ID : SA17.568485**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	327.95
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 692 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. TRUPP, JEROME, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7281 AMBER CT.  
 City BOYNTON BEACH State FL Zip Code 33437-  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.567766**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. TUAN, GWYNNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 262 W. 107 STREET 4A  
 City NEW YORK State NY Zip Code 10025-8300  
 FEC ID number of contributing 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 10 / 08 / 2016  
**Transaction ID : SA17.570302**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. TUAN, GWYNNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 262 W. 107 STREET 4A  
 City NEW YORK State NY Zip Code 10025-8300  
 FEC ID number of contributing 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 10 / 10 / 2016  
**Transaction ID : SA17.574873**  
 Amount of Each Receipt this Period 5.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 130.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 693 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. TUAN, GWYNNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 262 W. 107 STREET  
 4A  
 City NEW YORK State NY Zip Code 10025-8300  
 FEC ID number of contributing 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 10 / 10 / 2016  
**Transaction ID : SA17.574874**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. TUAN, GWYNNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 262 W. 107 STREET  
 4A  
 City NEW YORK State NY Zip Code 10025-8300  
 FEC ID number of contributing 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 10 / 12 / 2016  
**Transaction ID : SA17.579204**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. TUAN, GWYNNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 262 W. 107 STREET  
 4A  
 City NEW YORK State NY Zip Code 10025-8300  
 FEC ID number of contributing 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 10 / 12 / 2016  
**Transaction ID : SA17.586152**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	55.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 694 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. TUAN, GWYNNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 262 W. 107 STREET  
 4A  
 City NEW YORK State NY Zip Code 10025-8300  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2016  
**Transaction ID : SA17.586153**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. TUAN, GWYNNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 262 W. 107 STREET  
 4A  
 City NEW YORK State NY Zip Code 10025-8300  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2016  
**Transaction ID : SA17.586154**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. TUAN, GWYNNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 262 W. 107 STREET  
 4A  
 City NEW YORK State NY Zip Code 10025-8300  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2016  
**Transaction ID : SA17.586155**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 695 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. TUAN, GWYNNE, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2016
Mailing Address 262 W. 107 STREET 4A		<b>Transaction ID : SA17.586156</b>
City NEW YORK	State NY	Zip Code 10025-8300
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. TUFENKIAN, RALPH, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 05 / 2016
Mailing Address 1465 SUNSHINE DRIVE		<b>Transaction ID : SA17.567771</b>
City GLENDALE	State CA	Zip Code 91208-2432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 227.95	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. TUFENKIAN, RALPH, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 09 / 2016
Mailing Address 1465 SUNSHINE DRIVE		<b>Transaction ID : SA17.572270</b>
City GLENDALE	State CA	Zip Code 91208-2432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 227.95	NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 696 OF 783
<input 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 checked="" 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)  
**Committee to Defend the President**

**A. TUGAW, EDWARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 176 NORTH MAIN  
 City BRIGHAM CITY State UT Zip Code 84302-2118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) REAL ESTATE BROKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.591177**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. TUNELL, EARL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P O BOX 342 P.O. BOX 342  
 City PIMA State AZ Zip Code 85543-0342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 607.95

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.567772**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. TUNELL, EARL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P O BOX 342 P.O. BOX 342  
 City PIMA State AZ Zip Code 85543-0342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 607.95

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.567773**  
 Amount of Each Receipt this Period 107.95  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	257.95
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 697 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. TUNELL, EARL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P O BOX 342  
 P.O. BOX 342  
 City PIMA State AZ Zip Code 85543-0342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 607.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2016  
**Transaction ID : SA17.572271**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. TUNELL, EARL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P O BOX 342  
 P.O. BOX 342  
 City PIMA State AZ Zip Code 85543-0342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 607.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2016  
**Transaction ID : SA17.587615**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. TUNELL, EARL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P O BOX 342  
 P.O. BOX 342  
 City PIMA State AZ Zip Code 85543-0342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 607.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2016  
**Transaction ID : SA17.587616**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 698 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. TUNELL, EARL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P O BOX 342  
 P.O. BOX 342  
 City PIMA State AZ Zip Code 85543-0342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 607.95

Date of Receipt 10 / 11 / 2016  
**Transaction ID : SA17.588223**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. TURNER, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14118 - 21ST DRIVE SE  
 City MILL CREEK State WA Zip Code 98012-1322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 237.95

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.567780**  
 Amount of Each Receipt this Period 15.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. TUTTLE, LEE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4718 HALLMARK DR.  
 102  
 City HOUSTON State TX Zip Code 77056-3909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1180.00

Date of Receipt 10 / 12 / 2016  
**Transaction ID : SA17.586175**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	140.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 699 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. TUTTLE, LEE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4718 HALLMARK DR.  
 102  
 City HOUSTON State TX Zip Code 77056-3909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1180.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2016  
**Transaction ID : SA17.586176**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. TUTTLE, LEE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4718 HALLMARK DR.  
 102  
 City HOUSTON State TX Zip Code 77056-3909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1180.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2016  
**Transaction ID : SA17.586177**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. TUTTLE, LEE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4718 HALLMARK DR.  
 102  
 City HOUSTON State TX Zip Code 77056-3909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1180.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2016  
**Transaction ID : SA17.586178**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 700 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. TUTTLE, LEE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4718 HALLMARK DR.  
 102  
 City HOUSTON State TX Zip Code 77056-3909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1180.00

Date of Receipt **10 / 12 / 2016**  
**Transaction ID : SA17.587619**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. TYSON, CINDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1612 2ND AVE SW #302  
 #302  
 City CULLMAN State AL Zip Code 35055-5313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UNEMPLOYED Occupation (for Individual) UNEMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.594403**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. UPHAM, JANE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5661 ROCKPORT LANE  
 City FORT WORTH State TX Zip Code 76137-2117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 252.95

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.567791**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 701 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. URBANSKI, JERZY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 320 E 42ND STREET  
 516  
 City NEW YORK State NY Zip Code 10017-5900  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DASNY Occupation (for Individual) PROJECT MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.557098**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. URBANSKI, JERZY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 320 E 42ND STREET  
 516  
 City NEW YORK State NY Zip Code 10017-5900  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DASNY Occupation (for Individual) PROJECT MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.557099**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. UTSEY, HOWARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 829  
 City CAREFREE State AZ Zip Code 85377-0829  
 FEC ID number of contributing 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 10 / 09 / 2016  
**Transaction ID : SA17.572286**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 702 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. VAETH, GEORGE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9532 LONGLOOK LANE  
 City COLUMBIA State MD Zip Code 21045-3212  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.567793**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. VAN ECK, CAROL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1931 WILMONT DR., SE  
 City GRAND RAPIDS State MI Zip Code 49508-6565  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 283.00

Date of Receipt 10 / 08 / 2016  
**Transaction ID : SA17.570318**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. VAN ECK, CAROL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1931 WILMONT DR., SE  
 City GRAND RAPIDS State MI Zip Code 49508-6565  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 283.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.574898**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	375.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 703 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. VAN ECK, CAROL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1931 WILMONT DR., SE  
 City GRAND RAPIDS State MI Zip Code 49508-6565  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 283.00

Date of Receipt 10 / 15 / 2016  
**Transaction ID : SA17.576467**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. VAN ECK, CAROL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1931 WILMONT DR., SE  
 City GRAND RAPIDS State MI Zip Code 49508-6565  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 283.00

Date of Receipt 10 / 13 / 2016  
**Transaction ID : SA17.579229**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. VAN HORNE, ALLAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7894 SWAPS TRAIL  
 City EVERGREEN State CO Zip Code 80439-6399  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.588609**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	58.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 704 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. VANDER VEEN, ARVIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2503 106TH AVE CT E  
 City EDGEWOOD State WA Zip Code 98372-1816  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) COLLIERS INTERNATIONAL Occupation (for Individual) COMMERCIAL REAL ESTATE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **10 / 14 / 2016**  
**Transaction ID : SA17.556719**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. VANDERGRIFF, ERNIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 128 S BRONCO COURT  
 City SPRINGTOWN State TX Zip Code 76082-4723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) SMALL BUSINESS OWNER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **10 / 12 / 2016**  
**Transaction ID : SA17.592558**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. VARGA, LINDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3154 CHANSON VALLEY RD  
 City LAMBERTVILLE State MI Zip Code 48144-9310  
 FEC ID number of contributing 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 **10 / 05 / 2016**  
**Transaction ID : SA17.567809**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 705 OF 783
<input 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 checked="" 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)  
**Committee to Defend the President**

**A. VEGA, BETTY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4905 SW 140 TH TER  
 City HOLLYWOOD State FL Zip Code 33027-6201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SALES PERSON Occupation (for Individual) SELFIE EMPLOYE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2016  
**Transaction ID : SA17.589147**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. VIDANA, GASTON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12225 NORWOOD RD  
 City RALEIGH State NC Zip Code 27613-6839  
 FEC ID number of contributing 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  
 10 / 10 / 2016  
**Transaction ID : SA17.592751**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. VIOX, MARGIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6243 MORROW COZADDALE RD.  
 City MORROW State OH Zip Code 45152-8914  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 227.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2016  
**Transaction ID : SA17.567830**  
 Amount of Each Receipt this Period 27.95  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	117.95
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 706 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. VIOX, MARGIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6243 MORROW COZADDALE RD.  
 City MORROW State OH Zip Code 45152-8914  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 227.95

Date of Receipt **10 / 12 / 2016**  
**Transaction ID : SA17.587635**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. VITALE, ALBERTO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 135 GRACE TRAIL  
 City PALM BEACH State FL Zip Code 33480-3909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **10 / 19 / 2016**  
**Transaction ID : SA17.588230**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. VOGEL, GLOROA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6240 LE SAGE AVE  
 City WOODLAND HILLS State CA Zip Code 91367-1328  
 FEC ID number of contributing 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 **10 / 12 / 2016**  
**Transaction ID : SA17.588320**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 707 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. VUKOVICH, NATASHA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5015 W KING CREST LN.  
 City LITTLETON State CO Zip Code 80123-1579  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.567841**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. VUKOVICH, NATASHA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5015 W KING CREST LN.  
 City LITTLETON State CO Zip Code 80123-1579  
 FEC ID number of contributing 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 10 / 11 / 2016  
**Transaction ID : SA17.586254**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. WADDINGTON, HENRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 DARBY CREEK CT.  
 City OKATIE State SC Zip Code 29909-6224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.567843**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 708 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. WAGNER, JO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 SOLANA CT  
 City SANTA BARBARA State CA Zip Code 93109-1046  
 FEC ID number of contributing 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  
 10 / 05 / 2016  
**Transaction ID : SA17.567851**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. WAGNER, MARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5166 ALTURAS CIR  
 City COLORADO SPRINGS State CO Zip Code 80911-3417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 405.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2016  
**Transaction ID : SA17.567850**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. WAGNER, MARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5166 ALTURAS CIR  
 City COLORADO SPRINGS State CO Zip Code 80911-3417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 405.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2016  
**Transaction ID : SA17.567853**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 709 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. WAGNER, ROBERT R., E., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19575 VINTAGE TRACE CIRCLE  
 City FORT MYERS State FL Zip Code 33967-5532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2016  
**Transaction ID : SA17.567848**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. WAGNER, ROBERT R., E., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19575 VINTAGE TRACE CIRCLE  
 City FORT MYERS State FL Zip Code 33967-5532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2016  
**Transaction ID : SA17.567852**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. WAGNER, ROBERT R., E., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19575 VINTAGE TRACE CIRCLE  
 City FORT MYERS State FL Zip Code 33967-5532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2016  
**Transaction ID : SA17.568493**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	45.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 710 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. WAGNER, ROBERT R., E., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19575 VINTAGE TRACE CIRCLE  
 City FORT MYERS State FL Zip Code 33967-5532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 10 / 11 / 2016  
**Transaction ID : SA17.579260**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. WAGONER, BOB, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9408S. SANDUSKY PLACE  
 City TULSA State OK Zip Code 74137-2328  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.567854**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. WALDRON, DAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4001 WOOD LAKE DR.  
 City PLANO State TX Zip Code 75093-7583  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WALDRON MARKETING Occupation (for Individual) SELF-EMPLOYED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.591406**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	155.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 711 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. WALDRON, DAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4001 WOOD LAKE DR.  
 City PLANO State TX Zip Code 75093-7583  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WALDRON MARKETING Occupation (for Individual) SELF-EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.591474**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. WALDRON, DARYL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 310  
 City MOORE HAVEN State FL Zip Code 33471-0310  
 FEC ID number of contributing 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 10 / 18 / 2016  
**Transaction ID : SA17.588321**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. WALKER, FRANCES ANN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5920 N CAMINO PADRE ISIDORO  
 City TUCSON State AZ Zip Code 85718-4032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 256.00

Date of Receipt 10 / 18 / 2016  
**Transaction ID : SA17.588233**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 712 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. WALTER, ANITA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3600 SOUTHERN PINES DR.  
 City MIDDLEBURG State FL Zip Code 32068-5830  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.559173**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. WALTON, NATHANIEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13669 RAGGED MOUNTAIN DRIVE  
 City PAONIA State CO Zip Code 81428-8312  
 FEC ID number of contributing 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 **10 / 10 / 2016**  
**Transaction ID : SA17.574967**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. WALTON, NATHANIEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13669 RAGGED MOUNTAIN DRIVE  
 City PAONIA State CO Zip Code 81428-8312  
 FEC ID number of contributing 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 **10 / 19 / 2016**  
**Transaction ID : SA17.588237**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 713 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. WALZ, PHIL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address N6364 FOX GLEN RD.  
 City PORTAGE State WI Zip Code 53901-9632  
 FEC ID number of contributing 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: 10 / 18 / 2016  
**Transaction ID : SA17.588334**  
 Amount of Each Receipt this Period: 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. WARREN, SR., FRANK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOXV 626 N/A  
 City STUART State FL Zip Code 34995-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 377.95

Date of Receipt: 10 / 06 / 2016  
**Transaction ID : SA17.568499**  
 Amount of Each Receipt this Period: 27.95  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. WARREN, SR., FRANK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOXV 626 N/A  
 City STUART State FL Zip Code 34995-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 377.95

Date of Receipt: 10 / 10 / 2016  
**Transaction ID : SA17.574983**  
 Amount of Each Receipt this Period: 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	777.95
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 714 OF 783
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. WARREN, SR., FRANK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOXV 626  
 N/A  
 City STUART State FL Zip Code 34995-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 377.95

Date of Receipt 10 / 12 / 2016  
**Transaction ID : SA17.587646**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. WARREN, JOHN W., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 901 E. POPLAR ST  
 City CLARKSVILLE State AR Zip Code 72830-4411  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.567887**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. WARREN, JOHN W., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 901 E. POPLAR ST  
 City CLARKSVILLE State AR Zip Code 72830-4411  
 FEC ID number of contributing 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 10 / 08 / 2016  
**Transaction ID : SA17.570352**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 125.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 715 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. WARREN, JOHN W., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 901 E. POPLAR ST  
 City CLARKSVILLE State AR Zip Code 72830-4411  
 FEC ID number of contributing 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 10 / 12 / 2016  
**Transaction ID : SA17.586305**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. WARREN, JOHN W., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 901 E. POPLAR ST  
 City CLARKSVILLE State AR Zip Code 72830-4411  
 FEC ID number of contributing 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 10 / 18 / 2016  
**Transaction ID : SA17.586306**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. WARREN, JOHN W., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 901 E. POPLAR ST  
 City CLARKSVILLE State AR Zip Code 72830-4411  
 FEC ID number of contributing 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 10 / 12 / 2016  
**Transaction ID : SA17.586307**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 716 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. WASHAM, LORI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3912 SEGUNDO  
 City PLANO State TX Zip Code 75074-7926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FBCHURCH Occupation (for Individual) ASST DIR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.558019**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. WASHAM, LORI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3912 SEGUNDO  
 City PLANO State TX Zip Code 75074-7926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FBCHURCH Occupation (for Individual) ASST DIR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.567889**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. WASHAM, LORI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3912 SEGUNDO  
 City PLANO State TX Zip Code 75074-7926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FBCHURCH Occupation (for Individual) ASST DIR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.567890**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	20.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 717 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. WASHAM, LORI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3912 SEGUNDO  
 City PLANO State TX Zip Code 75074-7926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FBCHURCH Occupation (for Individual) ASST DIR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.567891**  
 Amount of Each Receipt this Period 6.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. WASHAM, LORI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3912 SEGUNDO  
 City PLANO State TX Zip Code 75074-7926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FBCHURCH Occupation (for Individual) ASST DIR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 10 / 07 / 2016  
**Transaction ID : SA17.568969**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. WASHAM, LORI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3912 SEGUNDO  
 City PLANO State TX Zip Code 75074-7926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FBCHURCH Occupation (for Individual) ASST DIR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 10 / 09 / 2016  
**Transaction ID : SA17.572321**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	31.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 718 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. WASHAM, LORI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3912 SEGUNDO  
 City PLANO State TX Zip Code 75074-7926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FBCHURCH Occupation (for Individual) ASST DIR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.574987**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. WASHAM, LORI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3912 SEGUNDO  
 City PLANO State TX Zip Code 75074-7926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FBCHURCH Occupation (for Individual) ASST DIR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 10 / 11 / 2016  
**Transaction ID : SA17.579288**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. WASHAM, LORI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3912 SEGUNDO  
 City PLANO State TX Zip Code 75074-7926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FBCHURCH Occupation (for Individual) ASST DIR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 10 / 14 / 2016  
**Transaction ID : SA17.581023**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	20.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 719 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. WASHAM, LORI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3912 SEGUNDO  
 City PLANO State TX Zip Code 75074-7926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FBCHURCH Occupation (for Individual) ASST DIR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 10 / 18 / 2016  
**Transaction ID : SA17.581024**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. WEBER, EDWARD, V., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P O BOX 1165  
 City PORT EWEN State NY Zip Code 12466-1165  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1405.16

Date of Receipt 10 / 08 / 2016  
**Transaction ID : SA17.570355**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. WEBER, EDWARD, V., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P O BOX 1165  
 City PORT EWEN State NY Zip Code 12466-1165  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1405.16

Date of Receipt 10 / 08 / 2016  
**Transaction ID : SA17.570356**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 720 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. WEBER, EDWARD, V., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O BOX 1165

City PORT EWEN	State NY	Zip Code 12466-1165
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1405.16

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2016

**Transaction ID : SA17.581729**

Amount of Each Receipt this Period  
20.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. WEBER, EDWARD, V., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O BOX 1165

City PORT EWEN	State NY	Zip Code 12466-1165
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1405.16

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2016

**Transaction ID : SA17.586332**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. WEHDE, ROBERT, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 PRIMROSE CIR

City CLINTONVILLE	State WI	Zip Code 54929-9798
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
428.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2016

**Transaction ID : SA17.587650**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	95.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 721 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. WEHRHEIM, NANCY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10254 CENTER OAK DR.

City PITTSBURGH	State PA	Zip Code 15237-
--------------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
642.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2016

**Transaction ID : SA17.563613**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. WEHRHEIM, NANCY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10254 CENTER OAK DR.

City PITTSBURGH	State PA	Zip Code 15237-
--------------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
642.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2016

**Transaction ID : SA17.563614**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. WEHRHEIM, NANCY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10254 CENTER OAK DR.

City PITTSBURGH	State PA	Zip Code 15237-
--------------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
642.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2016

**Transaction ID : SA17.564297**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 722 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. WEHRHEIM, NANCY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10254 CENTER OAK DR.  
 City PITTSBURGH State PA Zip Code 15237-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 642.95

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.567913**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. WEHRHEIM, NANCY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10254 CENTER OAK DR.  
 City PITTSBURGH State PA Zip Code 15237-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 642.95

Date of Receipt **10 / 06 / 2016**  
**Transaction ID : SA17.568504**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. WEHRHEIM, NANCY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10254 CENTER OAK DR.  
 City PITTSBURGH State PA Zip Code 15237-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 642.95

Date of Receipt **10 / 07 / 2016**  
**Transaction ID : SA17.568973**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**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: (check only one)	PAGE 723 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. WEHRHEIM, NANCY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10254 CENTER OAK DR.  
 City PITTSBURGH State PA Zip Code 15237-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 642.95

Date of Receipt 10 / 08 / 2016  
**Transaction ID : SA17.570360**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. WEHRHEIM, NANCY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10254 CENTER OAK DR.  
 City PITTSBURGH State PA Zip Code 15237-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 642.95

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.575000**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. WEHRHEIM, NANCY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10254 CENTER OAK DR.  
 City PITTSBURGH State PA Zip Code 15237-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 642.95

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.575001**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**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: (check only one)	PAGE 724 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**WEHRHEIM, NANCY, , ,**

Mailing Address 10254 CENTER OAK DR.

City PITTSBURGH	State PA	Zip Code 15237-
--------------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
642.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2016

**Transaction ID : SA17.575002**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**WEHRHEIM, NANCY, , ,**

Mailing Address 10254 CENTER OAK DR.

City PITTSBURGH	State PA	Zip Code 15237-
--------------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
642.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2016

**Transaction ID : SA17.575003**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**WEHRHEIM, NANCY, , ,**

Mailing Address 10254 CENTER OAK DR.

City PITTSBURGH	State PA	Zip Code 15237-
--------------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
642.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

**Transaction ID : SA17.586341**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 725 OF 783
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. WEHRHEIM, NANCY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10254 CENTER OAK DR.  
 City PITTSBURGH State PA Zip Code 15237-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 642.95

Date of Receipt **10 / 17 / 2016**  
**Transaction ID : SA17.586342**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. WEHRHEIM, NANCY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10254 CENTER OAK DR.  
 City PITTSBURGH State PA Zip Code 15237-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 642.95

Date of Receipt **10 / 12 / 2016**  
**Transaction ID : SA17.586343**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. WEHRHEIM, NANCY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10254 CENTER OAK DR.  
 City PITTSBURGH State PA Zip Code 15237-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 642.95

Date of Receipt **10 / 19 / 2016**  
**Transaction ID : SA17.586344**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 726 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. WEHRHEIM, NANCY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10254 CENTER OAK DR.  
 City PITTSBURGH State PA Zip Code 15237-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 642.95

Date of Receipt 10 / 12 / 2016  
**Transaction ID : SA17.586345**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. WEISS, NITZA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 540 BARDINI DR. MELVILLE,NY  
 City MELVILLE State NY Zip Code 11747-5326  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.567921**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. WEISZ, WAYNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O.BOX 1284  
 City LODI State CA Zip Code 95241-1284  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CEN-CAL FIRE SYSTEMS INC. Occupation (for Individual) CEN-CAL FIRE SYSTEMS INC.  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.556282**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	375.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 727 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. WEISZ, WAYNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O.BOX 1284  
 City Lodi State CA Zip Code 95241-1284  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CEN-CAL FIRE SYSTEMS INC. Occupation (for Individual) CEN-CAL FIRE SYSTEMS INC.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.556283**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. WESTCAMP, JESSIE, G., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 940 COUNTY RD 303  
 City ELK CREEK State CA Zip Code 95939-9701  
 FEC ID number of contributing 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 10 / 12 / 2016  
**Transaction ID : SA17.561747**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. WESTCAMP, JESSIE, G., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 940 COUNTY RD 303  
 City ELK CREEK State CA Zip Code 95939-9701  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.563077**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1075.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 728 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. WHALEY, MIKE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 501 E BAYSHORE DR.  
 City ST GEORGE ISLAND State FL Zip Code 32328-2966  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 FIRST BAPTIST CHURCH-ST. GEORGE ISLAND PASTOR  
 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  
 10 / 05 / 2016  
**Transaction ID : SA17.558090**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. WHEELER, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 684 NILES ROAD  
 City NEW HARTFORD State CT Zip Code 06057-2412  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 RETIRED RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2016  
**Transaction ID : SA17.567939**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. WHEELDON, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4128 IMPERIAL EAGLE DRIVE  
 City VALRICO State FL Zip Code 33594-3965  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 SELF APPRAISER  
 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  
 10 / 05 / 2016  
**Transaction ID : SA17.589449**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 729 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. WHITE, BILLY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21007 LAS LOMAS BLVD

City SAN ANTONIO	State TX	Zip Code 78258-2940
---------------------	-------------	------------------------

FEC ID number of contributing 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
10	/	05	/	2016

**Transaction ID : SA17.588470**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. WHITE, BILLY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21007 LAS LOMAS BLVD

City SAN ANTONIO	State TX	Zip Code 78258-2940
---------------------	-------------	------------------------

FEC ID number of contributing 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
10	/	14	/	2016

**Transaction ID : SA17.588471**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. WHITE, DEBBIE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 250 E JAMES COURT DR. APT 201

City MERIDIAN	State ID	Zip Code 83646-3362
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CRACKER BARREL	Occupation (for Individual) RETAIL SALES
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2016

**Transaction ID : SA17.594991**

Amount of Each Receipt this Period  
10.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	210.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 730 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. WHITE, DEBBIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 250 E JAMES COURT DR. APT 201  
 City MERIDIAN State ID Zip Code 83646-3362  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 CRACKER BARREL RETAIL SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 10 / 09 / 2016  
**Transaction ID : SA17.594992**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. WHITE, DEBBIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 250 E JAMES COURT DR. APT 201  
 City MERIDIAN State ID Zip Code 83646-3362  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 CRACKER BARREL RETAIL SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.594993**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. WHITE, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 540572  
 City WALTHAM State MA Zip Code 02454-0572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 AFSSI BUSINESS PERSON  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 587.95

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.554781**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT; REFUNDED \$50.00 ON 10/05/2016

<b>SUBTOTAL</b> of Receipts This Page (optional).....	85.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 731 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. WHITE, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 540572

City WALTHAM	State MA	Zip Code 02454-0572
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) AFSSI	Occupation (for Individual) BUSINESS PERSON
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
587.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2016  
**Transaction ID : SA17.554782**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. WHITE, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 540572

City WALTHAM	State MA	Zip Code 02454-0572
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) AFSSI	Occupation (for Individual) BUSINESS PERSON
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
587.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2016  
**Transaction ID : SA17.554783**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. WHITE, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 540572

City WALTHAM	State MA	Zip Code 02454-0572
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) AFSSI	Occupation (for Individual) BUSINESS PERSON
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
587.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 11 / 2016  
**Transaction ID : SA17.554784**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 732 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. WHITE, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 540572

City WALTHAM	State MA	Zip Code 02454-0572
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) AFSSI	Occupation (for Individual) BUSINESS PERSON
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
587.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 11 / 2016

**Transaction ID : SA17.554785**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. WHITE, PATRICIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1209 SAN SIMEON DR.

City ROSEVILLE	State CA	Zip Code 95661-5363
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
527.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2016

**Transaction ID : SA17.563619**

Amount of Each Receipt this Period  
27.95

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. WHITE, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2206 MAE DELL RD

City CHATTANOOGA	State TN	Zip Code 37421-2427
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PERSONAL SUCCESS & LEADERSHIP INSTITUT	Occupation (for Individual) TEACHER
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2016

**Transaction ID : SA17.567950**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	177.95
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 733 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. WHITE, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1850 DELPHINA COURT  
 City CAMERON PARK State CA Zip Code 95682-8963  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.567951**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. WHITE, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2206 MAE DELL RD  
 City CHATTANOOGA State TN Zip Code 37421-2427  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PERSONAL SUCCESS & LEADERSHIP INSTITUT Occupation (for Individual) TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 09 / 2016  
**Transaction ID : SA17.572350**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. WHITE, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2206 MAE DELL RD  
 City CHATTANOOGA State TN Zip Code 37421-2427  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PERSONAL SUCCESS & LEADERSHIP INSTITUT Occupation (for Individual) TEACHER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 18 / 2016  
**Transaction ID : SA17.586400**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	175.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 734 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. WIGGINS, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 255 CIRCLE DRIVE  
 City RENO State NV Zip Code 89509-2510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.554955**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. WIGGINS, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 255 CIRCLE DRIVE  
 City RENO State NV Zip Code 89509-2510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt **10 / 06 / 2016**  
**Transaction ID : SA17.554956**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. WIGGINS, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 255 CIRCLE DRIVE  
 City RENO State NV Zip Code 89509-2510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt **10 / 15 / 2016**  
**Transaction ID : SA17.554957**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	58.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 735 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. WIGGINS, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 255 CIRCLE DRIVE  
 City RENO State NV Zip Code 89509-2510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt 10 / 18 / 2016  
**Transaction ID : SA17.554958**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. WILEMAN, DOTTY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1325 E RIVERSIDE AVENUE  
 City ESSEX State MD Zip Code 21221-6333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 268.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.567958**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. WILEMAN, DOTTY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1325 E RIVERSIDE AVENUE  
 City ESSEX State MD Zip Code 21221-6333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 268.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : SA17.568509**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 736 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. WILEMAN, DOTTY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1325 E RIVERSIDE AVENUE  
 City ESSEX State MD Zip Code 21221-6333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 268.00

Date of Receipt 10 / 09 / 2016  
**Transaction ID : SA17.572359**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. WILEMAN, DOTTY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1325 E RIVERSIDE AVENUE  
 City ESSEX State MD Zip Code 21221-6333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 268.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.575040**  
 Amount of Each Receipt this Period 10.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. WILEMAN, DOTTY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1325 E RIVERSIDE AVENUE  
 City ESSEX State MD Zip Code 21221-6333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 268.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.575041**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 737 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. WILEMAN, DOTTY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1325 E RIVERSIDE AVENUE  
 City ESSEX State MD Zip Code 21221-6333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 268.00

Date of Receipt 10 / 13 / 2016  
**Transaction ID : SA17.579343**  
 Amount of Each Receipt this Period 5.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. WILEMAN, DOTTY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1325 E RIVERSIDE AVENUE  
 City ESSEX State MD Zip Code 21221-6333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 268.00

Date of Receipt 10 / 15 / 2016  
**Transaction ID : SA17.579344**  
 Amount of Each Receipt this Period 5.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. WILEMAN, DOTTY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1325 E RIVERSIDE AVENUE  
 City ESSEX State MD Zip Code 21221-6333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 268.00

Date of Receipt 10 / 18 / 2016  
**Transaction ID : SA17.579345**  
 Amount of Each Receipt this Period 5.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 15.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 738 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. WILEMAN, DOTTY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1325 E RIVERSIDE AVENUE  
 City ESSEX State MD Zip Code 21221-6333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 268.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.581065**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. WILEMAN, DOTTY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1325 E RIVERSIDE AVENUE  
 City ESSEX State MD Zip Code 21221-6333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 268.00

Date of Receipt 10 / 11 / 2016  
**Transaction ID : SA17.586425**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. WILEY, LESTER C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 891 ROANOKE DRIVE  
 City MARIETTA State GA Zip Code 30066-5425  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 262.95

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.588360**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 60.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 739 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. WILEY, LESTER C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 891 ROANOKE DRIVE  
 City MARIETTA State GA Zip Code 30066-5425  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 262.95

Date of Receipt 10 / 08 / 2016  
**Transaction ID : SA17.588361**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. WILEY, LESTER C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 891 ROANOKE DRIVE  
 City MARIETTA State GA Zip Code 30066-5425  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 262.95

Date of Receipt 10 / 09 / 2016  
**Transaction ID : SA17.588362**  
 Amount of Each Receipt this Period 10.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. WILEY, LESTER C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 891 ROANOKE DRIVE  
 City MARIETTA State GA Zip Code 30066-5425  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 262.95

Date of Receipt 10 / 14 / 2016  
**Transaction ID : SA17.588363**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 60.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 740 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. WILHELM, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 884 PEBBLEBROOK  
 City EAST LANSING State MI Zip Code 48823-2164  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LOEYECARE Occupation (for Individual) OPHTHALMOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.560295**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. WILHELM, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 884 PEBBLEBROOK  
 City EAST LANSING State MI Zip Code 48823-2164  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LOEYECARE Occupation (for Individual) OPHTHALMOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 16 / 2016  
**Transaction ID : SA17.560296**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. WILHELM, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 884 PEBBLEBROOK  
 City EAST LANSING State MI Zip Code 48823-2164  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LOEYECARE Occupation (for Individual) OPHTHALMOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA17.560297**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 741 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. WILKES, SAMIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 363 FAIRVIEW CIRCLE  
 City WOODSTOCK State VA Zip Code 22664-3029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2016  
**Transaction ID : SA17.556451**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. WILKES, SAMIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 363 FAIRVIEW CIRCLE  
 City WOODSTOCK State VA Zip Code 22664-3029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2016  
**Transaction ID : SA17.572363**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. WILKES, SAMIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 363 FAIRVIEW CIRCLE  
 City WOODSTOCK State VA Zip Code 22664-3029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2016  
**Transaction ID : SA17.586429**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶  
**TOTAL** This Period (last page this line number only)..... ▶

90.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 742 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. WILKES, SAMIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 363 FAIRVIEW CIRCLE  
 City WOODSTOCK State VA Zip Code 22664-3029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 10 / 16 / 2016  
**Transaction ID : SA17.586430**  
 Amount of Each Receipt this Period: 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. WILKES, SAMIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 363 FAIRVIEW CIRCLE  
 City WOODSTOCK State VA Zip Code 22664-3029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 10 / 18 / 2016  
**Transaction ID : SA17.586431**  
 Amount of Each Receipt this Period: 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. WILKES, SAMIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 363 FAIRVIEW CIRCLE  
 City WOODSTOCK State VA Zip Code 22664-3029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 10 / 18 / 2016  
**Transaction ID : SA17.586432**  
 Amount of Each Receipt this Period: 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 743 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. WILLIAMS, JIM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5850 GRANITE PARKWAY  
 SUITE 100  
 City PLANO State TX Zip Code 75024-0043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LANDPLAN Occupation (for Individual) REAL ESTATE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.560281**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. WILLIAMS, LEAH, A., MS., PH.D.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 322 HORSESHOE RD  
 City MORGANTOWN State WV Zip Code 26508-5308  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.567969**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. WILLIAMS, PAMELA B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 272 OAKWOOD ROAD  
 City ENGLEWOOD State NJ Zip Code 07631-2026  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.567970**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 744 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. WILLIAMS, RENOVA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4505 DARTMOORE LAME  
 City COLLEYVILLE State TX Zip Code 76034-4262  
 FEC ID number of contributing 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 10 / 05 / 2016  
**Transaction ID : SA17.567972**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. WILLIAMS, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5800 CROOKS RD  
 City TROY State MI Zip Code 48098-2830  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CADILLAC PRODUCTS INC. Occupation (for Individual) CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 08 / 2016  
**Transaction ID : SA17.556026**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. WILLIAMS, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1972 PULASKI DR. 1972  
 City BEAUFORT State SC Zip Code 29906-9410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 203.00

Date of Receipt 10 / 13 / 2016  
**Transaction ID : SA17.586436**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**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: (check only one)	PAGE 745 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. WILLIAMS, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1972 PULASKI DR.  
 1972  
 City BEAUFORT State SC Zip Code 29906-9410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 203.00

Date of Receipt **10 / 19 / 2016**  
**Transaction ID : SA17.586447**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. WILLIAMS, RYAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 142 WASHAKIE ST  
 City LANDER State WY Zip Code 82520-2852  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ACADEMI Occupation (for Individual) CONTRACTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.554619**  
 Amount of Each Receipt this Period 35.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. WOLSKE, KENNETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1422 LARPEN TEUR AVE WEST  
 City FALCON HEIGHTS State MN Zip Code 55113-6303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BAROLE Occupation (for Individual) TRUCK DRIVER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.555521**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	110.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 746 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. WONG, JOE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 400 ARBOR PLACE

City REDDING	State CA	Zip Code 96001-0250
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) J AND A FOOD	Occupation (for Individual) RESTAURANT OWNER
---	---

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
10		09		2016

**Transaction ID : SA17.559780**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. WOOLSEY, WARREN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14213 NW 59TH PLACE

City GAINESVILLE	State FL	Zip Code 32653-2572
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
417.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2016

**Transaction ID : SA17.568018**

Amount of Each Receipt this Period  
30.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. WOOTEN, JAMES, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 434 EARLY'S MOUNTAIN ROAD

City LEICESTER	State NC	Zip Code 28748-5618
-------------------	-------------	------------------------

FEC ID number of contributing 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
10		10		2016

**Transaction ID : SA17.575100**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	780.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 747 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. WORKMAN, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1598 E NORMANDY BLVD  
 City DELTONA State FL Zip Code 32725-7569  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2016  
**Transaction ID : SA17.568019**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. WORKMAN, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1598 E NORMANDY BLVD  
 City DELTONA State FL Zip Code 32725-7569  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2016  
**Transaction ID : SA17.575104**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. WORTHINGTON, VON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 730 VASSAR AVE  
 City LAKEWOOD State NJ Zip Code 08701-6907  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WORTHINGTON BIOCHEMICAL CORP Occupation (for Individual) BIOCHEMIST  
 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  
 10 / 11 / 2016  
**Transaction ID : SA17.595425**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 748 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. WRIGHT, KARRIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 E 75TH ST  
 7E  
 City NEW YORK State NY Zip Code 10021-2625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) SELF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 09 / 2016  
**Transaction ID : SA17.572402**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT

**B. WRIGHT, KARRIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 E 75TH ST  
 7E  
 City NEW YORK State NY Zip Code 10021-2625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) SELF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.591531**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT

**C. WYNNE, WILLARD, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 473 NANCY JACK ROAD  
 City GERRARDSTOWN State WV Zip Code 25420-3826  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 585.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.575111**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 749 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. XIAO, JINYUAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7114 YELLOWSTONE BLVD  
 City FOREST HILLS State NY Zip Code 11375-3540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELFEMPLOYED Occupation (for Individual) PHYSICAL THERAPIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 11 / 2016**  
**Transaction ID : SA17.592340**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. YACKISH, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2821 PARKSIDE DRIVE  
 City JENISON State MI Zip Code 49428-9171  
 FEC ID number of contributing 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 **10 / 19 / 2016**  
**Transaction ID : SA17.588283**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. YAGER, BIRDIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1300 ALTURA RD  
 City FORT MILL State SC Zip Code 29708-7055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **10 / 05 / 2016**  
**Transaction ID : SA17.568033**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 750 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. YAGER, BIRDIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1300 ALTURA RD  
 City FORT MILL State SC Zip Code 29708-7055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 14 / 2016  
**Transaction ID : SA17.587685**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. YAZDAN.MD., DAVID, A., DR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CHANNEL DR. 1013  
 City MONMOUTH BEACH State NJ Zip Code 07750-1365  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA17.568035**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. YAZDAN.MD., DAVID, A., DR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CHANNEL DR. 1013  
 City MONMOUTH BEACH State NJ Zip Code 07750-1365  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 14 / 2016  
**Transaction ID : SA17.590803**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	175.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 751 OF 783
<input 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 checked="" 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)  
**Committee to Defend the President**

**A. YENTAS, NICHOLAS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15525 52ND AVE. W

City EDMONDS	State WA	Zip Code 98026-4307
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) IQUIQUE	Occupation (for Individual) MERCHANT MARINER
--	---

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
10		05		2016

**Transaction ID : SA17.559727**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. YOUNG, RICHARD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2117 RIVERSHORE RD.

City ELIZABETH CITY	State NC	Zip Code 27909-6213
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED	Occupation (for Individual) INFORMATION REQUESTED
--	--

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
10		05		2016

**Transaction ID : SA17.568044**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. YUKI, TOM, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14800 OKA RD

City LOS GATOS	State CA	Zip Code 95032-1920
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1850.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2016

**Transaction ID : SA17.568049**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	575.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 752 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. YUKI, TOM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14800 OKA RD  
 City LOS GATOS State CA Zip Code 95032-1920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1850.00

Date of Receipt 10 / 14 / 2016  
**Transaction ID : SA17.588322**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. YUUSCAVAGE, ANN L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3175 COGAN HOUSE RD  
 City TROUT RUN State PA Zip Code 17771-9355  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 10 / 03 / 2016  
**Transaction ID : SA17.564315**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. YUUSCAVAGE, ANN L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3175 COGAN HOUSE RD  
 City TROUT RUN State PA Zip Code 17771-9355  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA17.575127**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 753 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. YUUSCAVAGE, ANN L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3175 COGAN HOUSE RD  
 City TROUT RUN State PA Zip Code 17771-9355  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt **10 / 18 / 2016**  
**Transaction ID : SA17.579416**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. YUUSCAVAGE, ANN L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3175 COGAN HOUSE RD  
 City TROUT RUN State PA Zip Code 17771-9355  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt **10 / 14 / 2016**  
**Transaction ID : SA17.586555**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. ZACHARIAS, MARGARET, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 780 BUTTERCUP TRACE  
 City ALPHARETTA State GA Zip Code 30022-5174  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RZIM Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt **10 / 11 / 2016**  
**Transaction ID : SA17.562775**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	130.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 754 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. ZAMRZLA, JOHNNY, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 05 / 2016
Mailing Address 2229 EAST AVENUE Q		<b>Transaction ID : SA17.595250</b>
City PALMDALE	State CA	Zip Code 93550-4140
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer (for Individual) WESTERN PACIFIC	Occupation (for Individual) ROOFING & SHEETMETAL CONTRAC	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. ZAMRZLA, JOHNNY, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2016
Mailing Address 2229 EAST AVENUE Q		<b>Transaction ID : SA17.595251</b>
City PALMDALE	State CA	Zip Code 93550-4140
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00	
Name of Employer (for Individual) WESTERN PACIFIC	Occupation (for Individual) ROOFING & SHEETMETAL CONTRAC	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. ZAMRZLA, JOHNNY, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2016
Mailing Address 2229 EAST AVENUE Q		<b>Transaction ID : SA17.595252</b>
City PALMDALE	State CA	Zip Code 93550-4140
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer (for Individual) WESTERN PACIFIC	Occupation (for Individual) ROOFING & SHEETMETAL CONTRAC	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 475.00	NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 755 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. ZAWADZKI, WLODEK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address N21 W26666 CATTAIL CT  
 City PEWAUKEE State WI Zip Code 53072-5463  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MSI Occupation (for Individual) OPERATION MGR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 12 / 2016**  
**Transaction ID : SA17.561299**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. ZAWADZKI, WLODEK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address N21 W26666 CATTAIL CT  
 City PEWAUKEE State WI Zip Code 53072-5463  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MSI Occupation (for Individual) OPERATION MGR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 18 / 2016**  
**Transaction ID : SA17.561300**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. ZAWADZKI, WLODEK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address N21 W26666 CATTAIL CT  
 City PEWAUKEE State WI Zip Code 53072-5463  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MSI Occupation (for Individual) OPERATION MGR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 12 / 2016**  
**Transaction ID : SA17.561301**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 756 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. ZEIHNER, RICK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7344 OUTER GRAY ST.  
 City NEWBURGH State IN Zip Code 47630-1793  
 FEC ID number of contributing 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  
 10 / 05 / 2016  
**Transaction ID : SA17.568063**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. ZIOLKOWSKI, TIM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2268 RIDGEWOOD RD  
 City GRAFTON State WI Zip Code 53024-9546  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ZPS GROUP Occupation (for Individual) ATTORNEY  
 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  
 10 / 11 / 2016  
**Transaction ID : SA17.595518**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. ZLOCHEVSKY, ALEX, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2981 CORAL ST  
 City CORONA State CA Zip Code 92882-6169  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EPHEISOFT Occupation (for Individual) SOFTWARE ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 301.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2016  
**Transaction ID : SA17.555758**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	305.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 757 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**ZLOCHEVSKY, ALEX, , ,**

Mailing Address **2981 CORAL ST**

City <b>CORONA</b>	State <b>CA</b>	Zip Code <b>92882-6169</b>
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>EPHESOFT</b>	Occupation (for Individual) <b>SOFTWARE ENGINEER</b>
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**301.00**

Date of Receipt  
**10 / 05 / 2016**

**Transaction ID : SA17.555759**

Amount of Each Receipt this Period  
**5.00**

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**ZLOCHEVSKY, ALEX, , ,**

Mailing Address **2981 CORAL ST**

City <b>CORONA</b>	State <b>CA</b>	Zip Code <b>92882-6169</b>
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>EPHESOFT</b>	Occupation (for Individual) <b>SOFTWARE ENGINEER</b>
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**301.00**

Date of Receipt  
**10 / 05 / 2016**

**Transaction ID : SA17.555760**

Amount of Each Receipt this Period  
**10.00**

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**ZLOCHEVSKY, ALEX, , ,**

Mailing Address **2981 CORAL ST**

City <b>CORONA</b>	State <b>CA</b>	Zip Code <b>92882-6169</b>
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>EPHESOFT</b>	Occupation (for Individual) <b>SOFTWARE ENGINEER</b>
--	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
**301.00**

Date of Receipt  
**10 / 05 / 2016**

**Transaction ID : SA17.555761**

Amount of Each Receipt this Period  
**10.00**

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>25.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 758 OF 783
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**ZLOCHEVSKY, ALEX, , ,**

Mailing Address **2981 CORAL ST**

City <b>CORONA</b>	State <b>CA</b>	Zip Code <b>92882-6169</b>
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>EPHESOFT</b>	Occupation (for Individual) <b>SOFTWARE ENGINEER</b>
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**301.00**

Date of Receipt  
**10 / 14 / 2016**

**Transaction ID : SA17.555762**

Amount of Each Receipt this Period  
**5.00**

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**ZLOCHEVSKY, ALEX, , ,**

Mailing Address **2981 CORAL ST**

City <b>CORONA</b>	State <b>CA</b>	Zip Code <b>92882-6169</b>
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>EPHESOFT</b>	Occupation (for Individual) <b>SOFTWARE ENGINEER</b>
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**301.00**

Date of Receipt  
**10 / 13 / 2016**

**Transaction ID : SA17.555763**

Amount of Each Receipt this Period  
**5.00**

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**ZLOCHEVSKY, ALEX, , ,**

Mailing Address **2981 CORAL ST**

City <b>CORONA</b>	State <b>CA</b>	Zip Code <b>92882-6169</b>
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>EPHESOFT</b>	Occupation (for Individual) <b>SOFTWARE ENGINEER</b>
--	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
**301.00**

Date of Receipt  
**10 / 05 / 2016**

**Transaction ID : SA17.555764**

Amount of Each Receipt this Period  
**10.00**

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>20.00</b>
<b>TOTAL</b> 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 759 OF 783  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

**A. MCALLEN ANESTHESIA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 3449  
 City MCALLEN State TX Zip Code 78502-3449  
 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 ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 18 / 2016  
**Transaction ID : SA17.553592**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT

**B.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	323293.11

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

Full Name (Last, First, Middle Initial)

**A. ELAVON, INC.**

Mailing Address TWO CONCOURSE PARKWAY  
STE 800

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement  
PAYMENT PROCESSING FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2016

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.I9331**  
 Amount of Each Disbursement this Period  
 [ ] 736.05

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Category/  
Type

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

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

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)..... ▶

[ ] 736.05
[ ] 736.05

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input 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)  
**Committee to Defend the President**

Full Name (Last, First, Middle Initial) <b>A. BEATTY, JOHN, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 13 / 2016	
Mailing Address 5674 OAKMONT COURT		FEC Identification Number C [ ] <b>Transaction ID : SB29.I93634</b>	
City DISCOVERY BAY	State CA	Zip Code 94505	Amount of Each Disbursement this Period [ ] 100.00
Purpose of Disbursement CAREY ACCT: REFUND OF CONTRIBUTION		Category/ Type [ ]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. BEATTY, JOHN, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 13 / 2016	
Mailing Address 5674 OAKMONT COURT		FEC Identification Number C [ ] <b>Transaction ID : SB29.I93635</b>	
City DISCOVERY BAY	State CA	Zip Code 94505	Amount of Each Disbursement this Period [ ] 100.00
Purpose of Disbursement CAREY ACCT: REFUND OF CONTRIBUTION		Category/ Type [ ]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. BEATTY, JOHN, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 13 / 2016	
Mailing Address 5674 OAKMONT COURT		FEC Identification Number C [ ] <b>Transaction ID : SB29.I93636</b>	
City DISCOVERY BAY	State CA	Zip Code 94505	Amount of Each Disbursement this Period [ ] 25.00
Purpose of Disbursement CAREY ACCT: REFUND OF CONTRIBUTION		Category/ Type [ ]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[ ] 225.00
[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input 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)  
**Committee to Defend the President**

Full Name (Last, First, Middle Initial) <b>A. BEATTY, JOHN, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 13 / 2016
Mailing Address 5674 OAKMONT COURT		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.I93637</b> Amount of Each Disbursement this Period [REDACTED] 25.00
City DISCOVERY BAY	State CA	Zip Code 94505
Purpose of Disbursement CAREY ACCT: REFUND OF CONTRIBUTION		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. CLARK, JANICE M, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 05 / 2016
Mailing Address 9251 S W 94TH LOOP		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.I93424</b> Amount of Each Disbursement this Period [REDACTED] 250.00
City OCALA	State FL	Zip Code 34481
Purpose of Disbursement CAREY ACCT: REFUND OF CONTRIBUTION		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. CRENSHAW, JOHN, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 19 / 2016
Mailing Address 3712 TYNEMOORE TRACE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.I93722</b> Amount of Each Disbursement this Period [REDACTED] 5000.00
City SMYRNA	State GA	Zip Code 30080
Purpose of Disbursement CAREY ACCT: REFUND OF CONTRIBUTION		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 5275.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input 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)  
**Committee to Defend the President**

Full Name (Last, First, Middle Initial) <b>A. DELANO, JOSHUA, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 17 / 2016	
Mailing Address P.O. BOX 423		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.I93325</b> Amount of Each Disbursement this Period [REDACTED] 450.00	
City ORANGFIELD	State TX	Zip Code 77639	Category/ Type [REDACTED]
Purpose of Disbursement CAREY ACCT: MEDIA SERVICES		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. DELANO, JOSHUA, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 11 / 2016	
Mailing Address P.O. BOX 423		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.I93326</b> Amount of Each Disbursement this Period [REDACTED] 500.00	
City ORANGFIELD	State TX	Zip Code 77639	Category/ Type [REDACTED]
Purpose of Disbursement CAREY ACCT: MEDIA SERVICES		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. DELANO, JOSHUA, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 11 / 2016	
Mailing Address P.O. BOX 423		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.I93327</b> Amount of Each Disbursement this Period [REDACTED] 200.00	
City ORANGFIELD	State TX	Zip Code 77639	Category/ Type [REDACTED]
Purpose of Disbursement CAREY ACCT: MEDIA SERVICES		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 1150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input 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)  
**Committee to Defend the President**

Full Name (Last, First, Middle Initial) <b>A. EVEREST, GUY, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 14 / 2016	
Mailing Address 1837 VIA CORINA,		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.I93658</b>	
City ALPINE	State CA	Zip Code 91901	Amount of Each Disbursement this Period [REDACTED] 2700.00
Purpose of Disbursement CAREY ACCT: REFUND OF CONTRIBUTION		Category/ Type	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. FODOR, BARBARA, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 05 / 2016	
Mailing Address 10100 GALAXY WAY 2280		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.I93436</b>	
City LOS ANGELES	State CA	Zip Code 90067	Amount of Each Disbursement this Period [REDACTED] 500.00
Purpose of Disbursement CAREY ACCT: REFUND OF CONTRIBUTION		Category/ Type	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. HARVEY, WILLIAM, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 04 / 2016	
Mailing Address 3010 WYECLIFF LANE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.I93323</b>	
City HIGHLANDS RANCH	State CO	Zip Code 80126	Amount of Each Disbursement this Period [REDACTED] 8000.00
Purpose of Disbursement CAREY ACCT: STAFF SERVICES		Category/ Type	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[REDACTED] 11200.00

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED]







**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input 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)  
**Committee to Defend the President**

Full Name (Last, First, Middle Initial)

**A. ULINE**

Mailing Address 12575 ULINE DRIVE

City PLEASANT PRAIRIE State WI Zip Code 53158

Purpose of Disbursement CAREY ACCT: SHIPPING SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Category/Type

Date of Disbursement  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2016

FEC Identification Number  
**C**  
**Transaction ID : SB29.I93319**  
 Amount of Each Disbursement this Period  
 1329.74

Memo Item

Full Name (Last, First, Middle Initial)

**B. DB CAPITOL STRATEGIES**

Mailing Address 203 SOUTH UNION STREET SUITE 300

City ALEXANDRIA State VA Zip Code 22314-3356

Purpose of Disbursement CAREY ACCT: REIMBURSEMENT SEE BELOW

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Category/Type

Date of Disbursement  
 M M / D D / Y Y Y Y Y Y  
 10 / 03 / 2016

FEC Identification Number  
**C**  
**Transaction ID : SB29.I93321**  
 Amount of Each Disbursement this Period  
 50.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 1593 SPRING HILL RD SUITE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement COMPLIANCE SOFTWARE FEES

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Category/Type

Date of Disbursement  
 M M / D D / Y Y Y Y Y Y  
 10 / 03 / 2016

FEC Identification Number  
**C**  
**Transaction ID : SB29.I93744**  
 Amount of Each Disbursement this Period  
 50.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

50.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input 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)  
**Committee to Defend the President**

Full Name (Last, First, Middle Initial) <b>A. DB CAPITOL STRATEGIES</b>		Date of Disbursement MM / DD / YYYY 10 / 03 / 2016
Mailing Address 203 SOUTH UNION STREET SUITE 300		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.I93322</b>
City ALEXANDRIA	State VA	Zip Code 22314-3356
Purpose of Disbursement CAREY ACCT: LEGAL AND COMPLIANCE SERVICES		Amount of Each Disbursement this Period 5000.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. EDONATION</b>		Date of Disbursement MM / DD / YYYY 10 / 19 / 2016
Mailing Address 117 NORTH SAINT ASAPH ST		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.I93387</b>
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement CAREY ACCT: PAYMENT PROCESSING FEES		Amount of Each Disbursement this Period 51831.31
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SAME DAY PROCESSING</b>		Date of Disbursement MM / DD / YYYY 10 / 18 / 2016
Mailing Address P.O. BOX 251382		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.I93328</b>
City ST. PAUL	State MN	Zip Code 55125
Purpose of Disbursement CAREY ACCT: CAGING AND PAYMENT PROCESSING FEES		Amount of Each Disbursement this Period 563.25
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	57394.56
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input 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)  
**Committee to Defend the President**

Full Name (Last, First, Middle Initial)

### A. USPS

Mailing Address 475 L'ENFANT PLAZA SW

City WASHINGTON State DC Zip Code 20260

Purpose of Disbursement  
CAREY ACCT: POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2016

FEC Identification Number

C

Transaction ID : SB29.193324

Amount of Each Disbursement this Period

122.20

Memo Item

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify)

Category/  
Type

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

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

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)..... ▶

122.20

90898.62

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 771 OF 783
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Campaign Solutions</b>		Nature of Debt (Purpose): Online Voter Contact	
Mailing Address 117 N Saint Asaph St			
City Alexandria	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period	<b>Transaction ID : 1</b>	
42888.79		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	42888.79	0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>DB Capitol Strategies</b>		Nature of Debt (Purpose): Reimbursements	
Mailing Address 203 South Union Street Suite 300			
City Alexandria	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD.94030</b>	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
9606.55	0.00	9606.55

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Infocision Management Corporation</b>		Nature of Debt (Purpose): Telephone Voter Contact	
Mailing Address 325 Springside Drive			
City Akron	State OH	Zip Code 44333	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD.93943</b>	
23834.41		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	23834.41

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	33440.96
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 772 OF 783
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>The UPS Store</b>			Nature of Debt (Purpose): Shipping Fees
Mailing Address 6060 Cornerstone Ct W			
City San Diego	State CA	Zip Code 92121	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD.94032</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="1517.97"/>	<input type="text" value="0.00"/>	<input type="text" value="1517.97"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>The UPS Store</b>			Nature of Debt (Purpose): Shipping Fees
Mailing Address 6060 Cornerstone Ct W			
City San Diego	State CA	Zip Code 92121	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD.94033</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="1952.64"/>	<input type="text" value="0.00"/>	<input type="text" value="1952.64"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>The UPS Store</b>			Nature of Debt (Purpose): Shipping Fees
Mailing Address 6060 Cornerstone Ct W			
City San Diego	State CA	Zip Code 92121	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD.94034</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="2418.50"/>	<input type="text" value="0.00"/>	<input type="text" value="2418.50"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="5889.11"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 773 OF 783
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)  
**Committee to Defend the President**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>The UPS Store</b>			Nature of Debt (Purpose): Shipping Fees
Mailing Address 6060 Cornerstone Ct W			
City San Diego	State CA	Zip Code 92121	

Outstanding Balance Beginning This Period		Transaction ID : SD.94035	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
1795.05	0.00	1795.05	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>The UPS Store</b>			Nature of Debt (Purpose): Shipping Fees
Mailing Address 6060 Cornerstone Ct W			
City San Diego	State CA	Zip Code 92121	

Outstanding Balance Beginning This Period		Transaction ID : SD.94036	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
1922.39	0.00	1922.39	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	3717.44
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	43047.51
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	43047.51

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Committee to Defend the President</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">C</span> C00544767         </div>
---	---

Check if  24-hour report     48-hour report     New report    Amends report filed on   /  /  

Full Name of Payee <input type="checkbox"/> Memo Item <b>CAMPAIGN SOLUTIONS</b> PART OF PREVIOUSLY REPORTED ESTIMATE	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09 / 01 / 2016</span>						
Mailing Address 117 N SAINT ASAPH ST.	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">42888.79</div> <b>Transaction ID : SE24.93315</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">10 / 04 / 2016</span>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22314</td> </tr> </table>		City	State	Zip Code	ALEXANDRIA	VA	22314
City		State	Zip Code				
ALEXANDRIA	VA	22314					
Purpose of Expenditure ONLINE VOTER CONTACT    Category/Type <span style="border: 1px solid black; padding: 2px;">  /  /  </span>							
Name of Federal Candidate: <input type="checkbox"/> Support CLINTON, HILLARY, , , <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 <span style="border: 1px solid black; padding: 2px;">1781358.27</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee <input type="checkbox"/> Memo Item <b>CAMPAIGN SOLUTIONS</b> PART OF PREVIOUSLY REPORTED ESTIMATE	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">10 / 03 / 2016</span>						
Mailing Address 117 N SAINT ASAPH ST.	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">36501.00</div> <b>Transaction ID : SE24.93313</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">10 / 13 / 2016</span>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22314</td> </tr> </table>		City	State	Zip Code	ALEXANDRIA	VA	22314
City		State	Zip Code				
ALEXANDRIA	VA	22314					
Purpose of Expenditure ONLINE VOTER CONTACT    Category/Type <span style="border: 1px solid black; padding: 2px;">  /  /  </span>							
Name of Federal Candidate: <input type="checkbox"/> Support CLINTON, HILLARY, , , <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 <span style="border: 1px solid black; padding: 2px;">1781358.27</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">79389.79</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(c) TOTAL</b> 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 09 / 01 / 2016  
 Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Committee to Defend the President</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">C</span> C00544767         </div>
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Check if  24-hour report     48-hour report     New report    Amends report filed on   /  /  

Full Name of Payee  Memo Item  
**CAMPAIGN SOLUTIONS**  
 PART OF PREVIOUSLY REPORTED ESTIMATE

Date of Public Distribution/Dissemination  
10 / 03 / 2016

Mailing Address 117 N SAINT ASAPH ST.

Amount  
14375.00

City ALEXANDRIA	State VA	Zip Code 22314
--------------------	-------------	-------------------

**Transaction ID : SE24.93314**  
 Date of Disbursement or Obligation

Purpose of Expenditure  
 ONLINE VOTER CONTACT    Category/Type   /  /  

10 / 13 / 2016

Name of Federal Candidate:  Support     Oppose  
 CLINTON, HILLARY, , ,

Office Sought:  House    District: \_\_\_\_\_  
 President     Senate    State: \_\_\_\_\_

Calendar Year-To-Date Per Election for Office Sought 1781358.27

Disbursement For:  Primary     General  
 2016  Other (specify) ▶ \_\_\_\_\_

Full Name of Payee  Memo Item  
**CAMPAIGN SOLUTIONS**  
 PART OF PREVIOUSLY REPORTED ESTIMATE

Date of Public Distribution/Dissemination  
10 / 03 / 2016

Mailing Address 117 N SAINT ASAPH ST.

Amount  
109714.21

City ALEXANDRIA	State VA	Zip Code 22314
--------------------	-------------	-------------------

**Transaction ID : SE24.93385**  
 Date of Disbursement or Obligation

Purpose of Expenditure  
 FUNDRAISING FEES    Category/Type   /  /  

10 / 19 / 2016

Name of Federal Candidate:  Support     Oppose  
 CLINTON, HILLARY, , ,

Office Sought:  House    District: \_\_\_\_\_  
 President     Senate    State: \_\_\_\_\_

Calendar Year-To-Date Per Election for Office Sought 1781358.27

Disbursement For:  Primary     General  
 2016  Other (specify) ▶ \_\_\_\_\_

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	▶	<span style="border: 1px solid black; padding: 2px;">124089.21</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures .....	▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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 10 / 13 / 2016  
 Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Committee to Defend the President</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00544767
---	--

Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <input type="checkbox"/> Memo Item <b>CAMPAIGN SOLUTIONS</b> PART OF PREVIOUSLY REPORTED ESTIMATE		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 117 N SAINT ASAPH ST.		Amount <input type="text"/>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : <b>SE24.93386</b>
Purpose of Expenditure LIST RENTAL FEES		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY, , ,		<input type="checkbox"/> Support <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 <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item <b>CONNELL DONATELLI, INC.</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 117 NORTH SAINT ASAPH STREET		Amount <input type="text"/>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : <b>SE24.92432</b>
Purpose of Expenditure ONLINE VOTER CONTACT		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY, , ,		<input type="checkbox"/> Support <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 <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	<input type="text"/>
(c) <b>TOTAL</b> Independent Expenditures .....	<input type="text"/>

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  /  /

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Committee to Defend the President</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00544767
---	--

Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <input type="checkbox"/> Memo Item <b>CONNELL DONATELLI, INC.</b>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 117 NORTH SAINT ASAPH STREET	Amount <input type="text"/> 10000.00 <b>Transaction ID : SE24.92433</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure ONLINE VOTER CONTACT	
Name of Federal Candidate: <input type="checkbox"/> Support CLINTON, HILLARY, , , <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 <input type="text"/> 1781358.27	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>CONNELL DONATELLI, INC.</b>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 117 NORTH SAINT ASAPH STREET	Amount <input type="text"/> 5000.00 <b>Transaction ID : SE24.92523</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure ONLINE VOTER CONTACT	
Name of Federal Candidate: <input type="checkbox"/> Support CLINTON, HILLARY, , , <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 <input type="text"/> 1781358.27	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/> 15000.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	<input type="text"/>
(c) <b>TOTAL</b> Independent Expenditures .....	<input type="text"/>

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  /  /

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Committee to Defend the President</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00544767
---	--

Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <input type="checkbox"/> Memo Item <b>CONNELL DONATELLI, INC.</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address <b>117 NORTH SAINT ASAPH STREET</b>		Amount <input type="text"/>
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>
Purpose of Expenditure <b>ONLINE VOTER CONTACT</b>		Transaction ID : <b>SE24.92521</b>
Name of Federal Candidate: <b>CLINTON, HILLARY, , ,</b>		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="checkbox"/> Support <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 <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>CONNELL DONATELLI, INC.</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address <b>117 NORTH SAINT ASAPH STREET</b>		Amount <input type="text"/>
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>
Purpose of Expenditure <b>ONLINE VOTER CONTACT</b>		Transaction ID : <b>SE24.92522</b>
Name of Federal Candidate: <b>CLINTON, HILLARY, , ,</b>		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="checkbox"/> Support <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 <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	<input type="text"/>
(c) <b>TOTAL</b> Independent Expenditures .....	<input type="text"/>

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  /  /

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Committee to Defend the President</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00544767
---	--

Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <b>CONNELL DONATELLI, INC.</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address <b>117 NORTH SAINT ASAPH STREET</b>	Amount <input type="text"/>
City <b>ALEXANDRIA</b> State <b>VA</b> Zip Code <b>22314</b>	<b>Transaction ID : SE24.93060</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure <b>ONLINE VOTER CONTACT</b> Category/Type <input type="text"/>	Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <b>CLINTON, HILLARY, , ,</b> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> <b>1781358.27</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>GRAVIS MARKETING</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address <b>910 BELLE AVE #1180</b>	Amount <input type="text"/>
City <b>WINTER SPRINGS</b> State <b>FL</b> Zip Code <b>32708</b>	<b>Transaction ID : SE24.92526</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure <b>YARD SIGNS</b> Category/Type <input type="text"/>	Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <b>CLINTON, HILLARY, , ,</b> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> <b>1781358.27</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/> <b>18980.00</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....	<input type="text"/>
<b>(c) TOTAL</b> Independent Expenditures .....	<input type="text"/>

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

/  /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Committee to Defend the President
FEC IDENTIFICATION NUMBER
C C00544767

Check if 24-hour report 48-hour report
New report Amends report filed on 10/17/2016

Full Name of Payee: STRATEGIC MEDIA PLACEMENT
Mailing Address: 7669 STAGERS LOOP
City: DELAWARE State: OH Zip Code: 43015
Purpose of Expenditure: TV ADS- COLORADO
Category/Type:
Name of Federal Candidate: CLINTON, HILLARY, , ,
Support: [ ] Oppose: [x]
Office Sought: [x] President [ ] House [ ] Senate
Date of Public Distribution/Dissemination: 10/17/2016
Amount: 300000.00
Transaction ID: SE24.92524
Date of Disbursement or Obligation: 10/14/2016
Calendar Year-To-Date Per Election for Office Sought: 1781358.27
Disbursement For: [ ] Primary [x] General 2016 [ ] Other (specify)

Full Name of Payee: THE STRATEGY GROUP FOR MEDIA
Mailing Address: 7669 STAGERS LOOPS
City: DELAWARE State: OH Zip Code: 43015
Purpose of Expenditure: VIDEO PRODUCTION
Category/Type:
Name of Federal Candidate: CLINTON, HILLARY, , ,
Support: [ ] Oppose: [x]
Office Sought: [x] President [ ] House [ ] Senate
Date of Public Distribution/Dissemination: 10/17/2016
Amount: 2130.00
Transaction ID: SE24.92525
Date of Disbursement or Obligation: 10/17/2016
Calendar Year-To-Date Per Election for Office Sought: 1781358.27
Disbursement For: [ ] Primary [x] General 2016 [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures ..... 302130.00
(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 10/14/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Committee to Defend the President
FEC IDENTIFICATION NUMBER
C C00544767

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee THE UPS STORE
Mailing Address 6060 CORNERSTONE CT W
City SAN DIEGO State CA Zip Code 92121
Purpose of Expenditure SHIPPING FEES
Category/Type
Date of Public Distribution/Dissemination 10/13/2016
Amount 1517.97
Transaction ID: SE24.94032
Date of Disbursement or Obligation 10/17/2016

Name of Federal Candidate: CLINTON, HILLARY, , ,
Support Oppose
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 1781358.27

Full Name of Payee THE UPS STORE
PART OF PREVIOUSLY REPORTED ESTIMATE. SEE ALSO TRANSACTION ID
Mailing Address 6060 CORNERSTONE CT W
City SAN DIEGO State CA Zip Code 92121
Purpose of Expenditure CAREY ACCT: SHIPPING
Category/Type
Date of Public Distribution/Dissemination 10/07/2016
Amount 10049.99
Transaction ID: SE24.93320
Date of Disbursement or Obligation 10/17/2016

Name of Federal Candidate: CLINTON, HILLARY, , ,
Support Oppose
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 1781358.27

(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, , ,

[Electronically Filed]

Date 10/14/2016

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Committee to Defend the President</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00544767
---	--

Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <b>THE UPS STORE</b> <input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 6060 CORNERSTONE CT W		Amount <input type="text"/>	
City SAN DIEGO	State CA	Zip Code 92121	Transaction ID : <b>SE24.94034</b>
Purpose of Expenditure SHIPPING FEES		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY, , ,		<input type="checkbox"/> Support <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 <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>THE UPS STORE</b> <input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 6060 CORNERSTONE CT W		Amount <input type="text"/>	
City SAN DIEGO	State CA	Zip Code 92121	Transaction ID : <b>SE24.94035</b>
Purpose of Expenditure SHIPPING FEES		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY, , ,		<input type="checkbox"/> Support <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 <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	<input type="text"/>
(c) <b>TOTAL</b> Independent Expenditures .....	<input type="text"/>

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  /  /

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Committee to Defend the President
FEC IDENTIFICATION NUMBER
C C00544767

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee THE UPS STORE
Mailing Address 6060 CORNERSTONE CT W
City SAN DIEGO State CA Zip Code 92121
Purpose of Expenditure SHIPPING FEES
Date of Public Distribution/Dissemination 10/13/2016
Amount 1922.39
Transaction ID : SE24.94036
Date of Disbursement or Obligation 10/21/2016

Name of Federal Candidate: CLINTON, HILLARY, , ,
Support Oppose
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 1781358.27

Full Name of Payee THE UPS STORE
Mailing Address 6060 CORNERSTONE CT W
City SAN DIEGO State CA Zip Code 92121
Purpose of Expenditure SHIPPING FEES
Date of Public Distribution/Dissemination 10/13/2016
Amount 1952.64
Transaction ID : SE24.94033
Date of Disbursement or Obligation 11/18/2016

Name of Federal Candidate: CLINTON, HILLARY, , ,
Support Oppose
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 1781358.27

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 826521.12

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 10/14/2016