

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

The Committee To Defend The President

ADDRESS (number and street)

441 North Lee Street

Ste 205

Check if different  
than previously  
reported. (ACC)

Alexandria

VA

22314

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00544767

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☒ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

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

Election on

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

in the  
State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

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

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
02 01 2019

through

M M M / D D D / Y Y Y Y Y Y  
02 28 2019

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

Backer, Dan, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Backer, Dan, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
03 20 2019

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

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

The Committee To Defend The President

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
02 / 01 / 2019 To: M M / D D / Y Y Y Y Y Y  
02 / 28 / 2019

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2019</span>		<span style="border: 1px solid black; padding: 2px;">720208.03</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">760731.57</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">619980.26</span>	<span style="border: 1px solid black; padding: 2px;">1022163.81</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">1380711.83</span>	<span style="border: 1px solid black; padding: 2px;">1742371.84</span>
7. Total Disbursements (from Line 31).....	<span style="border: 1px solid black; padding: 2px;">523654.65</span>	<span style="border: 1px solid black; padding: 2px;">885314.66</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<span style="border: 1px solid black; padding: 2px;">857057.18</span>	<span style="border: 1px solid black; padding: 2px;">857057.18</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

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

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

The Committee To Defend The President

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	1	9

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).....	84565.33	133398.08
(ii) Unitemized .....	534821.68	887138.78
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	619387.01	1020536.86
(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) .....	619387.01	1020536.86
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).....	593.25	1626.95
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	619980.26	1022163.81
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	619980.26	1022163.81

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	51306.37	119999.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	51306.37	119999.28
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	446722.18	715000.03
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 .....	8977.25	18170.25
(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)).....	8977.25	18170.25
29. Other Disbursements (Including Non-Federal Donations).....	16648.85	32145.10
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)) ..	523654.65	885314.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	523654.65	885314.66

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	619387.01	1020536.86
34. Total Contribution Refunds (from Line 28(d)) .....	8977.25	18170.25
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	610409.76	1002366.61
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	51306.37	119999.28
37. Offsets to Operating Expenditures (from Line 15, page 3).....	593.25	1626.95
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	50713.12	118372.33

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

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

FOR LINE NUMBER: PAGE 6 OF 285

(check only one)

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

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

NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. ADAMS, BYRON, , ,

Mailing Address P.O. BOX 630

City  
HATCHState  
NMZip Code  
87937-0630FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HATCH VALLEY PUBLIC SCHOOLSOccupation (for Individual)  
SCHOOL BUS DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2019

Transaction ID : SA11A.1678153

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

B. ADAMS SR., SIDNEY, , ,

Mailing Address 101 DAKOTA ST

City  
OSWEGOState  
KSZip Code  
67356-9039FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 15 / 2019

Transaction ID : SA11A.1671833

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

C. ADAMS SR., SIDNEY, , ,

Mailing Address 101 DAKOTA ST

City  
OSWEGOState  
KSZip Code  
67356-9039FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 21 / 2019

Transaction ID : SA11A.1672167

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

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

150.00

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

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

FOR LINE NUMBER: PAGE 7 OF 285

(check only one)

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

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. ADAMS SR., SIDNEY, , ,

Mailing Address 101 DAKOTA ST

City  
OSWEGOState  
KSZip Code  
67356-9039FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 21 / 2019

Transaction ID : SA11A.1672362

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

B. AIKIN, PATRICIA, , ,

Mailing Address 11545 N. PA BE SHAN TRAIL

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

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 01 / 2019

Transaction ID : SA11A.1659491

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

C. AIKIN, PATRICIA, , ,

Mailing Address 11545 N. PA BE SHAN TRAIL

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

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 02 / 2019

Transaction ID : SA11A.1659571

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

570.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 285

(check only one)

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

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. AIKIN, PATRICIA, , ,

Mailing Address 11545 N. PA BE SHAN TRAIL

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

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 01 / 2019

Transaction ID : SA11A.1660480

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

B. AIKIN, PATRICIA, , ,

Mailing Address 11545 N. PA BE SHAN TRAIL

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

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 07 / 2019

Transaction ID : SA11A.1667221

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

C. AKERSON, TED, , ,

Mailing Address 2 ROSE LANE  
P.O. BOX 935City  
BOLTON LANDINGState  
NYZip Code  
12814-0935FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

818.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 01 / 2019

Transaction ID : SA11A.1660470

Amount of Each Receipt this Period

37.50

☐ Memo Item  
CONTRIBUTION

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

137.50

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



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

FOR LINE NUMBER: PAGE 9 OF 285

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

**A. AKERSON, TED, , ,**Mailing Address 2 ROSE LANE  
P.O. BOX 935City  
BOLTON LANDINGState  
NYZip Code  
12814-0935FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2019

Transaction ID : SA11A.1660481

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**B. AKERSON, TED, , ,**Mailing Address 2 ROSE LANE  
P.O. BOX 935City  
BOLTON LANDINGState  
NYZip Code  
12814-0935FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	05	/	2019

Transaction ID : SA11A.1662913

Amount of Each Receipt this Period

12.50

☐ Memo Item  
CONTRIBUTION

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

**C. AKERSON, TED, , ,**Mailing Address 2 ROSE LANE  
P.O. BOX 935City  
BOLTON LANDINGState  
NYZip Code  
12814-0935FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

818.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	05	/	2019

Transaction ID : SA11A.1663523

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

87.50

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

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

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

FOR LINE NUMBER: PAGE 10 OF 285

(check only one)

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

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. AKERSON, TED, , ,

Mailing Address 2 ROSE LANE  
P.O. BOX 935

City  
BOLTON LANDING

State  
NY

Zip Code  
12814-0935

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

Transaction ID : SA11A.1667411

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

B. AKERSON, TED, , ,

Mailing Address 2 ROSE LANE  
P.O. BOX 935

City  
BOLTON LANDING

State  
NY

Zip Code  
12814-0935

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 24 / 2019

Transaction ID : SA11A.1675302

Amount of Each Receipt this Period

12.50

☐ Memo Item  
CONTRIBUTION

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

C. AKERSON, TED, , ,

Mailing Address 2 ROSE LANE  
P.O. BOX 935

City  
BOLTON LANDING

State  
NY

Zip Code  
12814-0935

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

818.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 24 / 2019

Transaction ID : SA11A.1675406

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

162.50

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 285

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

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. AKERSON, TED, , ,**

Mailing Address 2 ROSE LANE  
P.O. BOX 935

City  
BOLTON LANDING

State  
NY

Zip Code  
12814-0935

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2019

Transaction ID : SA11A.1677183

Amount of Each Receipt this Period

6.25

☐ Memo Item  
CONTRIBUTION

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

**B. AKERSON, TED, , ,**

Mailing Address 2 ROSE LANE  
P.O. BOX 935

City  
BOLTON LANDING

State  
NY

Zip Code  
12814-0935

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2019

Transaction ID : SA11A.1677452

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

**C. AKERSON, TED, , ,**

Mailing Address 2 ROSE LANE  
P.O. BOX 935

City  
BOLTON LANDING

State  
NY

Zip Code  
12814-0935

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

818.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2019

Transaction ID : SA11A.1677453

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

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

56.25

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

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

FOR LINE NUMBER: PAGE 12 OF 285

(check only one)

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

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. ALLAN, JAMES, , ,

Mailing Address 1693 MC DONALD RD

City  
ROCKWALLState  
TXZip Code  
75032-8672FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

Transaction ID : SA11A.1665177

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

B. ALLAN, JAMES, , ,

Mailing Address 1693 MC DONALD RD

City  
ROCKWALLState  
TXZip Code  
75032-8672FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

Transaction ID : SA11A.1667412

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

C. AMBLER, MARY, , ,

Mailing Address 98 SADDLE DRIVE

City  
FURLONGState  
PAZip Code  
18925-1016FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2019

Transaction ID : SA11A.1667529

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

235.00

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

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

FOR LINE NUMBER: PAGE 13 OF 285

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. ANDERSON, ERIC, , ,**

Mailing Address 9001 CYPRESS TRAIL

City  
SEMINOLEState  
FLZip Code  
33777-1151FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.75

Date of Receipt

M M	D D	Y Y Y Y
02	01	2019

**Transaction ID : SA11A.1657662**

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

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

**B. ANDERSON, ERIC, , ,**

Mailing Address 9001 CYPRESS TRAIL

City  
SEMINOLEState  
FLZip Code  
33777-1151FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.75

Date of Receipt

M M	D D	Y Y Y Y
02	06	2019

**Transaction ID : SA11A.1662329**

Amount of Each Receipt this Period

8.75

☐ Memo Item  
CONTRIBUTION

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

**C. ANDERSON, ERIC, , ,**

Mailing Address 9001 CYPRESS TRAIL

City  
SEMINOLEState  
FLZip Code  
33777-1151FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

203.75

Date of Receipt

M M	D D	Y Y Y Y
02	08	2019

**Transaction ID : SA11A.1664565**

Amount of Each Receipt this Period

25.00

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

38.75

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. ANDERSON, ERIC, , ,**

Mailing Address 9001 CYPRESS TRAIL

City  
SEMINOLE

State  
FL

Zip Code  
33777-1151

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2019

Transaction ID : SA11A.1665711

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**B. ANDERSON, ERIC, , ,**

Mailing Address 9001 CYPRESS TRAIL

City  
SEMINOLE

State  
FL

Zip Code  
33777-1151

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 18 / 2019

Transaction ID : SA11A.1673075

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**C. APPLEHANS, EDWARD, , ,**

Mailing Address 8661 FORREST DR.

City  
LITTLETON

State  
CO

Zip Code  
80126-2923

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 09 / 2019

Transaction ID : SA11A.1664657

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

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

110.00

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

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

FOR LINE NUMBER: PAGE 15 OF 285

(check only one)

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

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. APPLEHANS, EDWARD, , ,**

Mailing Address 8661 FORREST DR.

City  
LITTLETON

State  
CO

Zip Code  
80126-2923

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 06 / 2019

**Transaction ID : SA11A.1665715**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**B. APPLEHANS, EDWARD, , ,**

Mailing Address 8661 FORREST DR.

City  
LITTLETON

State  
CO

Zip Code  
80126-2923

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2019

**Transaction ID : SA11A.1677861**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**C. ATKINSON, BOB, , ,**

Mailing Address 100 SUMNER PLACE CT  
63

City  
PEACHTREE CITY

State  
GA

Zip Code  
30269-6514

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GAPCO

Occupation (for Individual)  
PACKAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 06 / 2019

**Transaction ID : SA11A.1667732**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

320.00

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

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

FOR LINE NUMBER: PAGE 16 OF 285

(check only one)

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

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. AUDETTE, ALBERT, , ,**

Mailing Address 400 MAIN ST STE 613  
STE 613

City  
STAMFORD

State  
CT

Zip Code  
06901-3073

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CATHOLIC CHURCH

Occupation (for Individual)  
PRIEST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

Transaction ID : SA11A.1666801

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**B. AUDETTE, ALBERT, , ,**

Mailing Address 400 MAIN ST STE 613  
STE 613

City  
STAMFORD

State  
CT

Zip Code  
06901-3073

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CATHOLIC CHURCH

Occupation (for Individual)  
PRIEST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 15 / 2019

Transaction ID : SA11A.1670146

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**C. AUDETTE, ALBERT, , ,**

Mailing Address 400 MAIN ST STE 613  
STE 613

City  
STAMFORD

State  
CT

Zip Code  
06901-3073

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CATHOLIC CHURCH

Occupation (for Individual)  
PRIEST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 18 / 2019

Transaction ID : SA11A.1673000

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

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

135.00



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

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

FOR LINE NUMBER: PAGE 17 OF 285

(check only one)

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

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. BAIRD, MINNIE, , ,

Mailing Address 3742 ELLA LEE LANE

City  
HOUSTONState  
TXZip Code  
77027-4019FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 26 / 2019

Transaction ID : SA11A.1675848

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

B. BAIRD, MINNIE, , ,

Mailing Address 3742 ELLA LEE LANE

City  
HOUSTONState  
TXZip Code  
77027-4019FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2019

Transaction ID : SA11A.1678044

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

C. BAKER, MARILYN, , ,

Mailing Address 800 37TH ST SW

City  
ROCHESTERState  
MNZip Code  
55902-1284FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKEROccupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 05 / 2019

Transaction ID : SA11A.1666805

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

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

200.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 18 OF 285

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

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. BAKER, MARILYN, , ,**

Mailing Address 800 37TH ST SW

City  
ROCHESTER

State  
MN

Zip Code  
55902-1284

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKER

Occupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 12 / 2019

Transaction ID : SA11A.1669226

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

**B. BAKER, MARILYN, , ,**

Mailing Address 800 37TH ST SW

City  
ROCHESTER

State  
MN

Zip Code  
55902-1284

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKER

Occupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 18 / 2019

Transaction ID : SA11A.1672821

Amount of Each Receipt this Period

10.00

☐ Memo Item  
CONTRIBUTION

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

**C. BAKER, MARILYN, , ,**

Mailing Address 800 37TH ST SW

City  
ROCHESTER

State  
MN

Zip Code  
55902-1284

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKER

Occupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2019

Transaction ID : SA11A.1676679

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

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

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

40.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. BANTA, JEFF, , ,**

Mailing Address 608 PEARL ST.

City  
YERINGTON

State  
NV

Zip Code  
89447-2343

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 ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 12 / 2019

Transaction ID : SA11A.1670221

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. BANTA, JEFF, , ,**

Mailing Address 608 PEARL ST.

City  
YERINGTON

State  
NV

Zip Code  
89447-2343

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 ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 12 / 2019

Transaction ID : SA11A.1670222

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. BANTA, JEFF, , ,**

Mailing Address 608 PEARL ST.

City  
YERINGTON

State  
NV

Zip Code  
89447-2343

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 ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 18 / 2019

Transaction ID : SA11A.1673002

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

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

235.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. BANTA, JEFF, , ,**

Mailing Address 608 PEARL ST.

City  
YERINGTON

State  
NV

Zip Code  
89447-2343

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 ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 18 / 2019

Transaction ID : SA11A.1673003

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**B. BARLOCKER, CALVIN, , ,**

Mailing Address 254 EAST MAIN ST  
P.O. BOX 776

City  
ENTERPRISE

State  
UT

Zip Code  
84725

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2019

Transaction ID : SA11A.1666674

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**C. BARLOCKER, CALVIN, , ,**

Mailing Address 254 EAST MAIN ST  
P.O. BOX 776

City  
ENTERPRISE

State  
UT

Zip Code  
84725

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2019

Transaction ID : SA11A.1676614

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

335.00

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

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

FOR LINE NUMBER: PAGE 21 OF 285

(check only one)

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

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. BARR, EDWARD, , ,**

Mailing Address 40931 MARBLE COURT

City  
PALMDALE

State  
CA

Zip Code  
93551-1202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 06 / 2019

Transaction ID : SA11A.1667733

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. BARR, EDWARD, , ,**

Mailing Address 40931 MARBLE COURT

City  
PALMDALE

State  
CA

Zip Code  
93551-1202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 19 / 2019

Transaction ID : SA11A.1671968

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. BARRY, JOSEPH, , ,**

Mailing Address 216 OBIE ROAD

City  
NEWMANSTOWN

State  
PA

Zip Code  
17073-8980

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
TRUCKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 09 / 2019

Transaction ID : SA11A.1667745

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 22 OF 285

(check only one)

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

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. BECK, ELAINE, , ,

Mailing Address 1281 W TORTOLITA MTN CIR

City  
TUCSONState  
AZZip Code  
85755-5925FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2019

Transaction ID : SA11A.1667764

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

B. BELLES, THOMAS, , ,

Mailing Address 803 JACKSON ST

City  
FALLS CHURCHState  
VAZip Code  
22046-2834FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ROCK CREEK PARTNERSOccupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 21 / 2019

Transaction ID : SA11A.1674734

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

C. BENEFIELD, ROSEMARY, , ,

Mailing Address 4551 MORAGA AVE

City  
SAN DIEGOState  
CAZip Code  
92117-3550FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 10 / 2019

Transaction ID : SA11A.1667747

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 23 OF 285

(check only one)

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

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. BERDYCH, RICHARD, , ,**

Mailing Address 141 N WAGON WHEEL DR.

City  
BOERNE

State  
TX

Zip Code  
78015-8325

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2019

**Transaction ID : SA11A.1670710**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. BERDYCH, RICHARD, , ,**

Mailing Address 141 N WAGON WHEEL DR.

City  
BOERNE

State  
TX

Zip Code  
78015-8325

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 21 / 2019

**Transaction ID : SA11A.1672235**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. BERDYCH, RICHARD, , ,**

Mailing Address 141 N WAGON WHEEL DR.

City  
BOERNE

State  
TX

Zip Code  
78015-8325

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2019

**Transaction ID : SA11A.1677465**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

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

225.00

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

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

FOR LINE NUMBER: PAGE 24 OF 285

(check only one)

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

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. BERLINER, CHIZUKO, , ,**

Mailing Address 14 LANDFALL CT NEWPORT BEACH

City  
NEWPORT BEACH

State  
CA

Zip Code  
92663

FEC ID number of contributing  
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 / D D / Y Y Y Y Y Y  
02 / 05 / 2019

Transaction ID : SA11A.1661464

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

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

**B. BERLINER, CHIZUKO, , ,**

Mailing Address 14 LANDFALL CT NEWPORT BEACH

City  
NEWPORT BEACH

State  
CA

Zip Code  
92663

FEC ID number of contributing  
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 / D D / Y Y Y Y Y Y  
02 / 05 / 2019

Transaction ID : SA11A.1661465

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

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

**C. BERLINER, CHIZUKO, , ,**

Mailing Address 14 LANDFALL CT NEWPORT BEACH

City  
NEWPORT BEACH

State  
CA

Zip Code  
92663

FEC ID number of contributing  
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 / D D / Y Y Y Y Y Y  
02 / 09 / 2019

Transaction ID : SA11A.1662123

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

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

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

15.00



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

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

FOR LINE NUMBER: PAGE 25 OF 285

(check only one)

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

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. BERLINER, CHIZUKO, , ,**

Mailing Address 14 LANDFALL CT NEWPORT BEACH

City  
NEWPORT BEACH

State  
CA

Zip Code  
92663

FEC ID number of contributing  
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 / D D / Y Y Y Y Y Y  
02 / 05 / 2019

Transaction ID : SA11A.1662469

Amount of Each Receipt this Period

10.00

☐ Memo Item  
CONTRIBUTION

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

**B. BERLINER, CHIZUKO, , ,**

Mailing Address 14 LANDFALL CT NEWPORT BEACH

City  
NEWPORT BEACH

State  
CA

Zip Code  
92663

FEC ID number of contributing  
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 / D D / Y Y Y Y Y Y  
02 / 05 / 2019

Transaction ID : SA11A.1662470

Amount of Each Receipt this Period

10.00

☐ Memo Item  
CONTRIBUTION

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

**C. BERLINER, CHIZUKO, , ,**

Mailing Address 14 LANDFALL CT NEWPORT BEACH

City  
NEWPORT BEACH

State  
CA

Zip Code  
92663

FEC ID number of contributing  
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 / D D / Y Y Y Y Y Y  
02 / 05 / 2019

Transaction ID : SA11A.1663562

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

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

45.00

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

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

FOR LINE NUMBER: PAGE 26 OF 285

(check only one)

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

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. BERLINER, CHIZUKO, , ,**

Mailing Address 14 LANDFALL CT NEWPORT BEACH

City  
NEWPORT BEACH

State  
CA

Zip Code  
92663

FEC ID number of contributing  
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 / D D / Y Y Y Y Y Y  
02 / 11 / 2019

Transaction ID : SA11A.1667828

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

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

**B. BERLINER, CHIZUKO, , ,**

Mailing Address 14 LANDFALL CT NEWPORT BEACH

City  
NEWPORT BEACH

State  
CA

Zip Code  
92663

FEC ID number of contributing  
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 / D D / Y Y Y Y Y Y  
02 / 13 / 2019

Transaction ID : SA11A.1669416

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

**C. BERLINER, CHIZUKO, , ,**

Mailing Address 14 LANDFALL CT NEWPORT BEACH

City  
NEWPORT BEACH

State  
CA

Zip Code  
92663

FEC ID number of contributing  
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 / D D / Y Y Y Y Y Y  
02 / 21 / 2019

Transaction ID : SA11A.1674418

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

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

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

35.00

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

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

FOR LINE NUMBER: PAGE 27 OF 285

(check only one)

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

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. BERLINER, CHIZUKO, , ,**

Mailing Address 14 LANDFALL CT NEWPORT BEACH

City  
NEWPORT BEACH

State  
CA

Zip Code  
92663

FEC ID number of contributing  
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 / D D / Y Y Y Y Y Y  
02 / 24 / 2019

Transaction ID : SA11A.1675303

Amount of Each Receipt this Period

15.00

☐ Memo Item  
CONTRIBUTION

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

**B. BERLINER, CHIZUKO, , ,**

Mailing Address 14 LANDFALL CT NEWPORT BEACH

City  
NEWPORT BEACH

State  
CA

Zip Code  
92663

FEC ID number of contributing  
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 / D D / Y Y Y Y Y Y  
02 / 28 / 2019

Transaction ID : SA11A.1676697

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

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

**C. BERNARD, MARILYN, , ,**

Mailing Address 330 MORGAN STREET.  
APT. 203

City  
NEW ORLEANS

State  
LA

Zip Code  
70114-1070

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 15 / 2019

Transaction ID : SA11A.1671898

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

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

70.00

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

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

FOR LINE NUMBER: PAGE 28 OF 285

(check only one)

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

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

NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. BERNHART, THOMAS, , ,

Mailing Address 1952 NW CROWN ST

City  
GRANTS PASS

State  
OR

Zip Code  
97526-6340

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
REALTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2019

Transaction ID : SA11A.1670671

Amount of Each Receipt this Period

300.00

☐ Memo Item  
CONTRIBUTION

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

B. BIANCHI, TRUDY, , ,

Mailing Address 8391 PLEASANT GROVE RD

City  
ELVERTA

State  
CA

Zip Code  
95626-9312

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
RICE FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 25 / 2019

Transaction ID : SA11A.1672626

Amount of Each Receipt this Period

150.00

☐ Memo Item  
CONTRIBUTION

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

C. BITTINGER, FRANK, , ,

Mailing Address 1799 FM 528 ROAD  
16007

City  
WEBSTER

State  
TX

Zip Code  
77598-4710

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

Transaction ID : SA11A.1667421

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

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

550.00

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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. BITTINGER, FRANK, , ,**

Mailing Address 1799 FM 528 ROAD  
16007

City  
WEBSTER

State  
TX

Zip Code  
77598-4710

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 12 / 2019

**Transaction ID : SA11A.1670223**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. BITTINGER, FRANK, , ,**

Mailing Address 1799 FM 528 ROAD  
16007

City  
WEBSTER

State  
TX

Zip Code  
77598-4710

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 18 / 2019

**Transaction ID : SA11A.1673103**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. BLAIR, SYBIL, , ,**

Mailing Address 1061 MONTROSE DR.

City  
GALLATIN

State  
TN

Zip Code  
37066-1456

FEC ID number of contributing  
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 / D D / Y Y Y Y Y Y  
02 / 02 / 2019

**Transaction ID : SA11A.1660287**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

235.00

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

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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. BLAIR, SYBIL, , ,**

Mailing Address 1061 MONTROSE DR.

City  
GALLATIN

State  
TN

Zip Code  
37066-1456

FEC ID number of contributing  
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 / D D / Y Y Y Y Y Y  
02 / 14 / 2019

**Transaction ID : SA11A.1670262**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. BLAIR, SYBIL, , ,**

Mailing Address 1061 MONTROSE DR.

City  
GALLATIN

State  
TN

Zip Code  
37066-1456

FEC ID number of contributing  
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 / D D / Y Y Y Y Y Y  
02 / 18 / 2019

**Transaction ID : SA11A.1673006**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**C. BLOEMHOF, DAVID, , ,**

Mailing Address P.O. BOX 4140

City  
SAN LUIS OBISPO

State  
CA

Zip Code  
93403-4140

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2019

**Transaction ID : SA11A.1678203**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

385.00

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. BONOMO, JOHN, , ,**

Mailing Address 17025 SHERIDANS TRL

City  
ORLAND PARK

State  
IL

Zip Code  
60467-5405

FEC ID number of contributing  
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 / D D / Y Y Y Y Y Y  
02 / 05 / 2019

**Transaction ID : SA11A.1665217**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**B. BONOMO, JOHN, , ,**

Mailing Address 17025 SHERIDANS TRL

City  
ORLAND PARK

State  
IL

Zip Code  
60467-5405

FEC ID number of contributing  
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 / D D / Y Y Y Y Y Y  
02 / 05 / 2019

**Transaction ID : SA11A.1665218**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**C. BONOMO, JOHN, , ,**

Mailing Address 17025 SHERIDANS TRL

City  
ORLAND PARK

State  
IL

Zip Code  
60467-5405

FEC ID number of contributing  
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 / D D / Y Y Y Y Y Y  
02 / 06 / 2019

**Transaction ID : SA11A.1665767**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

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

105.00

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

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. BONOMO, JOHN, , ,**

Mailing Address 17025 SHERIDANS TRL

City  
ORLAND PARK

State  
IL

Zip Code  
60467-5405

FEC ID number of contributing  
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 / D D / Y Y Y Y Y Y  
02 / 14 / 2019

**Transaction ID : SA11A.1669868**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**B. BONOMO, JOHN, , ,**

Mailing Address 17025 SHERIDANS TRL

City  
ORLAND PARK

State  
IL

Zip Code  
60467-5405

FEC ID number of contributing  
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 / D D / Y Y Y Y Y Y  
02 / 19 / 2019

**Transaction ID : SA11A.1673549**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**C. BONOMO, JOHN, , ,**

Mailing Address 17025 SHERIDANS TRL

City  
ORLAND PARK

State  
IL

Zip Code  
60467-5405

FEC ID number of contributing  
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 / D D / Y Y Y Y Y Y  
02 / 24 / 2019

**Transaction ID : SA11A.1675338**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

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

95.00



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

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. BONOMO, JOHN, , ,**

Mailing Address 17025 SHERIDANS TRL

City  
ORLAND PARK

State  
IL

Zip Code  
60467-5405

FEC ID number of contributing  
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 / D D / Y Y Y Y Y Y  
02 / 24 / 2019

Transaction ID : SA11A.1675339

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

**B. BONOMO, JOHN, , ,**

Mailing Address 17025 SHERIDANS TRL

City  
ORLAND PARK

State  
IL

Zip Code  
60467-5405

FEC ID number of contributing  
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 / D D / Y Y Y Y Y Y  
02 / 24 / 2019

Transaction ID : SA11A.1675396

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**C. BONOMO, JOHN, , ,**

Mailing Address 17025 SHERIDANS TRL

City  
ORLAND PARK

State  
IL

Zip Code  
60467-5405

FEC ID number of contributing  
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 / D D / Y Y Y Y Y Y  
02 / 24 / 2019

Transaction ID : SA11A.1675397

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

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

95.00

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

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. BONOMO, JOHN, , ,**

Mailing Address 17025 SHERIDANS TRL

City  
ORLAND PARK

State  
IL

Zip Code  
60467-5405

FEC ID number of contributing  
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 / D D / Y Y Y Y Y  
02 / 27 / 2019

**Transaction ID : SA11A.1676382**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**B. BONOMO, JOHN, , ,**

Mailing Address 17025 SHERIDANS TRL

City  
ORLAND PARK

State  
IL

Zip Code  
60467-5405

FEC ID number of contributing  
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 / D D / Y Y Y Y Y  
02 / 27 / 2019

**Transaction ID : SA11A.1676383**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**C. BOONE, PATRICIA, , ,**

Mailing Address 506 DEVRIES COURT

City  
PIERMONT

State  
NY

Zip Code  
10968-1068

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 03 / 2019

**Transaction ID : SA11A.1661100**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

320.00

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

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. BORST, DONALD, J., ,

Mailing Address 6 LOIRE COURT

City  
MANCHESTER TOWNSHI

State  
NJ

Zip Code  
08759-6285

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 08 / 2019

Transaction ID : SA11A.1667386

Amount of Each Receipt this Period

75.00

☐ Memo Item  
CONTRIBUTION

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

B. BOWMAN, GARY, , ,

Mailing Address P.O. BOX 5016

City  
CENTRAL POINT

State  
OR

Zip Code  
97502-0042

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 11 / 2019

Transaction ID : SA11A.1670216

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

C. BOWMAN, GARY, , ,

Mailing Address P.O. BOX 5016

City  
CENTRAL POINT

State  
OR

Zip Code  
97502-0042

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2019

Transaction ID : SA11A.1676225

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

200.00

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

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. BRADSHAW, JOHN, , ,**

Mailing Address 2315 EVERTON DRIVE

City  
ARLINGTON

State  
TX

Zip Code  
76001-8416

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
STUDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 03 / 2019

**Transaction ID : SA11A.1660954**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**B. BRADSHAW, JOHN, , ,**

Mailing Address 2315 EVERTON DRIVE

City  
ARLINGTON

State  
TX

Zip Code  
76001-8416

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
STUDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 12 / 2019

**Transaction ID : SA11A.1670224**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. BRADSHAW, JOHN, , ,**

Mailing Address 2315 EVERTON DRIVE

City  
ARLINGTON

State  
TX

Zip Code  
76001-8416

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
STUDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 12 / 2019

**Transaction ID : SA11A.1670225**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

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

250.00

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

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(check only one)

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

NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. BRADSHAW, JOHN, , ,

Mailing Address 2315 EVERTON DRIVE

City  
ARLINGTONState  
TXZip Code  
76001-8416FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTEDOccupation (for Individual)  
STUDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2019

Transaction ID : SA11A.1676388

Amount of Each Receipt this Period

35.00

☐ Memo Item  
 CONTRIBUTION

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

B. BRAMBLE, THOMAS, , ,

Mailing Address P.O. BOX 1287

City  
HASTINGSState  
NEZip Code  
68902-1287FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MIDAMERICA PUMP SUPPLY INCOccupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2019

Transaction ID : SA11A.1661036

Amount of Each Receipt this Period

100.00

☐ Memo Item  
 CONTRIBUTION

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

C. BRAMBLE, THOMAS, , ,

Mailing Address P.O. BOX 1287

City  
HASTINGSState  
NEZip Code  
68902-1287FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MIDAMERICA PUMP SUPPLY INCOccupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 02 / 18 / 2019

Transaction ID : SA11A.1673113

Amount of Each Receipt this Period

250.00

☐ Memo Item  
 CONTRIBUTION

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

385.00

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. BRAND, BARBARA, LEE, ,

Mailing Address 4 COUNTRY VIEW ROAD P O BOX 400

City  
HOLMDELState  
NJZip Code  
07733-0400FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 01 / 2019

Transaction ID : SA11A.1661096

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

B. BRAND, BARBARA, LEE, ,

Mailing Address 4 COUNTRY VIEW ROAD P O BOX 400

City  
HOLMDELState  
NJZip Code  
07733-0400FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 01 / 2019

Transaction ID : SA11A.1661097

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

C. BRITT, HENRY, , ,

Mailing Address P.O. BOX 37135

City  
JACKSONVILLEState  
FLZip Code  
32236-7135FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
COURIER TRANSPORTATIONOccupation (for Individual)  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

Transaction ID : SA11A.1667425

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

600.00

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. BRITT, HENRY, , ,**

Mailing Address P.O. BOX 37135

City  
JACKSONVILLE

State  
FL

Zip Code  
32236-7135

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
COURIER TRANSPORTATION

Occupation (for Individual)  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

**Transaction ID : SA11A.1667753**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. BRUDER, THOMAS, , ,**

Mailing Address 600 REED ROAD  
SUITE 301

City  
BROOMALL

State  
PA

Zip Code  
19008-3505

FEC ID number of contributing  
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 / D D / Y Y Y Y Y Y  
02 / 01 / 2019

**Transaction ID : SA11A.1659497**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**C. BRUDER, THOMAS, , ,**

Mailing Address 600 REED ROAD  
SUITE 301

City  
BROOMALL

State  
PA

Zip Code  
19008-3505

FEC ID number of contributing  
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 / D D / Y Y Y Y Y Y  
02 / 03 / 2019

**Transaction ID : SA11A.1660557**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

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

585.00

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 40 OF 285

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. BRUDER, THOMAS, , ,

Mailing Address 600 REED ROAD  
 SUITE 301

City  
 BROOMALL

State  
 PA

Zip Code  
 19008-3505

FEC ID number of contributing  
 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 / D D / Y Y Y Y Y Y  
 02 / 05 / 2019

Transaction ID : SA11A.1666823

Amount of Each Receipt this Period

50.00

☐ Memo Item  
 CONTRIBUTION

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

B. BRUDER, THOMAS, , ,

Mailing Address 600 REED ROAD  
 SUITE 301

City  
 BROOMALL

State  
 PA

Zip Code  
 19008-3505

FEC ID number of contributing  
 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 / D D / Y Y Y Y Y Y  
 02 / 12 / 2019

Transaction ID : SA11A.1670004

Amount of Each Receipt this Period

50.00

☐ Memo Item  
 CONTRIBUTION

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

C. BRUDER, THOMAS, , ,

Mailing Address 600 REED ROAD  
 SUITE 301

City  
 BROOMALL

State  
 PA

Zip Code  
 19008-3505

FEC ID number of contributing  
 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 / D D / Y Y Y Y Y Y  
 02 / 21 / 2019

Transaction ID : SA11A.1674697

Amount of Each Receipt this Period

50.00

☐ Memo Item  
 CONTRIBUTION

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

150.00

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



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

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. BRUDER, THOMAS, , ,**

Mailing Address 600 REED ROAD  
SUITE 301

City  
BROOMALL

State  
PA

Zip Code  
19008-3505

FEC ID number of contributing  
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 / D D / Y Y Y Y Y Y  
02 / 28 / 2019

Transaction ID : SA11A.1677484

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

**B. BURGIS, MALCOLM, , ,**

Mailing Address 3 22ND AVENUE

City  
ISLE OF PALMS

State  
SC

Zip Code  
29451-2303

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
THE WIND JAMMER INC

Occupation (for Individual)  
GENERAL MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2019

Transaction ID : SA11A.1666686

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**C. BURGIS, MALCOLM, , ,**

Mailing Address 3 22ND AVENUE

City  
ISLE OF PALMS

State  
SC

Zip Code  
29451-2303

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
THE WIND JAMMER INC

Occupation (for Individual)  
GENERAL MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

Transaction ID : SA11A.1667428

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

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

175.00

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 42 OF 285

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. BURNS, ROBERT, , ,

Mailing Address 1059 COUNTY ROAD  
136A

City  
TERRELL

State  
TX

Zip Code  
75161

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2019

Transaction ID : SA11A.1667075

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

B. BURNS, ROBERT, , ,

Mailing Address 1059 COUNTY ROAD  
136A

City  
TERRELL

State  
TX

Zip Code  
75161

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2019

Transaction ID : SA11A.1667536

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

C. BURNS, ROBERT, , ,

Mailing Address 1059 COUNTY ROAD  
136A

City  
TERRELL

State  
TX

Zip Code  
75161

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 09 / 2019

Transaction ID : SA11A.1667668

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

250.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. BUSCH, PETER, , ,**

Mailing Address 5300 GLADES CUT OFF RD

City  
FORT PIERCE

State  
FL

Zip Code  
34981-4613

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 11 / 2019

**Transaction ID : SA11A.1671058**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. BYARS, JIMMY, , ,**

Mailing Address 2800 STARLING DRIVE

City  
WILLIAMSBURG

State  
VA

Zip Code  
23185-8045

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

**Transaction ID : SA11A.1663598**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

**C. BYARS, JIMMY, , ,**

Mailing Address 2800 STARLING DRIVE

City  
WILLIAMSBURG

State  
VA

Zip Code  
23185-8045

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SOCCOM

Occupation (for Individual)  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 16 / 2019

**Transaction ID : SA11A.1670309**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

525.00

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. BYELICK, STEPHEN, , ,**

Mailing Address 864 BASSWOOD LANE

City  
SAINT PAUL

State  
MN

Zip Code  
55123-2292

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ALLIANCE BANK

Occupation (for Individual)  
CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 01 / 2019

**Transaction ID : SA11A.1659499**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**B. BYELICK, STEPHEN, , ,**

Mailing Address 864 BASSWOOD LANE

City  
SAINT PAUL

State  
MN

Zip Code  
55123-2292

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ALLIANCE BANK

Occupation (for Individual)  
CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2019

**Transaction ID : SA11A.1676393**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**C. BYELICK, STEPHEN, , ,**

Mailing Address 864 BASSWOOD LANE

City  
SAINT PAUL

State  
MN

Zip Code  
55123-2292

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ALLIANCE BANK

Occupation (for Individual)  
CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2019

**Transaction ID : SA11A.1677879**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

105.00

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

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

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

FOR LINE NUMBER: PAGE 45 OF 285

(check only one)

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

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

NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. CANON, JO, , ,**

Mailing Address 102 TIQUEWOOD CIRCLE

City  
ABILENE

State  
TX

Zip Code  
79605-4937

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKER

Occupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2019

Transaction ID : SA11A.1665792

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**B. CANON, JO, , ,**

Mailing Address 102 TIQUEWOOD CIRCLE

City  
ABILENE

State  
TX

Zip Code  
79605-4937

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKER

Occupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 08 / 2019

Transaction ID : SA11A.1667659

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. CANTRELL, LARRY, , ,**

Mailing Address 112 SOUTH 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)  
CONCEPT PACKAGING GROUP

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2019

Transaction ID : SA11A.1667707

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

385.00

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. CARDASSI, JANET, , ,**

Mailing Address 6856 TIMBERCROFT LN

City  
FAYETTEVILLE

State  
NC

Zip Code  
28314-5389

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 15 / 2019

Transaction ID : SA11A.1671911

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION

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

**B. CARLETON, SCOTT, , ,**

Mailing Address 3103 S. HIGH DR.

City  
SPOKANE

State  
WA

Zip Code  
99203-1335

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INLAND IMAGING

Occupation (for Individual)  
MEDICAL DOCTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2019

Transaction ID : SA11A.1667734

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. CHANG, CYNTHIA, C., ,**

Mailing Address 730 UPLAND ROAD

City  
REDWOOD CITY

State  
CA

Zip Code  
94062-3000

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 ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2019

Transaction ID : SA11A.1664993

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

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

485.00

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

FOR LINE NUMBER: PAGE 47 OF 285

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. CHANG, CYNTHIA, C., ,**

Mailing Address 730 UPLAND ROAD

City  
REDWOOD CITYState  
CAZip Code  
94062-3000FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTEDOccupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M	D D	Y Y Y Y
02	05	2019

Transaction ID : SA11A.1666837

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**B. CHANG, CYNTHIA, C., ,**

Mailing Address 730 UPLAND ROAD

City  
REDWOOD CITYState  
CAZip Code  
94062-3000FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTEDOccupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M	D D	Y Y Y Y
02	21	2019

Transaction ID : SA11A.1674604

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

**C. CHANNON, ROBERT, , ,**Mailing Address 3850 GALLERIA WOODS DRIVE  
103City  
HOOVERState  
ALZip Code  
35244-1090FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M	D D	Y Y Y Y
02	01	2019

Transaction ID : SA11A.1660604

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

125.00

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

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

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

FOR LINE NUMBER: PAGE 48 OF 285

(check only one)

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

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

NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. CHANNON, ROBERT, , ,

Mailing Address 3850 GALLERIA WOODS DRIVE  
103

City  
HOOVER

State  
AL

Zip Code  
35244-1090

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2019

Transaction ID : SA11A.1666691

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

B. CHANNON, ROBERT, , ,

Mailing Address 3850 GALLERIA WOODS DRIVE  
103

City  
HOOVER

State  
AL

Zip Code  
35244-1090

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

Transaction ID : SA11A.1666838

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

C. CHANNON, ROBERT, , ,

Mailing Address 3850 GALLERIA WOODS DRIVE  
103

City  
HOOVER

State  
AL

Zip Code  
35244-1090

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 26 / 2019

Transaction ID : SA11A.1675824

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

150.00

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



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

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

FOR LINE NUMBER: PAGE 49 OF 285

(check only one)

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

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

NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. CHAPPELL, CAMERON, , ,**

Mailing Address 306 KAYWOOD AVENUE

City  
MT CARMEL

State  
TN

Zip Code  
37645-3930

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 11 / 2019

**Transaction ID : SA11A.1671158**

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION

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

**B. CHAPPELL, CAMERON, , ,**

Mailing Address 306 KAYWOOD AVENUE

City  
MT CARMEL

State  
TN

Zip Code  
37645-3930

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 21 / 2019

**Transaction ID : SA11A.1672242**

Amount of Each Receipt this Period

300.00

☐ Memo Item  
CONTRIBUTION

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

**C. CHAVES, JOHN, , ,**

Mailing Address 5312 COMERCIO LANE

City  
WOODLAND HILLS

State  
CA

Zip Code  
91364-2026

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED

Occupation (for Individual)

DENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 05 / 2019

**Transaction ID : SA11A.1667712**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 50 OF 285

(check only one)

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

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

NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. CHAVEZ, KATHLEEN, , ,**

Mailing Address 144 COTTONWOOD

City  
GRANTS

State  
NM

Zip Code  
87020-4215

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SLS LLC

Occupation (for Individual)  
HOME HEALTH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

**Transaction ID : SA11A.1666840**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**B. CHAVEZ, KATHLEEN, , ,**

Mailing Address 144 COTTONWOOD

City  
GRANTS

State  
NM

Zip Code  
87020-4215

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SLS LLC

Occupation (for Individual)  
HOME HEALTH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2019

**Transaction ID : SA11A.1667541**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. CHAVEZ, KATHLEEN, , ,**

Mailing Address 144 COTTONWOOD

City  
GRANTS

State  
NM

Zip Code  
87020-4215

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SLS LLC

Occupation (for Individual)  
HOME HEALTH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 11 / 2019

**Transaction ID : SA11A.1669976**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

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

200.00

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

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

FOR LINE NUMBER: PAGE 51 OF 285

(check only one)

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

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. CLARK, JUDITH, , ,**

Mailing Address 517 E MAIN ST

City  
LAKE CITY

State  
SC

Zip Code  
29560-2225

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
NURSING HOMES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 03 / 2019

**Transaction ID : SA11A.1661099**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. CLARK, JUDITH, , ,**

Mailing Address 517 E MAIN ST

City  
LAKE CITY

State  
SC

Zip Code  
29560-2225

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
NURSING HOMES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2019

**Transaction ID : SA11A.1676590**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. CLEM, DOUGLAS, , ,**

Mailing Address 26011 75TH STREET

City  
SALEM

State  
WI

Zip Code  
53168-9279

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 ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 18 / 2019

**Transaction ID : SA11A.1673016**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

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

385.00

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

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

FOR LINE NUMBER: PAGE 52 OF 285

(check only one)

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

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. CLEM, DOUGLAS, , ,**

Mailing Address 26011 75TH STREET

City  
SALEM

State  
WI

Zip Code  
53168-9279

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 ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 19 / 2019

Transaction ID : SA11A.1673558

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**B. CLEM, DOUGLAS, , ,**

Mailing Address 26011 75TH STREET

City  
SALEM

State  
WI

Zip Code  
53168-9279

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 ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 25 / 2019

Transaction ID : SA11A.1675627

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**C. COMBS, HARRY, B., ,**

Mailing Address 96 SOUTH CLERMONT

City  
DENVER

State  
CO

Zip Code  
80246-1035

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 08 / 2019

Transaction ID : SA11A.1667762

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

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

585.00

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

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

FOR LINE NUMBER: PAGE 53 OF 285

(check only one)

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

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. CONLEY, CONNIE, , ,**

Mailing Address 370 GARDENIA TRAIL

City  
WADSWORTH

State  
OH

Zip Code  
44281-8919

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
HOME STAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2019

Transaction ID : SA11A.1664224

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

**B. CONLEY, CONNIE, , ,**

Mailing Address 370 GARDENIA TRAIL

City  
WADSWORTH

State  
OH

Zip Code  
44281-8919

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
HOME STAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2019

Transaction ID : SA11A.1667544

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. COOK, KATHERINE, , ,**

Mailing Address 19151 CR450A

City  
UMATILLA

State  
FL

Zip Code  
32784

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
ARTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 01 / 2019

Transaction ID : SA11A.1660492

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

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

175.00

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

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

FOR LINE NUMBER: PAGE 54 OF 285

(check only one)

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

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

NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. COOK, KATHERINE, , ,

Mailing Address 19151 CR450A

City  
UMATILLAState  
FLZip Code  
32784FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTEDOccupation (for Individual)  
ARTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 09 / 2019

Transaction ID : SA11A.1667308

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

B. COOK, MARCHITA, , ,

Mailing Address 43 SILVER IRIS WAY

City  
SPRINGState  
TXZip Code  
77382-2714FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKEROccupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 25 / 2019

Transaction ID : SA11A.1675641

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

C. COOK, MARCHITA, , ,

Mailing Address 43 SILVER IRIS WAY

City  
SPRINGState  
TXZip Code  
77382-2714FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKEROccupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2019

Transaction ID : SA11A.1677511

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

175.00

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

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

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

FOR LINE NUMBER: PAGE 55 OF 285

(check only one)

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

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

NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. COOPER, GARY, , ,**

Mailing Address 3807 HARDING PLACE

City  
NASHVILLE

State  
TN

Zip Code  
37215-4030

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
COOPER STEEL FABRICATORS INC

Occupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

Transaction ID : SA11A.1667713

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. CORDERO, ALFONSO, , ,**

Mailing Address P.O. BOX 546

City  
ZEPHYR COVE

State  
NV

Zip Code  
89448-0546

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2019

Transaction ID : SA11A.1667735

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. CRANE, JOHNNY, , ,**

Mailing Address 401 S SPRING ST

City  
FULTON

State  
MS

Zip Code  
38843-1707

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 21 / 2019

Transaction ID : SA11A.1672263

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

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

600.00

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

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

FOR LINE NUMBER: PAGE 56 OF 285

(check only one)

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

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. CUETO, MARIA, , ,**

Mailing Address 1931 SW 14TH TER

City  
MIAMI

State  
FL

Zip Code  
33145-1307

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 15 / 2019

Transaction ID : SA11A.1671629

Amount of Each Receipt this Period

400.00

☐ Memo Item  
CONTRIBUTION

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

**B. CUMMINGS, MARY, LOU, ,**

Mailing Address 922 WESTPARK DR.

City  
CELEBRATION

State  
FL

Zip Code  
34747-4966

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 02 / 2019

Transaction ID : SA11A.1658351

Amount of Each Receipt this Period

15.00

☐ Memo Item  
CONTRIBUTION

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

**C. CUMMINGS, MARY, LOU, ,**

Mailing Address 922 WESTPARK DR.

City  
CELEBRATION

State  
FL

Zip Code  
34747-4966

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 07 / 2019

Transaction ID : SA11A.1663060

Amount of Each Receipt this Period

15.00

☐ Memo Item  
CONTRIBUTION

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

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

430.00



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

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

FOR LINE NUMBER: PAGE 57 OF 285

(check only one)

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

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

NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. CUMMINGS, MARY, LOU, ,**

Mailing Address 922 WESTPARK DR.

City  
CELEBRATION

State  
FL

Zip Code  
34747-4966

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2019

Transaction ID : SA11A.1675912

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

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

**B. CUMMINGS, MARY, LOU, ,**

Mailing Address 922 WESTPARK DR.

City  
CELEBRATION

State  
FL

Zip Code  
34747-4966

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2019

Transaction ID : SA11A.1675913

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

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

**C. CUMMINGS, MARY, LOU, ,**

Mailing Address 922 WESTPARK DR.

City  
CELEBRATION

State  
FL

Zip Code  
34747-4966

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2019

Transaction ID : SA11A.1677356

Amount of Each Receipt this Period

15.00

☐ Memo Item  
CONTRIBUTION

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

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

25.00

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

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

FOR LINE NUMBER: PAGE 58 OF 285

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. CUMMINGS, MARY, LOU, ,**

Mailing Address 922 WESTPARK DR.

City  
CELEBRATION

State  
FL

Zip Code  
34747-4966

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2019

Transaction ID : SA11A.1677357

Amount of Each Receipt this Period

15.00

☐ Memo Item  
CONTRIBUTION

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

**B. CUPPLES, LYNDIA, , ,**

Mailing Address 12726 HARTS ISLAND ROAD

City  
SHREVEPORT

State  
LA

Zip Code  
71115-9439

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

Transaction ID : SA11A.1661518

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

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

**C. CUPPLES, LYNDIA, , ,**

Mailing Address 12726 HARTS ISLAND ROAD

City  
SHREVEPORT

State  
LA

Zip Code  
71115-9439

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

Transaction ID : SA11A.1661519

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

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

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

25.00

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 59 OF 285

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. CUPPLES, LYNDIA, , ,**

Mailing Address 12726 HARTS ISLAND ROAD

City  
SHREVEPORT

State  
LA

Zip Code  
71115-9439

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 06 / 2019

**Transaction ID : SA11A.1664230**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

**B. CUPPLES, LYNDIA, , ,**

Mailing Address 12726 HARTS ISLAND ROAD

City  
SHREVEPORT

State  
LA

Zip Code  
71115-9439

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 23 / 2019

**Transaction ID : SA11A.1675156**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**C. DAMPIER, BYRON, , ,**

Mailing Address 326 BROOKS WOOLSEY RD.

City  
FAYETTEVILLE

State  
GA

Zip Code  
30215-7000

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
SALES ASSOCIATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 13 / 2019

**Transaction ID : SA11A.1670068**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

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

125.00

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

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

FOR LINE NUMBER: PAGE 60 OF 285

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. DAMPIER, BYRON, , ,**

Mailing Address 326 BROOKS WOOLSEY RD.

City  
FAYETTEVILLE

State  
GA

Zip Code  
30215-7000

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
SALES ASSOCIATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 18 / 2019

**Transaction ID : SA11A.1673080**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**B. DAMPIER, BYRON, , ,**

Mailing Address 326 BROOKS WOOLSEY RD.

City  
FAYETTEVILLE

State  
GA

Zip Code  
30215-7000

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
SALES ASSOCIATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 21 / 2019

**Transaction ID : SA11A.1674701**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**C. DAMPIER, BYRON, , ,**

Mailing Address 326 BROOKS WOOLSEY RD.

City  
FAYETTEVILLE

State  
GA

Zip Code  
30215-7000

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
SALES ASSOCIATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2019

**Transaction ID : SA11A.1678060**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

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

150.00

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

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

FOR LINE NUMBER: PAGE 61 OF 285

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. DARWAL, JUDY, , ,**

Mailing Address 9715 SHENANDOAH DR.

City  
BRECKSVILLE

State  
OH

Zip Code  
44141-2833

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
REMAX TRINITY

Occupation (for Individual)  
REALTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 21 / 2019

**Transaction ID : SA11A.1672255**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. DAVIS, CHRISTINE, , ,**

Mailing Address 710 MARGARET STREET

City  
SAN JOSE

State  
CA

Zip Code  
95112-2309

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TMFC INC

Occupation (for Individual)  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

**Transaction ID : SA11A.1667714**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. DAVIS, JUDY, , ,**

Mailing Address 2727 MILLER LANDING ROAD

City  
TALLAHASSEE

State  
FL

Zip Code  
32312-9670

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

**Transaction ID : SA11A.1666854**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

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

400.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 62 OF 285

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

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

NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. DAVIS, JUDY, , ,**

Mailing Address 2727 MILLER LANDING ROAD

City

TALLAHASSEE

State

FL

Zip Code

32312-9670

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

MM / DD / YYYY  
02 / 06 / 2019

Transaction ID : SA11A.1667091

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**B. DAVIS, JUDY, , ,**

Mailing Address 2727 MILLER LANDING ROAD

City

TALLAHASSEE

State

FL

Zip Code

32312-9670

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

MM / DD / YYYY  
02 / 18 / 2019

Transaction ID : SA11A.1673104

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. DEAN, RUSSELL, , ,**

Mailing Address 32224 S 944 PRSE

City

KENNEWICK

State

WA

Zip Code

99338-9424

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
02 / 06 / 2019

Transaction ID : SA11A.1667756

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

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

650.00

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

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

FOR LINE NUMBER: PAGE 63 OF 285

(check only one)

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

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

NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. DEARDEUFF, TOM, , ,**

Mailing Address 948 RIVERVIEW LN

City  
GARBERVILLE

State  
CA

Zip Code  
95542-3302

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
CARPENTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 21 / 2019

Transaction ID : SA11A.1672359

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. DEARDEUFF, TOM, , ,**

Mailing Address 948 RIVERVIEW LN

City  
GARBERVILLE

State  
CA

Zip Code  
95542-3302

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
CARPENTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2019

Transaction ID : SA11A.1678163

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. DEHAVEN, SUE, B., ,**

Mailing Address 7515 CHEVY CHASE DR.

City  
HOUSTON

State  
TX

Zip Code  
77063-1904

FEC ID number of contributing  
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 / D D / Y Y Y Y Y Y  
02 / 12 / 2019

Transaction ID : SA11A.1671225

Amount of Each Receipt this Period

80.00

☐ Memo Item  
CONTRIBUTION

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

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

280.00

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. DEHAVEN, SUE, B., ,

Mailing Address 7515 CHEVY CHASE DR.

City  
HOUSTONState  
TXZip Code  
77063-1904FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1180.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 14 / 2019

Transaction ID : SA11A.1671246

Amount of Each Receipt this Period

1100.00

☐ Memo Item  
CONTRIBUTION

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

B. DEMPSEY, STEPHEN, , ,

Mailing Address 442 STERLING ROAD

City  
LEXINGTONState  
SCZip Code  
29072-8723FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DG ELEVATOR SOLUTIONS INCOccupation (for Individual)  
SMALL BUSINESSES OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 03 / 2019

Transaction ID : SA11A.1661105

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

C. DEROSA, CONNIR, , ,

Mailing Address 10 WHITTIER CT

City  
RANCHO MIRAGEState  
CAZip Code  
92270-3720FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

Transaction ID : SA11A.1667715

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

1600.00

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 65 OF 285

(check only one)

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

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. DESTITO, LISETTE, , ,**

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)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 01 / 2019

Transaction ID : SA11A.1660563

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**B. DESTITO, LISETTE, , ,**

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)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 01 / 2019

Transaction ID : SA11A.1660564

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**C. DESTITO, LISETTE, , ,**

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)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 07 / 2019

Transaction ID : SA11A.1664477

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

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

125.00

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

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

FOR LINE NUMBER: PAGE 66 OF 285

(check only one)

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

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

NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. DESTITO, LISETTE, , ,**

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)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 18 / 2019

Transaction ID : SA11A.1673081

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**B. DEYOUNG, SIMON, , ,**

Mailing Address 13370 BUTTERNUT ROAD  
P.O. BOX 105

City  
BURTON

State  
OH

Zip Code  
44021-9568

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2019

Transaction ID : SA11A.1667554

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. DEYOUNG, SIMON, , ,**

Mailing Address 13370 BUTTERNUT ROAD  
P.O. BOX 105

City  
BURTON

State  
OH

Zip Code  
44021-9568

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2019

Transaction ID : SA11A.1678164

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

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

250.00

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

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

FOR LINE NUMBER: PAGE 67 OF 285

(check only one)

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

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. DODGE, ROBERT, , ,**

Mailing Address 1169 N ANTILLES CIR

City  
SALT LAKE CITY

State  
UT

Zip Code  
84116-4390

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NEW YORK LIFE

Occupation (for Individual)  
INSURANCE AND SECURITIES SALE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 01 / 2019

Transaction ID : SA11A.1659507

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**B. DODGE, ROBERT, , ,**

Mailing Address 1169 N ANTILLES CIR

City  
SALT LAKE CITY

State  
UT

Zip Code  
84116-4390

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NEW YORK LIFE

Occupation (for Individual)  
INSURANCE AND SECURITIES SALE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2019

Transaction ID : SA11A.1665003

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**C. DODGE, ROBERT, , ,**

Mailing Address 1169 N ANTILLES CIR

City  
SALT LAKE CITY

State  
UT

Zip Code  
84116-4390

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NEW YORK LIFE

Occupation (for Individual)  
INSURANCE AND SECURITIES SALE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

216.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 24 / 2019

Transaction ID : SA11A.1675417

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

120.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 68 OF 285

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

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. DREXEL, ANN, L., ,**

Mailing Address 16504 AVILA BLVD.

City  
TAMPA

State  
FL

Zip Code  
33613-1031

FEC ID number of contributing  
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

M M / D D / Y Y Y Y Y Y  
02 / 01 / 2019

**Transaction ID : SA11A.1661109**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**B. DREXEL, ANN, L., ,**

Mailing Address 16504 AVILA BLVD.

City  
TAMPA

State  
FL

Zip Code  
33613-1031

FEC ID number of contributing  
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

M M / D D / Y Y Y Y Y Y  
02 / 14 / 2019

**Transaction ID : SA11A.1670313**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. DUBBS, WENDELL, , ,**

Mailing Address 5907 6TH AVENUE

City  
KEARNEY

State  
NE

Zip Code  
68845-3306

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MIDLAND MOLDING

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2019

**Transaction ID : SA11A.1667708**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

1750.00

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

FOR LINE NUMBER: PAGE 69 OF 285

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. DUPUIS, DANIELLE, , ,**

Mailing Address 219 JOANN RD

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

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
02	20	2019

Transaction ID : SA11A.1674403

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. DUPUIS, DANIELLE, , ,**

Mailing Address 219 JOANN RD

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

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
02	28	2019

Transaction ID : SA11A.1678166

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. EDWARDS, CATHY, , ,**

Mailing Address 4239 BLUEBONNET HILLTOP DR.

City  
FORT WORTHState  
TXZip Code  
76126-5208FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
02	27	2019

Transaction ID : SA11A.1676413

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

385.00

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

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

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

FOR LINE NUMBER: PAGE 70 OF 285

(check only one)

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

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. EISENBARTH, REBECCA, , ,**

Mailing Address 7075 ROAD 37

City  
TORRINGTON

State  
WY

Zip Code  
82240-8422

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 21 / 2019

Transaction ID : SA11A.1672096

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**B. 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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 16 / 2019

Transaction ID : SA11A.1670287

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. 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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 20 / 2019

Transaction ID : SA11A.1674388

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

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

250.00

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

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

FOR LINE NUMBER: PAGE 71 OF 285

(check only one)

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

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. 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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 21 / 2019

Transaction ID : SA11A.1674724

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

B. EPSTEIN, TERRY, , ,

Mailing Address 120 KAIMANU PL

City  
KIHEI

State  
HI

Zip Code  
96753-9300

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 12 / 2019

Transaction ID : SA11A.1670297

Amount of Each Receipt this Period

125.00

☐ Memo Item  
CONTRIBUTION

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

C. EPSTEIN, TERRY, , ,

Mailing Address 120 KAIMANU PL

City  
KIHEI

State  
HI

Zip Code  
96753-9300

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 12 / 2019

Transaction ID : SA11A.1670299

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

475.00

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

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

FOR LINE NUMBER: PAGE 72 OF 285

(check only one)

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

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

NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. FARRAH, PATRICK, , ,

Mailing Address 15 KELLY CIRCLE

City  
GLENBROOK

State  
NV

Zip Code  
89413-9713

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2019

Transaction ID : SA11A.1676591

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

B. FEHRS, MARILYN, , ,

Mailing Address 1285 WOODTICK ROAD

City  
WOLCOTT

State  
CT

Zip Code  
06716-1535

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2019

Transaction ID : SA11A.1677550

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

C. FELIX, RALPH, , ,

Mailing Address 2604 GRAND CANAL

City  
VENICE

State  
CA

Zip Code  
90291-4549

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2019

Transaction ID : SA11A.1677551

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

150.00

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



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

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

FOR LINE NUMBER: PAGE 73 OF 285

(check only one)

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

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. FERNANDEZ, MARTA, , ,**

Mailing Address 625 BILTMORE WAY  
APT 505

City  
MIAMI

State  
FL

Zip Code  
33134-7537

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

**Transaction ID : SA11A.1667716**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. FIDDYMENT, KARYL, LYNN, ,**

Mailing Address 6419 RIO DE ONAR WAY

City

ELK GROVE

State  
CA

Zip Code  
95757-3489

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2019

**Transaction ID : SA11A.1665874**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**C. FIDDYMENT, KARYL, LYNN, ,**

Mailing Address 6419 RIO DE ONAR WAY

City

ELK GROVE

State  
CA

Zip Code  
95757-3489

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 15 / 2019

**Transaction ID : SA11A.1669894**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

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

320.00

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

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

FOR LINE NUMBER: PAGE 74 OF 285

(check only one)

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

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. FIDDYMENT, KARYL, LYNN, ,**

Mailing Address 6419 RIO DE ONAR WAY

City  
ELK GROVE

State  
CA

Zip Code  
95757-3489

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2019

**Transaction ID : SA11A.1676418**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**B. FITE HERBISON, JANNA, , ,**

Mailing Address 3537 PHILWOOD AVE

City  
MEMPHIS

State  
TN

Zip Code  
38122-4557

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
J HERBISON COMMUNATION

Occupation (for Individual)  
PR CONSULATNAT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2019

**Transaction ID : SA11A.1670694**

Amount of Each Receipt this Period

300.00

☐ Memo Item  
CONTRIBUTION

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

**C. FITZPATRICK, CHERYL, , ,**

Mailing Address 2321 LITTLE COUNTRY ROAD

City  
PARRISH

State  
FL

Zip Code  
34219-9299

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2019

**Transaction ID : SA11A.1667109**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

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

385.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. FITZPATRICK, CHERYL, , ,**

Mailing Address 2321 LITTLE COUNTRY ROAD

City  
PARRISH

State  
FL

Zip Code  
34219-9299

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 21 / 2019

**Transaction ID : SA11A.1674702**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**B. FITZPATRICK, CHERYL, , ,**

Mailing Address 2321 LITTLE COUNTRY ROAD

City  
PARRISH

State  
FL

Zip Code  
34219-9299

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 22 / 2019

**Transaction ID : SA11A.1674901**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**C. FLOECK SR., DANIEL, D., ,**

Mailing Address 25914 PEREGRINE RIDGE

City  
SAN ANTONIO

State  
TX

Zip Code  
78260-3582

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 08 / 2019

**Transaction ID : SA11A.1667744**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

350.00

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

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

FOR LINE NUMBER: PAGE 76 OF 285

(check only one)

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

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. FLOECK SR., DANIEL, D., ,**

Mailing Address 25914 PEREGRINE RIDGE

City  
SAN ANTONIO

State  
TX

Zip Code  
78260-3582

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 13 / 2019

Transaction ID : SA11A.1670302

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. FRANSSON, MARTHA, , ,**

Mailing Address 11 DODGE DRIVE

City  
WEST HARTFORD

State  
CT

Zip Code  
06107-1009

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 02 / 2019

Transaction ID : SA11A.1659650

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**C. FRANSSON, MARTHA, , ,**

Mailing Address 11 DODGE DRIVE

City  
WEST HARTFORD

State  
CT

Zip Code  
06107-1009

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 01 / 2019

Transaction ID : SA11A.1661004

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

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

385.00

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

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

FOR LINE NUMBER: PAGE 77 OF 285

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. FRANSSON, MARTHA, , ,**

Mailing Address 11 DODGE DRIVE

City  
WEST HARTFORD

State  
CT

Zip Code  
06107-1009

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 15 / 2019

**Transaction ID : SA11A.1670154**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**B. FRANSSON, MARTHA, , ,**

Mailing Address 11 DODGE DRIVE

City  
WEST HARTFORD

State  
CT

Zip Code  
06107-1009

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 20 / 2019

**Transaction ID : SA11A.1674247**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**C. FRANSSON, MARTHA, , ,**

Mailing Address 11 DODGE DRIVE

City  
WEST HARTFORD

State  
CT

Zip Code  
06107-1009

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 22 / 2019

**Transaction ID : SA11A.1674902**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

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

135.00

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

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

FOR LINE NUMBER: PAGE 78 OF 285

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. FRANSSON, MARTHA, , ,**

Mailing Address 11 DODGE DRIVE

City  
WEST HARTFORD

State  
CT

Zip Code  
06107-1009

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2019

**Transaction ID : SA11A.1678169**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. FREY, DONALD, , ,**

Mailing Address 7060 PEA RIDGE RD.

City  
GAINESVILLE

State  
GA

Zip Code  
30506-6122

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PRIMO

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2019

**Transaction ID : SA11A.1667736**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. FRIEBERG, RON, , ,**

Mailing Address 15429 VIA LA GITANA

City  
CARMEL VALLEY

State  
CA

Zip Code  
93924-9600

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SALINAS VALLEY FORD

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 12 / 2019

**Transaction ID : SA11A.1670229**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

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

450.00

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

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

FOR LINE NUMBER: PAGE 79 OF 285

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. FRIEBERG, RON, , ,**

Mailing Address 15429 VIA LA GITANA

City  
CARMEL VALLEY

State  
CA

Zip Code  
93924-9600

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SALINAS VALLEY FORD

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 13 / 2019

Transaction ID : SA11A.1670247

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. FULDNER, CHRIS, , ,**

Mailing Address 5035 STONEGATE 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 ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

Transaction ID : SA11A.1667446

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. FULDNER, CHRIS, , ,**

Mailing Address 5035 STONEGATE 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 ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2019

Transaction ID : SA11A.1676554

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

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

250.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. GALLO, ELAINE, C., ,**

Mailing Address 12998 LAKE WILDWOOD DR.

City  
PENN VALLEY

State  
CA

Zip Code  
95946-9223

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 01 / 2019

Transaction ID : SA11A.1660755

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**B. GAMBLE, KENNETH, , ,**

Mailing Address 175 HUGUENOT ST  
PH501

City

NEW ROCHELLE

State  
NY

Zip Code  
10801-7767

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INS BROKER

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  
02 / 05 / 2019

Transaction ID : SA11A.1667754

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. GARRETT, WANDA, , ,**

Mailing Address 928 SHERWOOD STREET

City

HANOVER

State  
PA

Zip Code  
17331-1358

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 01 / 2019

Transaction ID : SA11A.1659720

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

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

585.00



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

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

FOR LINE NUMBER: PAGE 81 OF 285

(check only one)

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

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. GARRETT, WANDA, , ,**

Mailing Address 928 SHERWOOD STREET

City  
HANOVER

State  
PA

Zip Code  
17331-1358

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

Transaction ID : SA11A.1665334

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**B. GARRETT, WANDA, , ,**

Mailing Address 928 SHERWOOD STREET

City  
HANOVER

State  
PA

Zip Code  
17331-1358

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 25 / 2019

Transaction ID : SA11A.1675472

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

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

**C. GARRETT, WANDA, , ,**

Mailing Address 928 SHERWOOD STREET

City  
HANOVER

State  
PA

Zip Code  
17331-1358

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2019

Transaction ID : SA11A.1676427

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

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

75.00

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

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

FOR LINE NUMBER: PAGE 82 OF 285

(check only one)

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

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. GASHENKO, LUDA, , ,**

Mailing Address 5401 OLD SEWARD HWY

City  
ANCHORAGE

State  
AK

Zip Code  
99518-1458

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
KLEITERER

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2019

Transaction ID : SA11A.1670569

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. GASHENKO, LUDA, , ,**

Mailing Address 5401 OLD SEWARD HWY

City  
ANCHORAGE

State  
AK

Zip Code  
99518-1458

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
KLEITERER

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 21 / 2019

Transaction ID : SA11A.1672118

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION

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

**C. GASHENKO, LUDA, , ,**

Mailing Address 5401 OLD SEWARD HWY

City  
ANCHORAGE

State  
AK

Zip Code  
99518-1458

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
KLEITERER

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 21 / 2019

Transaction ID : SA11A.1672301

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION

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

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

500.00

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

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

FOR LINE NUMBER: PAGE 83 OF 285

(check only one)

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

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

NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. GAUSE, KEVIN, , ,

Mailing Address 1977 INYO CT

City  
COPPEROPOLIS

State  
CA

Zip Code  
95228-9544

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FOOTHILL SANITARY

Occupation (for Individual)  
LIQUID WASTE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 01 / 2019

Transaction ID : SA11A.1660757

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

B. GAUSE, KEVIN, , ,

Mailing Address 1977 INYO CT

City  
COPPEROPOLIS

State  
CA

Zip Code  
95228-9544

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FOOTHILL SANITARY

Occupation (for Individual)  
LIQUID WASTE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 18 / 2019

Transaction ID : SA11A.1673106

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

C. GIBSON, LEE, , ,

Mailing Address 12160 COLONY LAKES BLVD

City  
NEW PORT RICHEY

State  
FL

Zip Code  
34654-2028

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 21 / 2019

Transaction ID : SA11A.1672260

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

200.00

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

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

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

FOR LINE NUMBER: PAGE 84 OF 285

(check only one)

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

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

NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. GIBSON, LEE, , ,**

Mailing Address 12160 COLONY LAKES BLVD

City  
NEW PORT RICHEY

State  
FL

Zip Code  
34654-2028

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 24 / 2019

Transaction ID : SA11A.1675354

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

**B. GIBSON, LEE, , ,**

Mailing Address 12160 COLONY LAKES BLVD

City  
NEW PORT RICHEY

State  
FL

Zip Code  
34654-2028

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2019

Transaction ID : SA11A.1678074

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**C. GIFFIN, CHERYL, , ,**

Mailing Address 3296 HOLLOW CORNERS RD

City  
DRYDEN

State  
MI

Zip Code  
48428-9729

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

Transaction ID : SA11A.1667447

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

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

175.00

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

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

FOR LINE NUMBER: PAGE 85 OF 285  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. GIFFIN, CHERYL, , ,**

Mailing Address 3296 HOLLOW CORNERS RD

City  
 DRYDEN

State  
 MI

Zip Code  
 48428-9729

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

02 / 11 / 2019

Transaction ID : SA11A.1670217

Amount of Each Receipt this Period

100.00

☐ Memo Item  
 CONTRIBUTION

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

**B. GIFFIN, CHERYL, , ,**

Mailing Address 3296 HOLLOW CORNERS RD

City  
 DRYDEN

State  
 MI

Zip Code  
 48428-9729

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

02 / 24 / 2019

Transaction ID : SA11A.1675439

Amount of Each Receipt this Period

100.00

☐ Memo Item  
 CONTRIBUTION

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

**C. GILLILLAND, ROGER, , ,**

Mailing Address 160 GOVERNORS RD

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 ▼

300.00

Date of Receipt

02 / 09 / 2019

Transaction ID : SA11A.1667670

Amount of Each Receipt this Period

100.00

☐ Memo Item  
 CONTRIBUTION

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

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

300.00

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

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

FOR LINE NUMBER: PAGE 86 OF 285

(check only one)

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

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. GILILLAND, ROGER, , ,**

Mailing Address 160 GOVERNORS RD

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2019

**Transaction ID : SA11A.1676555**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**B. GILL, GREGORY, , ,**

Mailing Address 7450 KIRKWOOD TRAIL

City  
ALTO

State  
MI

Zip Code  
49302-9187

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DRG GILL LLC

Occupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 07 / 2019

**Transaction ID : SA11A.1667740**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. GIORDANO, ALBERT, , ,**

Mailing Address 7 GEORGE STREET

City  
AVENEL

State  
NJ

Zip Code  
07001-1714

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

**Transaction ID : SA11A.1665341**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

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

335.00

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

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

FOR LINE NUMBER: PAGE 87 OF 285

(check only one)

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

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. GIORDANO, ALBERT, , ,

Mailing Address 7 GEORGE STREET

City  
AVENELState  
NJZip Code  
07001-1714FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 14 / 2019

Transaction ID : SA11A.1669876

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

B. GIORDANO, ALBERT, , ,

Mailing Address 7 GEORGE STREET

City  
AVENELState  
NJZip Code  
07001-1714FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2019

Transaction ID : SA11A.1678076

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

C. GLAZER, MAURICE, , ,

Mailing Address 13747 MONTFORT  
350City  
DALLASState  
TXZip Code  
75240-4454FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GLAZER FINANCIALOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 19 / 2019

Transaction ID : SA11A.1673722

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

185.00

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

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

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

FOR LINE NUMBER: PAGE 88 OF 285

(check only one)

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

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. GLENDINNING, ANN, , ,

Mailing Address 340 SOUTH US HIGHWAY ONE  
408

City  
JUPITER

State  
FL

Zip Code  
33477-5928

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2019

Transaction ID : SA11A.1667390

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

B. GLENDINNING, ANN, , ,

Mailing Address 340 SOUTH US HIGHWAY ONE  
408

City  
JUPITER

State  
FL

Zip Code  
33477-5928

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2019

Transaction ID : SA11A.1667391

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

C. GLENDINNING, ANN, , ,

Mailing Address 340 SOUTH US HIGHWAY ONE  
408

City  
JUPITER

State  
FL

Zip Code  
33477-5928

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 18 / 2019

Transaction ID : SA11A.1673107

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

300.00

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



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

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

FOR LINE NUMBER: PAGE 89 OF 285

(check only one)

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

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

NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. GLENDINNING, ANN, , ,**

Mailing Address 340 SOUTH US HIGHWAY ONE  
408

City  
JUPITER

State  
FL

Zip Code  
33477-5928

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 19 / 2019

Transaction ID : SA11A.1673723

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. GOODMAN, MARSHA, , ,**

Mailing Address 5364 CHANDLEY FARM CIRCLE

City

CENTREVILLE

State

VA

Zip Code

20120-1237

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GIANT FOOD

Occupation (for Individual)  
CASHIER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 01 / 2019

Transaction ID : SA11A.1660037

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**C. GOODMAN, MARSHA, , ,**

Mailing Address 5364 CHANDLEY FARM CIRCLE

City

CENTREVILLE

State

VA

Zip Code

20120-1237

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GIANT FOOD

Occupation (for Individual)  
CASHIER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2019

Transaction ID : SA11A.1678173

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

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

235.00

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

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

FOR LINE NUMBER: PAGE 90 OF 285

(check only one)

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

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

NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. GOSS, TOM, , ,**

Mailing Address 8130 DOGWOOD ROAD

City  
WINDSOR MILL

State  
MD

Zip Code  
21244-1207

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LEIDOS INC

Occupation (for Individual)  
CYBERSECURITY ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 14 / 2019

**Transaction ID : SA11A.1670125**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**B. GOSS, TOM, , ,**

Mailing Address 8130 DOGWOOD ROAD

City  
WINDSOR MILL

State  
MD

Zip Code  
21244-1207

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LEIDOS INC

Occupation (for Individual)  
CYBERSECURITY ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2019

**Transaction ID : SA11A.1678077**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**C. GOSS, TOM, , ,**

Mailing Address 8130 DOGWOOD ROAD

City  
WINDSOR MILL

State  
MD

Zip Code  
21244-1207

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LEIDOS INC

Occupation (for Individual)  
CYBERSECURITY ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2019

**Transaction ID : SA11A.1678078**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

150.00

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

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

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. GOSS, TOM, , ,

Mailing Address 8130 DOGWOOD ROAD

City  
WINDSOR MILLState  
MDZip Code  
21244-1207FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LEIDOS INCOccupation (for Individual)  
CYBERSECURITY ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2019

Transaction ID : SA11A.1678079

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

B. GRANGE, GORDON, , ,

Mailing Address 1765 E 1050 N

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

C

Name of Employer (for Individual)  
INFORMATION REQUESTEDOccupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 15 / 2019

Transaction ID : SA11A.1671664

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

C. GREEN, SUSAN, , ,

Mailing Address 8700 SW 26TH AVE  
STE RCity  
PORTLANDState  
ORZip Code  
97219-4033FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TDMINCADHOLDOccupation (for Individual)  
VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2019

Transaction ID : SA11A.1667568

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

650.00

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

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

Use separate schedule(s)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. GREEN, SUSAN, , ,

Mailing Address 8700 SW 26TH AVE

STE R

City  
PORTLANDState  
ORZip Code  
97219-4033FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TDMINCADHOLDOccupation (for Individual)  
VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2019

Transaction ID : SA11A.1667569

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

B. GRIEVE, GILBERT, , ,

Mailing Address 240 TELEGRAPH ST

City  
RENOState  
NVZip Code  
89502-2211FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 01 / 2019

Transaction ID : SA11A.1660620

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

C. GRIEVE, GILBERT, , ,

Mailing Address 240 TELEGRAPH ST

City  
RENOState  
NVZip Code  
89502-2211FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 02 / 2019

Transaction ID : SA11A.1660669

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

200.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. GRIEVE, GILBERT, , ,**

Mailing Address 240 TELEGRAPH ST

City  
RENO

State  
NV

Zip Code  
89502-2211

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 01 / 2019

**Transaction ID : SA11A.1661017**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. GRIEVE, GILBERT, , ,**

Mailing Address 240 TELEGRAPH ST

City  
RENO

State  
NV

Zip Code  
89502-2211

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 22 / 2019

**Transaction ID : SA11A.1674918**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. GUELDEN PFENNIG, BRIGITTE, , ,**

Mailing Address 31 LAZY TRAIL

City  
PENFIELD

State  
NY

Zip Code  
14526-1703

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2019

**Transaction ID : SA11A.1667737**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

450.00

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

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. GUNLUND, RUSSELL, , ,

Mailing Address 12400 S WESTLAWN AVE

City  
CARUTHERSState  
CAZip Code  
93609-9415FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTEDOccupation (for Individual)  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 01 / 2019

Transaction ID : SA11A.1661098

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

B. HAAS, GLEN, RICHARD, ,

Mailing Address 880 OPEN SKY COURT

City  
ALLENState  
TXZip Code  
75013-5533FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ARAGIO SOLUTIONSOccupation (for Individual)  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

Transaction ID : SA11A.1666891

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

C. HAAS, GLEN, RICHARD, ,

Mailing Address 880 OPEN SKY COURT

City  
ALLENState  
TXZip Code  
75013-5533FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ARAGIO SOLUTIONSOccupation (for Individual)  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2019

Transaction ID : SA11A.1667116

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

350.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. HAAS, GLEN, RICHARD, ,

Mailing Address 880 OPEN SKY COURT

City  
ALLENState  
TXZip Code  
75013-5533FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ARAGIO SOLUTIONSOccupation (for Individual)  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 13 / 2019

Transaction ID : SA11A.1670082

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

B. HALL, MICHAEL, , ,

Mailing Address 265 HALL DR.

City  
PENNSBOROState  
WVZip Code  
26415-6012FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTEDOccupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 11 / 2019

Transaction ID : SA11A.1671170

Amount of Each Receipt this Period

300.00

☐ Memo Item  
CONTRIBUTION

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

C. HALL EVANS, PHYLLIS, , ,

Mailing Address P.O. BOX 2469

City  
RIVERSIDEState  
CAZip Code  
92516-2469FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 03 / 2019

Transaction ID : SA11A.1661106

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

600.00

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

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. HALL EVANS, PHYLLIS, , ,**

Mailing Address P.O. BOX 2469

City  
RIVERSIDE

State  
CA

Zip Code  
92516-2469

FEC ID number of contributing  
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

M M / D D / Y Y Y Y Y  
02 / 04 / 2019

**Transaction ID : SA11A.1667393**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. HALL EVANS, PHYLLIS, , ,**

Mailing Address P.O. BOX 2469

City  
RIVERSIDE

State  
CA

Zip Code  
92516-2469

FEC ID number of contributing  
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

M M / D D / Y Y Y Y Y  
02 / 12 / 2019

**Transaction ID : SA11A.1669293**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

**C. HALL EVANS, PHYLLIS, , ,**

Mailing Address P.O. BOX 2469

City  
RIVERSIDE

State  
CA

Zip Code  
92516-2469

FEC ID number of contributing  
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

M M / D D / Y Y Y Y Y  
02 / 12 / 2019

**Transaction ID : SA11A.1670230**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

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

225.00



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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. HALTOM, MATTHEW, , ,**

Mailing Address 2211 PECH RD

City  
HOUSTON

State  
TX

Zip Code  
77055-1117

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TEXAS REPUBLIC SIGNS

Occupation (for Individual)  
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

Transaction ID : SA11A.1667755

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. HAMILTON, EARL, , ,**

Mailing Address 105 WINTER FOREST DRIVE  
APT. 102

City  
CANDLER

State  
NC

Zip Code  
28715-0360

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

Transaction ID : SA11A.1665363

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**C. HAMILTON, EARL, , ,**

Mailing Address 105 WINTER FOREST DRIVE  
APT. 102

City  
CANDLER

State  
NC

Zip Code  
28715-0360

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 14 / 2019

Transaction ID : SA11A.1670126

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

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

585.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. HAMILTON, EARL, , ,**

Mailing Address 105 WINTER FOREST DRIVE  
APT. 102

City  
CANDLER

State  
NC

Zip Code  
28715-0360

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 14 / 2019

Transaction ID : SA11A.1670264

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. HAMILTON, EARL, , ,**

Mailing Address 105 WINTER FOREST DRIVE  
APT. 102

City  
CANDLER

State  
NC

Zip Code  
28715-0360

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2019

Transaction ID : SA11A.1676558

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**C. HANKS, CAROL, ANNE, ,**

Mailing Address 1101 SO. BRUANT BLVD.

City  
SAN ANGELO

State  
TX

Zip Code  
76903

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 01 / 2019

Transaction ID : SA11A.1660621

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

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

200.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. HANNAH, FRANK, , ,**

Mailing Address 1622 EAST MARION ST

City  
SHELBY

State  
NC

Zip Code  
28150-4939

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MORGANTON EYE PHYSICIANS PA

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 22 / 2019

**Transaction ID : SA11A.1674919**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. HANNAH, FRANK, , ,**

Mailing Address 1622 EAST MARION ST

City  
SHELBY

State  
NC

Zip Code  
28150-4939

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MORGANTON EYE PHYSICIANS PA

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 25 / 2019

**Transaction ID : SA11A.1675643**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. HANSON, LEWIS, , ,**

Mailing Address W 51 N 602 CEDAR RESERVE CIRCLE

City  
CEDARBURG

State  
WI

Zip Code  
53012-2134

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 04 / 2019

**Transaction ID : SA11A.1667395**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

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

300.00

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. HANSON, LEWIS, , ,**

Mailing Address W 51 N 602 CEDAR RESERVE CIRCLE

City  
CEDARBURG

State  
WI

Zip Code  
53012-2134

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 20 / 2019

**Transaction ID : SA11A.1674391**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. HARDEN, TIM, , ,**

Mailing Address 6434 MIMOSA LANE

City  
DALLAS

State  
TX

Zip Code  
75230-5137

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 10 / 2019

**Transaction ID : SA11A.1667354**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**C. HARDEN, TIM, , ,**

Mailing Address 6434 MIMOSA LANE

City  
DALLAS

State  
TX

Zip Code  
75230-5137

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 11 / 2019

**Transaction ID : SA11A.1669983**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

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

200.00

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. HARDEN, TIM, , ,

Mailing Address 6434 MIMOSA LANE

City  
DALLASState  
TXZip Code  
75230-5137FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 14 / 2019

Transaction ID : SA11A.1670128

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

B. HARRELSON, VALERIE, , ,

Mailing Address 4721 SANDY CREEK RD

City  
MADISONState  
GAZip Code  
30650-2749FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTEDOccupation (for Individual)  
DIESEL MECHANIC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2019

Transaction ID : SA11A.1667738

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

C. HARRIS, SUE, , ,

Mailing Address 17031 WESTBURY RD

City  
BEAUMONTState  
TXZip Code  
77713-2056FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2019

Transaction ID : SA11A.1665946

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

335.00

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

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

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. HARRIS, SUE, , ,**

Mailing Address 17031 WESTBURY RD

City  
BEAUMONT

State  
TX

Zip Code  
77713-2056

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 21 / 2019

Transaction ID : SA11A.1674727

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. HEINBECKET, PAMELA, , ,**

Mailing Address P.O. BOX 900367

City  
SANDY

State  
UT

Zip Code  
84090-0367

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2019

Transaction ID : SA11A.1667123

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**C. HEINBECKET, PAMELA, , ,**

Mailing Address P.O. BOX 900367

City  
SANDY

State  
UT

Zip Code  
84090-0367

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 11 / 2019

Transaction ID : SA11A.1671187

Amount of Each Receipt this Period

150.00

☐ Memo Item  
CONTRIBUTION

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. HELLMANN, GARY, , ,**

Mailing Address 24165 IH10 WEST  
217

City  
SAN ANTONIO

State  
TX

Zip Code  
78257-1449

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2019

**Transaction ID : SA11A.1667751**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. HIGGINS, DENZLE, , ,**

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 HIGGINS SONS ASSOCIATES

Occupation (for Individual)  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 25 / 2019

**Transaction ID : SA11A.1675648**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. HIGLEY, JON, , ,**

Mailing Address 5313 24TH AVE. NE

City  
TACOMA

State  
WA

Zip Code  
98422-4514

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

**Transaction ID : SA11A.1665379**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

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

785.00

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

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

**A. HIGLEY, JON, , ,**

Mailing Address 5313 24TH AVE. NE

City  
TACOMAState  
WAZip Code  
98422-4514FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 02 / 05 / 2019

Transaction ID : SA11A.1667452

Amount of Each Receipt this Period

100.00

☐ Memo Item  
 CONTRIBUTION

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

**B. HONG, SUNHEE, , ,**Mailing Address 13740 MIDWAY RD.  
506City  
DALLASState  
TXZip Code  
75244-4314FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTEDOccupation (for Individual)  
DENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 02 / 16 / 2019

Transaction ID : SA11A.1670310

Amount of Each Receipt this Period

250.00

☐ Memo Item  
 CONTRIBUTION

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

**C. HUBBART, NANCY, , ,**

Mailing Address 3095 KEY HARBOUR DRIVE

City  
LAKE SAINT LOUISState  
MOZip Code  
63367-2097FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 02 / 07 / 2019

Transaction ID : SA11A.1667741

Amount of Each Receipt this Period

250.00

☐ Memo Item  
 CONTRIBUTION

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

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

600.00



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

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. HUNEMULLER, MAUREEN, , ,**

Mailing Address 7632 MARBLE MESA CT.

City  
LAS VEGAS

State  
NV

Zip Code  
89149-3278

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

Transaction ID : SA11A.1667458

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. HUNT, STEVE, , ,**

Mailing Address 2650 LAKE SHORE DR.  
UNIT 2004

City  
RIVIERA BEACH

State  
FL

Zip Code  
33404-4604

FEC ID number of contributing  
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

M M / D D / Y Y Y Y Y Y  
02 / 01 / 2019

Transaction ID : SA11A.1660069

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**C. HUNT, STEVE, , ,**

Mailing Address 2650 LAKE SHORE DR.  
UNIT 2004

City  
RIVIERA BEACH

State  
FL

Zip Code  
33404-4604

FEC ID number of contributing  
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

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

Transaction ID : SA11A.1665396

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

170.00

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

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

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. HUNT, STEVE, , ,**

Mailing Address 2650 LAKE SHORE DR.  
UNIT 2004

City  
RIVIERA BEACH

State  
FL

Zip Code  
33404-4604

FEC ID number of contributing  
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

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2019

**Transaction ID : SA11A.1666725**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HUNT, STEVE, , ,**

Mailing Address 2650 LAKE SHORE DR.  
UNIT 2004

City  
RIVIERA BEACH

State  
FL

Zip Code  
33404-4604

FEC ID number of contributing  
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

M M / D D / Y Y Y Y Y Y  
02 / 12 / 2019

**Transaction ID : SA11A.1670018**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. HUNT, STEVE, , ,**

Mailing Address 2650 LAKE SHORE DR.  
UNIT 2004

City  
RIVIERA BEACH

State  
FL

Zip Code  
33404-4604

FEC ID number of contributing  
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

M M / D D / Y Y Y Y Y Y  
02 / 19 / 2019

**Transaction ID : SA11A.1673683**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

150.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HURTA, FRANKLIN, , ,

Mailing Address 1231 CR 201A

City  
ANGLETON

State  
TX

Zip Code  
77515-7629

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 19 / 2019

Transaction ID : SA11A.1673731

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JAHN, LOREN, , ,

Mailing Address 13149 N. COUNTRY CLUB COURT

City  
PALOS HEIGHTS

State  
IL

Zip Code  
60463-2727

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 15 / 2019

Transaction ID : SA11A.1671915

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JENNINGS, GLORIA, , ,

Mailing Address 61 E. ANDERSON LANE

City  
SHELTON

State  
WA

Zip Code  
98584-7318

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 08 / 2019

Transaction ID : SA11A.1664596

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

1525.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. JENNINGS, GLORIA, , ,**

Mailing Address 61 E. ANDERSON LANE

City  
SHELTON

State  
WA

Zip Code  
98584-7318

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2019

**Transaction ID : SA11A.1665976**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. JENNINGS, GLORIA, , ,**

Mailing Address 61 E. ANDERSON LANE

City  
SHELTON

State  
WA

Zip Code  
98584-7318

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 10 / 2019

**Transaction ID : SA11A.1666641**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. JENNINGS, GLORIA, , ,**

Mailing Address 61 E. ANDERSON LANE

City  
SHELTON

State  
WA

Zip Code  
98584-7318

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 10 / 2019

**Transaction ID : SA11A.1666642**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

105.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 109 OF 285

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JENNINGS, GLORIA, , ,

Mailing Address 61 E. ANDERSON LANE

City  
SHELTONState  
WAZip Code  
98584-7318FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 16 / 2019

Transaction ID : SA11A.1669942

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JONES, JOYCE, , ,

Mailing Address 3720 TREE FARM LANE

City  
BELLINGHAMState  
WAZip Code  
98226-1718FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 10 / 2019

Transaction ID : SA11A.1667358

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JONES, JOYCE, , ,

Mailing Address 3720 TREE FARM LANE

City  
BELLINGHAMState  
WAZip Code  
98226-1718FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 12 / 2019

Transaction ID : SA11A.1669305

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

110.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 OF 285

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JONES, JOYCE, , ,

Mailing Address 3720 TREE FARM LANE

City  
BELLINGHAMState  
WAZip Code  
98226-1718FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 16 / 2019

Transaction ID : SA11A.1669733

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JONES, JOYCE, , ,

Mailing Address 3720 TREE FARM LANE

City  
BELLINGHAMState  
WAZip Code  
98226-1718FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2019

Transaction ID : SA11A.1676273

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KARL, THOMAS, , ,

Mailing Address 211 COMMERCE COURT  
104City  
POTTSTOWNState  
PAZip Code  
19464-3483FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PHYSICIANS CHOICE DIALYSISOccupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

Transaction ID : SA11A.1661657

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

55.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 111 OF 285  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. KARL, THOMAS, , ,**Mailing Address 211 COMMERCE COURT  
104City  
POTTSTOWNState  
PAZip Code  
19464-3483FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PHYSICIANS CHOICE DIALYSISOccupation (for Individual)  
ATTORNEY

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
02	05	2019

Transaction ID : SA11A.1663807

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. KARL, THOMAS, , ,**Mailing Address 211 COMMERCE COURT  
104City  
POTTSTOWNState  
PAZip Code  
19464-3483FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PHYSICIANS CHOICE DIALYSISOccupation (for Individual)  
ATTORNEY

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
02	05	2019

Transaction ID : SA11A.1663808

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. KARL, THOMAS, , ,**Mailing Address 211 COMMERCE COURT  
104City  
POTTSTOWNState  
PAZip Code  
19464-3483FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PHYSICIANS CHOICE DIALYSISOccupation (for Individual)  
ATTORNEY

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
02	05	2019

Transaction ID : SA11A.1666920

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. KEELING, CHRISTA, , ,**

Mailing Address 144 HACIENDA DRIVE

City  
BELVEDERE TIBURON

State  
CA

Zip Code  
94920-1126

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

**Transaction ID : SA11A.1667463**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. KEELING, CHRISTA, , ,**

Mailing Address 144 HACIENDA DRIVE

City  
BELVEDERE TIBURON

State  
CA

Zip Code  
94920-1126

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 12 / 2019

**Transaction ID : SA11A.1668013**

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. KEINATH, WARREN, C., ,**

Mailing Address 24 RAVENS POINTE DR.

City  
LAKE SAINT 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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

**Transaction ID : SA11A.1663812**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

130.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 OF 285

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KEINATH, WARREN, C., ,

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 06 / 2019

Transaction ID : SA11A.1664300

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KEINATH, WARREN, C., ,

Mailing Address 24 RAVENS POINTE DR.

City  
LAKE SAINT 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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 05 / 2019

Transaction ID : SA11A.1667717

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KELLEY, GLEN, P., ,

Mailing Address 27204 ROBINSON RD

City  
HEMPSTEAD

State  
TX

Zip Code  
77445-7656

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 10 / 2019

Transaction ID : SA11A.1667360

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

325.00

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 114 OF 285

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KELLEY, GLEN, P., ,

Mailing Address 27204 ROBINSON RD

City  
HEMPSTEADState  
TXZip Code  
77445-7656FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2019

Transaction ID : SA11A.1677944

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KEMMY, ALANA, , ,

Mailing Address 8126 PIMLICO LANE

City  
FAIR OAKS RANCHState  
TXZip Code  
78015-4452FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2019

Transaction ID : SA11A.1667142

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KEMMY, ALANA, , ,

Mailing Address 8126 PIMLICO LANE

City  
FAIR OAKS RANCHState  
TXZip Code  
78015-4452FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2019

Transaction ID : SA11A.1676563

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

135.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 OF 285

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. KEMPNER, NEALE, , ,**

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 13 / 2019

Transaction ID : SA11A.1670303

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. KILROY, ANNE, , ,**

Mailing Address 34403 CAMINO EL MOLINO

City

CAPISTRANO BEACH

State

CA

Zip Code

92624-1016

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 01 / 2019

Transaction ID : SA11A.1661108

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. KING, RITA, , ,**

Mailing Address 7562 CRESTVIEW DR.

City

NIWOT

State

CO

Zip Code

80504-7301

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

256.25

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 12 / 2019

Transaction ID : SA11A.1668880

Amount of Each Receipt this Period

12.50

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

762.50

# **SCHEDULE A (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 285

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. KING, RITA, , ,**

Mailing Address 7562 CRESTVIEW DR.

City  
NIWOT

State  
CO

Zip Code  
80504-7301

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 12 / 2019

Transaction ID : SA11A.1670022

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. KING, RITA, , ,**

Mailing Address 7562 CRESTVIEW DR.

City  
NIWOT

State  
CO

Zip Code  
80504-7301

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 18 / 2019

Transaction ID : SA11A.1672950

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. KING, RITA, , ,**

Mailing Address 7562 CRESTVIEW DR.

City  
NIWOT

State  
CO

Zip Code  
80504-7301

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

256.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2019

Transaction ID : SA11A.1676034

Amount of Each Receipt this Period

8.75

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

83.75

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. KING, RITA, , ,**

Mailing Address 7562 CRESTVIEW DR.

City  
NIWOT

State  
CO

Zip Code  
80504-7301

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2019

**Transaction ID : SA11A.1676446**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. KINNU, JOYCE, , ,**

Mailing Address 18684 SANTA MARIANA STREET

City

FOUNTAIN VALLEY

State

CA

Zip Code

92708-6355

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 ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 09 / 2019

**Transaction ID : SA11A.1667320**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. KINNU, JOYCE, , ,**

Mailing Address 18684 SANTA MARIANA STREET

City

FOUNTAIN VALLEY

State

CA

Zip Code

92708-6355

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 ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 13 / 2019

**Transaction ID : SA11A.1669854**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

120.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. KINNU, JOYCE, , ,**

Mailing Address 18684 SANTA MARIANA STREET

City  
FOUNTAIN VALLEY

State  
CA

Zip Code  
92708-6355

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 ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 12 / 2019

**Transaction ID : SA11A.1670023**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. KINNU, JOYCE, , ,**

Mailing Address 18684 SANTA MARIANA STREET

City  
FOUNTAIN VALLEY

State  
CA

Zip Code  
92708-6355

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 ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 18 / 2019

**Transaction ID : SA11A.1673090**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. KINNU, JOYCE, , ,**

Mailing Address 18684 SANTA MARIANA STREET

City  
FOUNTAIN VALLEY

State  
CA

Zip Code  
92708-6355

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 ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2019

**Transaction ID : SA11A.1677946**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

135.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. KIRK, ROGER, , ,**

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

**Transaction ID : SA11A.1667718**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. KIRWAN, KYLE, , ,**

Mailing Address 1920 GROVE STREET

City  
SONOMA

State  
CA

Zip Code  
95476-6012

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 03 / 2019

**Transaction ID : SA11A.1659455**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. KIRWAN, KYLE, , ,**

Mailing Address 1920 GROVE STREET

City  
SONOMA

State  
CA

Zip Code  
95476-6012

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2019

**Transaction ID : SA11A.1676601**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

375.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KLAUSNER, WILLETTE, , ,

Mailing Address 5538 RED OAK DRIVE

City  
LOS ANGELES

State  
CA

Zip Code  
90068-2551

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
THEATRICAL PRODUCER

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  
02 / 08 / 2019

Transaction ID : SA11A.1667665

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KLAUSNER, WILLETTE, , ,

Mailing Address 5538 RED OAK DRIVE

City  
LOS ANGELES

State  
CA

Zip Code  
90068-2551

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
THEATRICAL PRODUCER

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  
02 / 17 / 2019

Transaction ID : SA11A.1670296

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KLOSS, KENNETH, , ,

Mailing Address 350 RIDGEWOOD AVENUE

City  
GLEN ELLYN

State  
IL

Zip Code  
60137-4916

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

272.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

Transaction ID : SA11A.1665426

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

235.00

TOTAL This Period (last page this line number only).....▶



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. KLOSS, KENNETH, , ,**

Mailing Address 350 RIDGEWOOD AVENUE

City  
GLEN ELLYN

State  
IL

Zip Code  
60137-4916

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 16 / 2019

Transaction ID : SA11A.1668677

Amount of Each Receipt this Period

8.75

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. KLOSS, KENNETH, , ,**

Mailing Address 350 RIDGEWOOD AVENUE

City  
GLEN ELLYN

State  
IL

Zip Code  
60137-4916

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 16 / 2019

Transaction ID : SA11A.1669943

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. KLOSS, KENNETH, , ,**

Mailing Address 350 RIDGEWOOD AVENUE

City  
GLEN ELLYN

State  
IL

Zip Code  
60137-4916

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

272.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 20 / 2019

Transaction ID : SA11A.1673941

Amount of Each Receipt this Period

8.75

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

52.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. KLOSS, KENNETH, , ,**

Mailing Address 350 RIDGEWOOD AVENUE

City  
GLEN ELLYN

State  
IL

Zip Code  
60137-4916

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 20 / 2019

Transaction ID : SA11A.1674267

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. KNIFFING, EVA, , ,**

Mailing Address 14940 OAK CREEK RD.

City  
EL CAJON

State  
CA

Zip Code  
92021-2325

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
KNIFFINGS DISCOUNT NURSERY

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 09 / 2019

Transaction ID : SA11A.1667675

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. KOL, TEDDY, , ,**

Mailing Address 25602 60TH AVE.

City  
LITTLE NECK

State  
NY

Zip Code  
11362-2131

FEC ID number of contributing  
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 / D D / Y Y Y Y Y Y  
02 / 02 / 2019

Transaction ID : SA11A.1660540

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

185.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. KOL, TEDDY, , ,**

Mailing Address 25602 60TH AVE.

City  
LITTLE NECK

State  
NY

Zip Code  
11362-2131

FEC ID number of contributing  
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 / D D / Y Y Y Y Y Y  
02 / 23 / 2019

Transaction ID : SA11A.1675162

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. KOL, TEDDY, , ,**

Mailing Address 25602 60TH AVE.

City  
LITTLE NECK

State  
NY

Zip Code  
11362-2131

FEC ID number of contributing  
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 / D D / Y Y Y Y Y Y  
02 / 28 / 2019

Transaction ID : SA11A.1677371

Amount of Each Receipt this Period

15.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. KOLLMORGEN, LELAND, S., ,**

Mailing Address 5 PARK PLACE  
619

City  
ANNAPOLIS

State  
MD

Zip Code  
21401-3298

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 02 / 2019

Transaction ID : SA11A.1661074

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

165.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. KOLLMORGEN, LELAND, S., ,**

Mailing Address 5 PARK PLACE  
619

City  
ANNAPOLIS

State  
MD

Zip Code  
21401-3298

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 02 / 2019

**Transaction ID : SA11A.1661075**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. KOLLMORGEN, LELAND, S., ,**

Mailing Address 5 PARK PLACE  
619

City  
ANNAPOLIS

State  
MD

Zip Code  
21401-3298

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 19 / 2019

**Transaction ID : SA11A.1673469**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. KOZLOSKI, PATRICIA, , ,**

Mailing Address 6259 MERION LN

City  
GRAND BLANC

State  
MI

Zip Code  
48439-2645

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

626.25

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 03 / 2019

**Transaction ID : SA11A.1658769**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KOZLOSKI, PATRICIA, , ,

Mailing Address 6259 MERION LN

City  
GRAND BLANC

State  
MI

Zip Code  
48439-2645

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

626.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 03 / 2019

Transaction ID : SA11A.1658770

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KOZLOSKI, PATRICIA, , ,

Mailing Address 6259 MERION LN

City  
GRAND BLANC

State  
MI

Zip Code  
48439-2645

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

626.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 03 / 2019

Transaction ID : SA11A.1660585

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KOZLOSKI, PATRICIA, , ,

Mailing Address 6259 MERION LN

City  
GRAND BLANC

State  
MI

Zip Code  
48439-2645

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

626.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 03 / 2019

Transaction ID : SA11A.1660586

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

125.00

TOTAL This Period (last page this line number only)..... ►

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 OF 285

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KOZLOSKI, PATRICIA, , ,

Mailing Address 6259 MERION LN

City  
GRAND BLANCState  
MIZip Code  
48439-2645FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

626.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 03 / 2019

Transaction ID : SA11A.1660587

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KOZLOSKI, PATRICIA, , ,

Mailing Address 6259 MERION LN

City  
GRAND BLANCState  
MIZip Code  
48439-2645FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

626.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 03 / 2019

Transaction ID : SA11A.1660588

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KOZLOSKI, PATRICIA, , ,

Mailing Address 6259 MERION LN

City  
GRAND BLANCState  
MIZip Code  
48439-2645FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

626.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2019

Transaction ID : SA11A.1666014

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

135.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 OF 285

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KOZLOSKI, PATRICIA, , ,

Mailing Address 6259 MERION LN

City  
GRAND BLANC

State  
MI

Zip Code  
48439-2645

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

626.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2019

Transaction ID : SA11A.1666015

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KOZLOSKI, PATRICIA, , ,

Mailing Address 6259 MERION LN

City  
GRAND BLANC

State  
MI

Zip Code  
48439-2645

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

626.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 09 / 2019

Transaction ID : SA11A.1666625

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KOZLOSKI, PATRICIA, , ,

Mailing Address 6259 MERION LN

City  
GRAND BLANC

State  
MI

Zip Code  
48439-2645

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

626.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 14 / 2019

Transaction ID : SA11A.1668659

Amount of Each Receipt this Period

6.25

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

76.25

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 128 OF 285

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. KOZLOSKI, PATRICIA, , ,**

Mailing Address 6259 MERION LN

City  
GRAND BLANC

State  
MI

Zip Code  
48439-2645

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

626.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 14 / 2019

**Transaction ID : SA11A.1669617**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. KOZLOSKI, PATRICIA, , ,**

Mailing Address 6259 MERION LN

City  
GRAND BLANC

State  
MI

Zip Code  
48439-2645

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

626.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 13 / 2019

**Transaction ID : SA11A.1670089**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. KOZLOSKI, PATRICIA, , ,**

Mailing Address 6259 MERION LN

City  
GRAND BLANC

State  
MI

Zip Code  
48439-2645

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

626.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 26 / 2019

**Transaction ID : SA11A.1675831**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 129 OF 285

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. KOZLOSKI, PATRICIA, , ,**

Mailing Address 6259 MERION LN

City  
GRAND BLANC

State  
MI

Zip Code  
48439-2645

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

626.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2019

**Transaction ID : SA11A.1676160**

Amount of Each Receipt this Period

15.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. KOZLOSKI, PATRICIA, , ,**

Mailing Address 6259 MERION LN

City  
GRAND BLANC

State  
MI

Zip Code  
48439-2645

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

626.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2019

**Transaction ID : SA11A.1676448**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. KOZLOSKI, PATRICIA, , ,**

Mailing Address 6259 MERION LN

City  
GRAND BLANC

State  
MI

Zip Code  
48439-2645

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

626.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2019

**Transaction ID : SA11A.1676449**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

85.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. KRAMER, MARK, , ,**

Mailing Address 1219 MAYO ROAD

City  
EDGEWATER

State  
MD

Zip Code  
21037-4508

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
KRAMER AND SONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 12 / 2019

**Transaction ID : SA11A.1670025**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. KRAMER, MARK, , ,**

Mailing Address 1219 MAYO ROAD

City  
EDGEWATER

State  
MD

Zip Code  
21037-4508

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
KRAMER AND SONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 12 / 2019

**Transaction ID : SA11A.1670232**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. KRAMER, MARK, , ,**

Mailing Address 1219 MAYO ROAD

City  
EDGEWATER

State  
MD

Zip Code  
21037-4508

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
KRAMER AND SONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2019

**Transaction ID : SA11A.1676450**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

185.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KRAMER, MARK, , ,

Mailing Address 1219 MAYO ROAD

City  
EDGEWATERState  
MDZip Code  
21037-4508FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTEDOccupation (for Individual)  
KRAMER AND SONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2019

Transaction ID : SA11A.1676451

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KROESSER, ROBERT, , ,

Mailing Address 3547 SIR WILFRED PL

City  
VIRGINIA BEACHState  
VAZip Code  
23452-4644FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2019

Transaction ID : SA11A.1666658

Amount of Each Receipt this Period

40.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KROESSER, ROBERT, , ,

Mailing Address 3547 SIR WILFRED PL

City  
VIRGINIA BEACHState  
VAZip Code  
23452-4644FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 19 / 2019

Transaction ID : SA11A.1673659

Amount of Each Receipt this Period

40.00

☐ Memo Item  
CONTRIBUTION

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 PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. KULBERSH, RICHARD, , ,**

Mailing Address 2725 RIDGEWOOD CT

City  
BLOOMFIELD HILLSState  
MIZip Code  
48302-0967FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		05		2019

**Transaction ID : SA11A.1666925**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. KULBERSH, RICHARD, , ,**

Mailing Address 2725 RIDGEWOOD CT

City  
BLOOMFIELD HILLSState  
MIZip Code  
48302-0967FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2019

**Transaction ID : SA11A.1667361**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. KULBERSH, RICHARD, , ,**

Mailing Address 2725 RIDGEWOOD CT

City  
BLOOMFIELD HILLSState  
MIZip Code  
48302-0967FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2019

**Transaction ID : SA11A.1669315**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
 CONTRIBUTION
**SUBTOTAL** of Receipts This Page (optional)..... ►

125.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 OF 285

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. LALONDE, JOHN, , ,**

Mailing Address 2705 HAYES ST

City  
WALL TOWNSHIP

State  
NJ

Zip Code  
07719-4129

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
SMALL BUSINESSES OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2019

Transaction ID : SA11A.1667757

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. LEE, ELEANOR, , ,**

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 ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2019

Transaction ID : SA11A.1667397

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. LEE, ELEANOR, , ,**

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 ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2019

Transaction ID : SA11A.1676615

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

850.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. LEE, ROSEMARY, , ,**

Mailing Address 5513 SAINT ANDREWS CT.

City  
PLANO

State  
TX

Zip Code  
75093-4235

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DELTA AIRLINES

Occupation (for Individual)  
FLIGHT ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 09 / 2019

**Transaction ID : SA11A.1667676**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. LEONARDI, MARJORIE, , ,**

Mailing Address 5 GOVERNORS DR.

City

HENDERSONVILLE

State

NC

Zip Code

28791-1370

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

**Transaction ID : SA11A.1663849**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. LEONARDI, MARJORIE, , ,**

Mailing Address 5 GOVERNORS DR.

City

HENDERSONVILLE

State

NC

Zip Code

28791-1370

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

**Transaction ID : SA11A.1666929**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

175.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 135 OF 285

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. LEONARDI, MARJORIE, , ,**

Mailing Address 5 GOVERNORS DR.

City  
HENDERSONVILLE

State  
NC

Zip Code  
28791-1370

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 11 / 2019

Transaction ID : SA11A.1668684

Amount of Each Receipt this Period

10.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. LEONARDI, MARJORIE, , ,**

Mailing Address 5 GOVERNORS DR.

City  
HENDERSONVILLE

State  
NC

Zip Code  
28791-1370

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 19 / 2019

Transaction ID : SA11A.1673595

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. LEONARDI, MARJORIE, , ,**

Mailing Address 5 GOVERNORS DR.

City  
HENDERSONVILLE

State  
NC

Zip Code  
28791-1370

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 20 / 2019

Transaction ID : SA11A.1674272

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

80.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 136 OF 285  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. LEVANG, PATSY, , ,**

Mailing Address 10841 HWY 73

City  
WATFORD CITY

State  
ND

Zip Code  
58854-9556

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED

Occupation (for Individual)

AGRICULTURE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 01 / 2019

**Transaction ID : SA11A.1658678**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. LEVANG, PATSY, , ,**

Mailing Address 10841 HWY 73

City  
WATFORD CITY

State  
ND

Zip Code  
58854-9556

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED

Occupation (for Individual)

AGRICULTURE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

**Transaction ID : SA11A.1667719**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. LIPSEY, SUZANNE, H., ,**

Mailing Address P.O. BOX 7795

City  
AVON

State  
CO

Zip Code  
81620-7795

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 10 / 2019

**Transaction ID : SA11A.1667698**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

375.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 137 OF 285

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. LIPSEY, SUZANNE, H., ,**

Mailing Address P.O. BOX 7795

City  
AVONState  
COZip Code  
81620-7795FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
02	/	20	/	2019

**Transaction ID : SA11A.1674394**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. LIPSEY, SUZANNE, H., ,**

Mailing Address P.O. BOX 7795

City  
AVONState  
COZip Code  
81620-7795FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
02	/	21	/	2019

**Transaction ID : SA11A.1674728**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. LIVELY, RONALD, , ,**

Mailing Address 16400 GENITO ROAD

City  
MOSELEYState  
VAZip Code  
23120-1071FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
02	/	06	/	2019

**Transaction ID : SA11A.1667739**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
 CONTRIBUTION
**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

450.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 OF 285

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. LIVINGSTON, LANCE, , ,**

Mailing Address 14221 M 89

City  
AUGUSTAState  
MIZip Code  
49012-9301FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FAMILY LIVING AFC INCOccupation (for Individual)  
ADULT FOSTER CARE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M	D D	Y Y Y Y
02	15	2019

Transaction ID : SA11A.1670156

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. LIVINGSTON, LANCE, , ,**

Mailing Address 14221 M 89

City  
AUGUSTAState  
MIZip Code  
49012-9301FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FAMILY LIVING AFC INCOccupation (for Individual)  
ADULT FOSTER CARE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M	D D	Y Y Y Y
02	15	2019

Transaction ID : SA11A.1670157

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. LIVINGSTON, LANCE, , ,**

Mailing Address 14221 M 89

City  
AUGUSTAState  
MIZip Code  
49012-9301FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FAMILY LIVING AFC INCOccupation (for Individual)  
ADULT FOSTER CARE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M	D D	Y Y Y Y
02	28	2019

Transaction ID : SA11A.1677955

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

135.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 OF 285

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LIVINGSTON, LANCE, , ,

Mailing Address 14221 M 89

City  
AUGUSTAState  
MIZip Code  
49012-9301FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FAMILY LIVING AFC INCOccupation (for Individual)  
ADULT FOSTER CARE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2019

Transaction ID : SA11A.1677957

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LOEWE, COREY, , ,

Mailing Address 1035 J ROAD

City  
BEEMERState  
NEZip Code  
68716-4033FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
VALMONT COATINGSOccupation (for Individual)  
LABORER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 12 / 2019

Transaction ID : SA11A.1670311

Amount of Each Receipt this Period

300.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LONG, BARBARA, , ,

Mailing Address P.O. BOX 267

City  
BERNARDSVILLEState  
NJZip Code  
07924-0267FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BARJAC INCOccupation (for Individual)  
TRAVEL MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 11 / 2019

Transaction ID : SA11A.1669182

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

360.00

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 140 OF 285

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. LONG, BARBARA, , ,**

Mailing Address P.O. BOX 267

City  
BERNARDSVILLE

State  
NJ

Zip Code  
07924-0267

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BARJAC INC

Occupation (for Individual)  
TRAVEL MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 12 / 2019

Transaction ID : SA11A.1670234

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. LOUKS, BRUCE, , ,**

Mailing Address 403 WALNUT AVE S

City  
OWATONNA

State  
MN

Zip Code  
55060-2937

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 01 / 2019

Transaction ID : SA11A.1660627

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. LOUKS, BRUCE, , ,**

Mailing Address 403 WALNUT AVE S

City  
OWATONNA

State  
MN

Zip Code  
55060-2937

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 24 / 2019

Transaction ID : SA11A.1675441

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 141 OF 285

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. LYON, DONALD, M., ,**

Mailing Address 6844 FARWOOD ROAD

City  
ROCKFORD

State  
IL

Zip Code  
61102-4000

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2019

Transaction ID : SA11A.1662921

Amount of Each Receipt this Period

12.50

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. LYON, DONALD, M., ,**

Mailing Address 6844 FARWOOD ROAD

City  
ROCKFORD

State  
IL

Zip Code  
61102-4000

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 07 / 2019

Transaction ID : SA11A.1664509

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. LYON, DONALD, M., ,**

Mailing Address 6844 FARWOOD ROAD

City  
ROCKFORD

State  
IL

Zip Code  
61102-4000

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

217.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 08 / 2019

Transaction ID : SA11A.1664610

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

62.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 142 OF 285

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. LYON, DONALD, M., ,**

Mailing Address 6844 FARWOOD ROAD

City  
ROCKFORD

State  
IL

Zip Code  
61102-4000

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.50

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 15 / 2019

Transaction ID : SA11A.1671778

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. LYON, DONALD, M., ,**

Mailing Address 6844 FARWOOD ROAD

City  
ROCKFORD

State  
IL

Zip Code  
61102-4000

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.50

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 21 / 2019

Transaction ID : SA11A.1672079

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. LYTLE, JOHN, , ,**

Mailing Address 3636 GIDDINGS RANCH ROAD

City  
ALTADENA

State  
CA

Zip Code  
91001-3827

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 02 / 2019

Transaction ID : SA11A.1661077

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

175.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 143 OF 285

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. LYTLE, JOHN, , ,**

Mailing Address 3636 GIDDINGS RANCH ROAD

City  
ALTADENA

State  
CA

Zip Code  
91001-3827

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 11 / 2019

**Transaction ID : SA11A.1670218**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MACDONALD, KAREN, , ,**

Mailing Address 3501 LEGACY HILLS CT.

City  
LONGWOOD

State  
FL

Zip Code  
32779-3198

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RADIO ONE INC

Occupation (for Individual)  
BENEFITS MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

**Transaction ID : SA11A.1667720**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MANNING, MARY, ANN, ,**

Mailing Address 20362 HICKORY HILL WAY

City  
SARATOGA

State  
CA

Zip Code  
95070-4335

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 18 / 2019

**Transaction ID : SA11A.1673046**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

385.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 144 OF 285

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MANNING, MARY, ANN, ,**

Mailing Address 20362 HICKORY HILL WAY

City  
SARATOGA

State  
CA

Zip Code  
95070-4335

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2019

Transaction ID : SA11A.1678184

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MAROZZI, ALFRED, , ,**

Mailing Address 928 AUGUSTA POINTE

City  
PALM BEACH GARDENS

State  
FL

Zip Code  
33418-8503

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2019

Transaction ID : SA11A.1678185

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MARROCCOLI, ANGELA, , ,**

Mailing Address 3801 NE 207 ST.  
2902

City  
AVENTURA

State  
FL

Zip Code  
33180-4703

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2019

Transaction ID : SA11A.1667581

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 145 OF 285

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MARROCCOLI, ANGELA, , ,**Mailing Address 3801 NE 207 ST.  
2902City  
AVENTURAState  
FLZip Code  
33180-4703FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M	D D	Y Y Y Y
02	13	2019

Transaction ID : SA11A.1669493

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MARROCCOLI, ANGELA, , ,**Mailing Address 3801 NE 207 ST.  
2902City  
AVENTURAState  
FLZip Code  
33180-4703FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M	D D	Y Y Y Y
02	13	2019

Transaction ID : SA11A.1669494

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MARTINI JR., ROBERT, J., ,**

Mailing Address 713 N ZANE HWY

City  
MARTINS FERRYState  
OHZip Code  
43935-1731FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FALCONOccupation (for Individual)  
TRUCK DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M	D D	Y Y Y Y
02	02	2019

Transaction ID : SA11A.1660984

Amount of Each Receipt this Period

75.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

125.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 146 OF 285

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MARTINI JR., ROBERT, J., ,**

Mailing Address 713 N ZANE HWY

City  
MARTINS FERRY

State  
OH

Zip Code  
43935-1731

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FALCON

Occupation (for Individual)  
TRUCK DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2019

Transaction ID : SA11A.1667750

Amount of Each Receipt this Period

300.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MARTIN, SHIRLEY, , ,**

Mailing Address 1373 FLANAGAN DRIVE

City  
CHRISTIANSBURG

State  
VA

Zip Code  
24073-7175

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 25 / 2019

Transaction ID : SA11A.1672528

Amount of Each Receipt this Period

65.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MARTIN, SHIRLEY, , ,**

Mailing Address 1373 FLANAGAN DRIVE

City  
CHRISTIANSBURG

State  
VA

Zip Code  
24073-7175

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

377.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2019

Transaction ID : SA11A.1676565

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

415.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MASUCCI, LEONARD, , ,

Mailing Address 261 WEST35TH ST  
 SUITE 507

City  
 NEW YORK

State  
 NY

Zip Code  
 10001-1902

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 GSR LOGISTICS LLC

Occupation (for Individual)  
 INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 28 / 2019

Transaction ID : SA11A.1678204

Amount of Each Receipt this Period

250.00

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MAYES, MARSHALL, , ,

Mailing Address 5800 CARDINAL LN

City  
 NORMAN

State  
 OK

Zip Code  
 73026-0885

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 RETIRED

Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 05 / 2019

Transaction ID : SA11A.1663896

Amount of Each Receipt this Period

25.00

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MAYES, MARSHALL, , ,

Mailing Address 5800 CARDINAL LN

City  
 NORMAN

State  
 OK

Zip Code  
 73026-0885

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 RETIRED

Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 16 / 2019

Transaction ID : SA11A.1670185

Amount of Each Receipt this Period

50.00

☐ Memo Item  
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

325.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MAYES, MARSHALL, , ,

Mailing Address 5800 CARDINAL LN

City  
NORMANState  
OKZip Code  
73026-0885FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2019

Transaction ID : SA11A.1677374

Amount of Each Receipt this Period

15.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCCA, SUSANNE, , ,

Mailing Address 3138 GOLFING GREEN CT

City  
DALLASState  
TXZip Code  
75234-3761FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTEDOccupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2019

Transaction ID : SA11A.1661955

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCCA, SUSANNE, , ,

Mailing Address 3138 GOLFING GREEN CT

City  
DALLASState  
TXZip Code  
75234-3761FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTEDOccupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 10 / 2019

Transaction ID : SA11A.1664891

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

45.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MCCA, SUSANNE, , ,**

Mailing Address 3138 GOLFING GREEN CT

City  
DALLAS

State  
TX

Zip Code  
75234-3761

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 ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 12 / 2019

**Transaction ID : SA11A.1669324**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MCCA, SUSANNE, , ,**

Mailing Address 3138 GOLFING GREEN CT

City  
DALLAS

State  
TX

Zip Code  
75234-3761

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 ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 18 / 2019

**Transaction ID : SA11A.1673091**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MCCA, SUSANNE, , ,**

Mailing Address 3138 GOLFING GREEN CT

City  
DALLAS

State  
TX

Zip Code  
75234-3761

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 ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2019

**Transaction ID : SA11A.1675962**

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

80.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 OF 285

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCCA, SUSANNE, , ,

Mailing Address 3138 GOLFING GREEN CT

City  
DALLASState  
TXZip Code  
75234-3761FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTEDOccupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2019

Transaction ID : SA11A.1676162

Amount of Each Receipt this Period

15.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCCANN, PETER, , ,

Mailing Address P.O. BOX 416

City  
GROVEPORTState  
OHZip Code  
43125-0416FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTEDOccupation (for Individual)  
RE DEVELOPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

Transaction ID : SA11A.1667721

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCCLELLAN, TOMMY, J., ,

Mailing Address 1258 PROMONTORY DR.

City  
HAMPSHIREState  
ILZip Code  
60140-2035FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

281.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

Transaction ID : SA11A.1665468

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MCCLELLAN, TOMMY, J., ,**

Mailing Address 1258 PROMONTORY DR.

City  
HAMPSHIRE

State  
IL

Zip Code  
60140-2035

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 12 / 2019

Transaction ID : SA11A.1669069

Amount of Each Receipt this Period

17.50

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MCCLELLAN, TOMMY, J., ,**

Mailing Address 1258 PROMONTORY DR.

City  
HAMPSHIRE

State  
IL

Zip Code  
60140-2035

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 12 / 2019

Transaction ID : SA11A.1669829

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MCCLELLAN, TOMMY, J., ,**

Mailing Address 1258 PROMONTORY DR.

City  
HAMPSHIRE

State  
IL

Zip Code  
60140-2035

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

281.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2019

Transaction ID : SA11A.1677203

Amount of Each Receipt this Period

8.75

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

61.25

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCCLELLAN, TOMMY, J., ,

Mailing Address 1258 PROMONTORY DR.

City  
HAMPSHIREState  
ILZip Code  
60140-2035FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2019

Transaction ID : SA11A.1677970

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCGARR, ADONICA, , ,

Mailing Address P.O. BOX 186

City  
BIEBERState  
CAZip Code  
96009-0186FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTEDOccupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 01 / 2019

Transaction ID : SA11A.1670390

Amount of Each Receipt this Period

300.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCKEE, GEORGE, , ,

Mailing Address P.O. BOX 5

City  
FAUNSDALEState  
ALZip Code  
36738-0005FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MINISTEROccupation (for Individual)  
PRESBYTERIAN CHURCH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 21 / 2019

Transaction ID : SA11A.1672313

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

535.00

TOTAL This Period (last page this line number only).....▶



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MCKENNEY, DAVID, , ,**

Mailing Address 5026 GREEN PINE DRIVE

City  
ATLANTA

State  
GA

Zip Code  
30342-2402

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 26 / 2019

**Transaction ID : SA11A.1675814**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MCKIE, CINDY, , ,**

Mailing Address 512 BEECHWOOD DRIVE

City  
TYLER

State  
TX

Zip Code  
75701-7734

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UT HEALTH EAST

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 12 / 2019

**Transaction ID : SA11A.1667769**

Amount of Each Receipt this Period

1.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MCKIE, CINDY, , ,**

Mailing Address 512 BEECHWOOD DRIVE

City  
TYLER

State  
TX

Zip Code  
75701-7734

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UT HEALTH EAST

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 12 / 2019

**Transaction ID : SA11A.1670236**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

136.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCKIE, CINDY, , ,

Mailing Address 512 BEECHWOOD DRIVE

City  
TYLERState  
TXZip Code  
75701-7734FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UT HEALTH EASTOccupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2019

Transaction ID : SA11A.1676297

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCKIE, CINDY, , ,

Mailing Address 512 BEECHWOOD DRIVE

City  
TYLERState  
TXZip Code  
75701-7734FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UT HEALTH EASTOccupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2019

Transaction ID : SA11A.1678186

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCLEOD, DON, , ,

Mailing Address 1316 STAGECOACH LN SE

City  
ALBUQUERQUEState  
NMZip Code  
87123-4313FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MCLEOD BUSINESS PROPERTIESOccupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 15 / 2019

Transaction ID : SA11A.1671262

Amount of Each Receipt this Period

450.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

575.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MEEKER, WADE, J., ,

Mailing Address 6737 FORTUNE RD

City  
FORT WORTHState  
TXZip Code  
76116-7208FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTEDOccupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 19 / 2019

Transaction ID : SA11A.1673730

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MEFFORD, DEAN, , ,

Mailing Address P.O. BOX 672

City  
EDWARDSVILLEState  
ILZip Code  
62025-0672FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

Transaction ID : SA11A.1663909

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MEFFORD, DEAN, , ,

Mailing Address P.O. BOX 672

City  
EDWARDSVILLEState  
ILZip Code  
62025-0672FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2019

Transaction ID : SA11A.1664338

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MEFFORD, DEAN, , ,**

Mailing Address P.O. BOX 672

City  
EDWARDSVILLE

State  
IL

Zip Code  
62025-0672

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 11 / 2019

**Transaction ID : SA11A.1669185**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MEFFORD, DEAN, , ,**

Mailing Address 517 CHAPMAN  
P.O. BOX 672

City  
EDWARDSVILLE

State  
IL

Zip Code  
62025-1860

FEC ID number of contributing  
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 / D D / Y Y Y Y Y  
02 / 20 / 2019

**Transaction ID : SA11A.1673854**

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MEFFORD, DEAN, , ,**

Mailing Address 517 CHAPMAN  
P.O. BOX 672

City  
EDWARDSVILLE

State  
IL

Zip Code  
62025-1860

FEC ID number of contributing  
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 / D D / Y Y Y Y Y  
02 / 20 / 2019

**Transaction ID : SA11A.1674352**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

80.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MEFFORD, DEAN, , ,**

Mailing Address 517 CHAPMAN  
P.O. BOX 672

City  
EDWARDSVILLE

State  
IL

Zip Code  
62025-1860

FEC ID number of contributing  
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 / D D / Y Y Y Y Y Y  
02 / 21 / 2019

**Transaction ID : SA11A.1674678**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MEFFORD, DEAN, , ,**

Mailing Address 517 CHAPMAN  
P.O. BOX 672

City  
EDWARDSVILLE

State  
IL

Zip Code  
62025-1860

FEC ID number of contributing  
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 / D D / Y Y Y Y Y Y  
02 / 21 / 2019

**Transaction ID : SA11A.1674679**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MEFFORD, DEAN, , ,**

Mailing Address 517 CHAPMAN  
P.O. BOX 672

City  
EDWARDSVILLE

State  
IL

Zip Code  
62025-1860

FEC ID number of contributing  
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 / D D / Y Y Y Y Y Y  
02 / 22 / 2019

**Transaction ID : SA11A.1674881**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

105.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MEFFORD, DEAN, , ,**

Mailing Address 517 CHAPMAN  
P.O. BOX 672

City  
EDWARDSVILLE

State  
IL

Zip Code  
62025-1860

FEC ID number of contributing  
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 / D D / Y Y Y Y Y Y  
02 / 28 / 2019

**Transaction ID : SA11A.1678108**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MEIER, CURT, , ,**

Mailing Address 4721 ROAD 18

City  
LAGRANGE

State  
WY

Zip Code  
82221-8410

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 15 / 2019

**Transaction ID : SA11A.1671890**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MERRILL, ANITA, , ,**

Mailing Address 2609 N PARK AVE

City  
TIFTON

State  
GA

Zip Code  
31794-2830

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 09 / 2019

**Transaction ID : SA11A.1667679**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MERRILL, ANITA, , ,**

Mailing Address 2609 N PARK AVE

City  
TIFTON

State  
GA

Zip Code  
31794-2830

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 21 / 2019

**Transaction ID : SA11A.1674708**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MEYER, STAN, , ,**

Mailing Address 1319 LAKE SHORE DR.

City

BEATRICE

State

NE

Zip Code

68310-4742

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 07 / 2019

**Transaction ID : SA11A.1667742**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MILLER, FAYE, , ,**

Mailing Address 201 COUNTY ROAD 113

City

SANTA FE

State

NM

Zip Code

87506-8343

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

**Transaction ID : SA11A.1667480**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

400.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MILLER, FAYE, , ,**

Mailing Address 201 COUNTY ROAD 113

City  
SANTA FE

State  
NM

Zip Code  
87506-8343

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 10 / 2019

Transaction ID : SA11A.1667748

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MILLER, JUDITH, , ,**

Mailing Address 23060 SHADY KNOLL DRIVE

City  
BONITA SPRINGS

State  
FL

Zip Code  
34135-2034

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

M M / D D / Y Y Y Y Y Y  
02 / 07 / 2019

Transaction ID : SA11A.1667760

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MILLER, LISA, A., ,**

Mailing Address 14806 DONNA LANE

City  
CROSBY

State  
TX

Zip Code  
77532-6040

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
J MILLER ELECTRIC INC

Occupation (for Individual)  
ELECTRICAL CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

217.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 01 / 2019

Transaction ID : SA11A.1659171

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

775.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MILLER, LISA, A., ,**

Mailing Address 14806 DONNA LANE

City  
CROSBY

State  
TX

Zip Code  
77532-6040

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
J MILLER ELECTRIC INC

Occupation (for Individual)  
ELECTRICAL CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 08 / 2019

**Transaction ID : SA11A.1664616**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MILLER, LISA, A., ,**

Mailing Address 14806 DONNA LANE

City  
CROSBY

State  
TX

Zip Code  
77532-6040

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
J MILLER ELECTRIC INC

Occupation (for Individual)  
ELECTRICAL CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 07 / 2019

**Transaction ID : SA11A.1666456**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MILLER, LISA, A., ,**

Mailing Address 14806 DONNA LANE

City  
CROSBY

State  
TX

Zip Code  
77532-6040

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
J MILLER ELECTRIC INC

Occupation (for Individual)  
ELECTRICAL CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

217.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 12 / 2019

**Transaction ID : SA11A.1669831**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

95.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MIRSKY, CYNTHIA, A., ,**

Mailing Address 25331 DERBYHILL DRIVE

City  
LAGUNA HILLS

State  
CA

Zip Code  
92653-7836

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PACIFIC RIM CAPITAL INC

Occupation (for Individual)  
DIRECTOR SPECIAL PROJECTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2019

**Transaction ID : SA11A.1667752**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MOE, RANDY, , ,**

Mailing Address 201 S TORNING ST

City  
TIOGA

State  
ND

Zip Code  
58852-7401

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
MAMORIAL SERVICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2019

**Transaction ID : SA11A.1670708**

Amount of Each Receipt this Period

300.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MONTANTI, VINCENT, , ,**

Mailing Address 2424N FEDERAL HWY.  
SUITE 311

City  
BOCA RATON

State  
FL

Zip Code  
33431-7781

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MONTANTI ADVISORY SERVICES INC

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 02 / 2019

**Transaction ID : SA11A.1661001**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

900.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MOORE, METTA, , ,**

Mailing Address 250 TREELINE PARK  
1012

City  
SAN ANTONIO

State  
TX

Zip Code  
78209-7404

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

**Transaction ID : SA11A.1663928**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MOORE, METTA, , ,**

Mailing Address 250 TREELINE PARK  
1012

City  
SAN ANTONIO

State  
TX

Zip Code  
78209-7404

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

**Transaction ID : SA11A.1665490**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MOORE, METTA, , ,**

Mailing Address 250 TREELINE PARK  
1012

City  
SAN ANTONIO

State  
TX

Zip Code  
78209-7404

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

**Transaction ID : SA11A.1667375**

Amount of Each Receipt this Period

75.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

135.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MOORE, METTA, , ,**

Mailing Address 250 TREELINE PARK  
1012

City  
SAN ANTONIO

State  
TX

Zip Code  
78209-7404

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 05 / 2019

Transaction ID : SA11A.1667376

Amount of Each Receipt this Period

75.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MOORE, METTA, , ,**

Mailing Address 250 TREELINE PARK  
1012

City  
SAN ANTONIO

State  
TX

Zip Code  
78209-7404

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 19 / 2019

Transaction ID : SA11A.1673367

Amount of Each Receipt this Period

15.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MOORE, RANDALL, , ,**

Mailing Address 648 SAWMILL ROAD

City  
NEWCOMERSTOWN

State  
OH

Zip Code  
43832-8995

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
JERRY MOORE INC

Occupation (for Individual)  
OILFIELD MECHANIC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 10 / 2019

Transaction ID : SA11A.1667700

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

190.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MORTON, JOHN, , ,**

Mailing Address 34246 KHAMPTON ST

City  
SOLDOTNA

State  
AK

Zip Code  
99669

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 19 / 2019

Transaction ID : SA11A.1672038

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MOSES, MARGARITA, , ,**

Mailing Address 5889 DEER CROSSING LN

City  
QUINLAN

State  
TX

Zip Code  
75474-3641

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2019

Transaction ID : SA11A.1670696

Amount of Each Receipt this Period

75.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MOSES, MARGARITA, , ,**

Mailing Address 5889 DEER CROSSING LN

City  
QUINLAN

State  
TX

Zip Code  
75474-3641

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 25 / 2019

Transaction ID : SA11A.1672536

Amount of Each Receipt this Period

150.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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475.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MUNIZ, ADELAIDA, , ,**

Mailing Address 34 ANNA STREET

City  
BOYNTON BEACH

State  
FL

Zip Code  
33435-5201

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CARDINAL NEWMAN HIGH SCHOOL

Occupation (for Individual)  
TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2019

**Transaction ID : SA11A.1666750**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MUNRO, DIANE, T., ,**

Mailing Address 6105 MILAM DR. SW

City  
MABLETON

State  
GA

Zip Code  
30126-4215

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 01 / 2019

**Transaction ID : SA11A.1661055**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MUNRO, DIANE, T., ,**

Mailing Address 6105 MILAM DR. SW

City  
MABLETON

State  
GA

Zip Code  
30126-4215

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2019

**Transaction ID : SA11A.1666751**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MUNRO, DIANE, T., ,**

Mailing Address 6105 MILAM DR. SW

City  
MABLETON

State  
GA

Zip Code  
30126-4215

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2019

**Transaction ID : SA11A.1667593**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MUZYCZYN, JUDY, , ,**

Mailing Address 5402 WEDGEWOOD LN

City  
CORPUS CHRISTI

State  
TX

Zip Code  
78411-4833

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MIKES AIRCRAFT SHOP INC

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 12 / 2019

**Transaction ID : SA11A.1670300**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MYERS, CHESTER, , ,**

Mailing Address 5024 BOBCAT CT

City  
WOODBIDGE

State  
VA

Zip Code  
22193-3121

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 ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 01 / 2019

**Transaction ID : SA11A.1660808**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

400.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MYERS, CHESTER, , ,**

Mailing Address 5024 BOBCAT CT

City  
WOODBIDGE

State  
VA

Zip Code  
22193-3121

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 ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 08 / 2019

Transaction ID : SA11A.1666586

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MYERS, CHESTER, , ,**

Mailing Address 5024 BOBCAT CT

City  
WOODBIDGE

State  
VA

Zip Code  
22193-3121

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 ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 19 / 2019

Transaction ID : SA11A.1673696

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MYERS, CHESTER, , ,**

Mailing Address 5024 BOBCAT CT

City  
WOODBIDGE

State  
VA

Zip Code  
22193-3121

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 ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2019

Transaction ID : SA11A.1676569

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

135.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. NESMITH, MARTIN, , ,**

Mailing Address 2841 SUTHERLAND BLUFF DRIVE

City  
TOWNSEND

State  
GA

Zip Code  
31331-3117

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 10 / 2019

Transaction ID : SA11A.1667701

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. NESMITH, MARTIN, , ,**

Mailing Address 2841 SUTHERLAND BLUFF DRIVE

City  
TOWNSEND

State  
GA

Zip Code  
31331-3117

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2019

Transaction ID : SA11A.1676607

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. NEWTON, JAMES, , ,**

Mailing Address P.O. BOX 5918

City  
LAGO VISTA

State  
TX

Zip Code  
78645-0029

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ALLEIGENCE BANK

Occupation (for Individual)  
BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 19 / 2019

Transaction ID : SA11A.1672035

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

700.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. NICOLET, ART, L., ,**

Mailing Address 3535 N. BROOKHAVEN LANE

City  
TUCSON

State  
AZ

Zip Code  
85712-5457

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 07 / 2019

**Transaction ID : SA11A.1666466**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. NICOLET, ART, L., ,**

Mailing Address 3535 N. BROOKHAVEN LANE

City  
TUCSON

State  
AZ

Zip Code  
85712-5457

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 13 / 2019

**Transaction ID : SA11A.1669507**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. NICOLET, ART, L., ,**

Mailing Address 3535 N. BROOKHAVEN LANE

City  
TUCSON

State  
AZ

Zip Code  
85712-5457

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 13 / 2019

**Transaction ID : SA11A.1669508**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

85.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NICOLET, ART, L., ,

Mailing Address 3535 N. BROOKHAVEN LANE

City  
TUCSONState  
AZZip Code  
85712-5457FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 19 / 2019

Transaction ID : SA11A.1673609

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NICOLET, ART, L., ,

Mailing Address 3535 N. BROOKHAVEN LANE

City  
TUCSONState  
AZZip Code  
85712-5457FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2019

Transaction ID : SA11A.1677982

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NOYCE, APRIL, , ,

Mailing Address 4954 BENWAY LANE

City  
CENTRAL LAKEState  
MIZip Code  
49622-9210FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTEDOccupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 15 / 2019

Transaction ID : SA11A.1671764

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

120.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. OAKS, ANNELENE, , ,**

Mailing Address 201BRIARBROOK DRV.

A

City  
EAST PEORIA

State  
IL

Zip Code  
61611-4494

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 12 / 2019

Transaction ID : SA11A.1670301

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. OGALE, RANDY, RAY, ,**

Mailing Address 3481 ROCKCLIFF W

City  
LONGWOOD

State  
FL

Zip Code  
32779-3143

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
JEUNESSE

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2019

Transaction ID : SA11A.1666763

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. OLSON, LESTER, , ,**

Mailing Address P.O. BOX 9328

City  
SALT LAKE CITY

State  
UT

Zip Code  
84109-0328

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 09 / 2019

Transaction ID : SA11A.1667330

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. OLSON, LESTER, , ,**

Mailing Address P.O. BOX 9328

City  
SALT LAKE CITY

State  
UT

Zip Code  
84109-0328

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

**Transaction ID : SA11A.1667378**

Amount of Each Receipt this Period

75.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. OLSON, LESTER, , ,**

Mailing Address P.O. BOX 9328

City  
SALT LAKE CITY

State  
UT

Zip Code  
84109-0328

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 14 / 2019

**Transaction ID : SA11A.1670266**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. OOSTMAN, DOLORES, , ,**

Mailing Address 15404 S WALNUT ROAD

City  
OAK FOREST

State  
IL

Zip Code  
60452-1626

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 ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 15 / 2019

**Transaction ID : SA11A.1669913**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

210.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. OOSTMAN, DOLORES, , ,**

Mailing Address 15404 S WALNUT ROAD

City  
OAK FOREST

State  
IL

Zip Code  
60452-1626

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 ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 24 / 2019

**Transaction ID : SA11A.1675402**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. OSLYNN, ARMINDA, , ,**

Mailing Address 12864 BISCAYNE BLVD

City  
MIAMI

State  
FL

Zip Code  
33181-2007

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 11 / 2019

**Transaction ID : SA11A.1671061**

Amount of Each Receipt this Period

150.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. OSLYNN, ARMINDA, , ,**

Mailing Address 12864 BISCAYNE BLVD

City  
MIAMI

State  
FL

Zip Code  
33181-2007

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 21 / 2019

**Transaction ID : SA11A.1672069**

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

385.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. PADILLA, LEONA, , ,**

Mailing Address 1249 E CITRUS DR.

City  
KINGMAN

State  
AZ

Zip Code  
86409-1782

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 11 / 2019

Transaction ID : SA11A.1671175

Amount of Each Receipt this Period

300.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. PAGANINI, KAREN, , ,**

Mailing Address 8863 ROBIN LN

City  
KIRTLAND

State  
OH

Zip Code  
44094-9768

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
KD

Occupation (for Individual)  
REAL ESTATE DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 14 / 2019

Transaction ID : SA11A.1670306

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. PANNELL, DEBBIE, , ,**

Mailing Address 462 ROYAL CROSSING BLVD

City  
FRANKLIN

State  
TN

Zip Code  
37064-8908

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

245.33

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

Transaction ID : SA11A.1663974

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

575.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. PANNELL, DEBBIE, , ,**

Mailing Address 462 ROYAL CROSSING BLVD

City  
FRANKLIN

State  
TN

Zip Code  
37064-8908

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.33

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

**Transaction ID : SA11A.1667491**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. PANNELL, DEBBIE, , ,**

Mailing Address 462 ROYAL CROSSING BLVD

City  
FRANKLIN

State  
TN

Zip Code  
37064-8908

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.33

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 12 / 2019

**Transaction ID : SA11A.1670034**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. PANNELL, DEBBIE, , ,**

Mailing Address 462 ROYAL CROSSING BLVD

City  
FRANKLIN

State  
TN

Zip Code  
37064-8908

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

245.33

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 18 / 2019

**Transaction ID : SA11A.1673074**

Amount of Each Receipt this Period

35.33

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

185.33

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. PANNELL, DEBBIE, , ,**

Mailing Address 462 ROYAL CROSSING BLVD

City  
FRANKLIN

State  
TN

Zip Code  
37064-8908

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.33

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2019

**Transaction ID : SA11A.1676483**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. PARAS, CAROL, , ,**

Mailing Address 1808 BUTTERNUT COURT

City  
MODESTO

State  
CA

Zip Code  
95355-2908

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2019

**Transaction ID : SA11A.1667383**

Amount of Each Receipt this Period

75.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. PARAS, CAROL, , ,**

Mailing Address 1808 BUTTERNUT COURT

City  
MODESTO

State  
CA

Zip Code  
95355-2908

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 18 / 2019

**Transaction ID : SA11A.1673110**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

210.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. PARAS, CAROL, , ,**

Mailing Address 1808 BUTTERNUT COURT

City  
MODESTO

State  
CA

Zip Code  
95355-2908

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 23 / 2019

**Transaction ID : SA11A.1675165**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. PARAS, CAROL, , ,**

Mailing Address 1808 BUTTERNUT COURT

City  
MODESTO

State  
CA

Zip Code  
95355-2908

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 24 / 2019

**Transaction ID : SA11A.1675431**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. PARRISH, MARY, KELLY, ,**

Mailing Address 4 SUGAR CREEK COURT

City  
NORTH LITTLE ROCK

State  
AR

Zip Code  
72116-6351

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 03 / 2019

**Transaction ID : SA11A.1659669**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

135.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. PARRISH, MARY, KELLY, ,**

Mailing Address 4 SUGAR CREEK COURT

City  
NORTH LITTLE ROCK

State  
AR

Zip Code  
72116-6351

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 03 / 2019

Transaction ID : SA11A.1659670

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. PARRISH, MARY, KELLY, ,**

Mailing Address 4 SUGAR CREEK COURT

City  
NORTH LITTLE ROCK

State  
AR

Zip Code  
72116-6351

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 15 / 2019

Transaction ID : SA11A.1671771

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. PEETE, BRADLEY, , ,**

Mailing Address 3918 WOODLAKE DRIVE

City  
BONITA SPRINGS

State  
FL

Zip Code  
34134-8609

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2019

Transaction ID : SA11A.1667709

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

320.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. PELC, ANTOINETTE, , ,**

Mailing Address 650 15TH AVE. SOUTH

City  
NAPLES

State  
FL

Zip Code  
34102-7441

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
REAL ESTATE DEVELOPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 01 / 2019

**Transaction ID : SA11A.1661101**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. PEPPEL, LEE, , ,**

Mailing Address 5718 4TH ST E

City  
FIFE

State  
WA

Zip Code  
98424-2421

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DIAMOND LINE DELIVERY SYSTEMS

Occupation (for Individual)  
TRUCK DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 01 / 2019

**Transaction ID : SA11A.1660818**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. PEPPEL, LEE, , ,**

Mailing Address 5718 4TH ST E

City  
FIFE

State  
WA

Zip Code  
98424-2421

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DIAMOND LINE DELIVERY SYSTEMS

Occupation (for Individual)  
TRUCK DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

293.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 09 / 2019

**Transaction ID : SA11A.1667681**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

400.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. PEPPEL, LEE, , ,**

Mailing Address 5718 4TH ST E

City  
FIFE

State  
WA

Zip Code  
98424-2421

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DIAMOND LINE DELIVERY SYSTEMS

Occupation (for Individual)  
TRUCK DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 18 / 2019

**Transaction ID : SA11A.1672904**

Amount of Each Receipt this Period

18.75

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. PEPPEL, LEE, , ,**

Mailing Address 5718 4TH ST E

City  
FIFE

State  
WA

Zip Code  
98424-2421

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DIAMOND LINE DELIVERY SYSTEMS

Occupation (for Individual)  
TRUCK DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 18 / 2019

**Transaction ID : SA11A.1672961**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. PERUGINI, VICTOR, , ,**

Mailing Address 3255 EAST MAIN ST  
APT G

City  
WATERBURY

State  
CT

Zip Code  
06705-3460

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

**Transaction ID : SA11A.1663987**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

68.75

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. PERUGINI, VICTOR, , ,**

Mailing Address 3255 EAST MAIN ST  
APT G

City  
WATERBURY

State  
CT

Zip Code  
06705-3460

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

Transaction ID : SA11A.1666982

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. PERUGINI, VICTOR, , ,**

Mailing Address 3255 EAST MAIN ST  
APT G

City  
WATERBURY

State  
CT

Zip Code  
06705-3460

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 09 / 2019

Transaction ID : SA11A.1667333

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. PERUGINI, VICTOR, , ,**

Mailing Address 3255 EAST MAIN ST  
APT G

City  
WATERBURY

State  
CT

Zip Code  
06705-3460

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2019

Transaction ID : SA11A.1677732

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

125.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. PETERSON, JOHN, , ,**

Mailing Address 4442 VEREDA LUNA LLENA

City  
SAN DIEGO

State  
CA

Zip Code  
92130-2666

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 12 / 2019

**Transaction ID : SA11A.1669348**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. PETERSON, JOHN, , ,**

Mailing Address 4442 VEREDA LUNA LLENA

City  
SAN DIEGO

State  
CA

Zip Code  
92130-2666

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 18 / 2019

**Transaction ID : SA11A.1672962**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. PETERSON, JOHN, , ,**

Mailing Address 4442 VEREDA LUNA LLENA

City  
SAN DIEGO

State  
CA

Zip Code  
92130-2666

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2019

**Transaction ID : SA11A.1676022**

Amount of Each Receipt this Period

6.25

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

56.25

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. PETERSON, JOHN, , ,**

Mailing Address 4442 VEREDA LUNA LLENA

City  
SAN DIEGO

State  
CA

Zip Code  
92130-2666

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2019

**Transaction ID : SA11A.1676311**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. PFABE, DENNIS, , ,**

Mailing Address 6586 SERENITY LOOP

City  
GIG HARBOR

State  
WA

Zip Code  
98335-5504

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 01 / 2019

**Transaction ID : SA11A.1661102**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. PIZANO, HELEN, , ,**

Mailing Address 4523 KENSINGTON DRIVE

City  
SAN DIEGO

State  
CA

Zip Code  
92116-3805

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

**Transaction ID : SA11A.1664942**

Amount of Each Receipt this Period

30.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

305.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. PIZANO, HELEN, , ,**

Mailing Address 4523 KENSINGTON DRIVE

City  
SAN DIEGO

State  
CA

Zip Code  
92116-3805

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

**Transaction ID : SA11A.1664943**

Amount of Each Receipt this Period

30.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. PIZANO, HELEN, , ,**

Mailing Address 4523 KENSINGTON DRIVE

City  
SAN DIEGO

State  
CA

Zip Code  
92116-3805

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 12 / 2019

**Transaction ID : SA11A.1670038**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. PIZANO, HELEN, , ,**

Mailing Address 4523 KENSINGTON DRIVE

City  
SAN DIEGO

State  
CA

Zip Code  
92116-3805

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 12 / 2019

**Transaction ID : SA11A.1670039**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

130.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 186 OF 285

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. PIZANO, HELEN, , ,**

Mailing Address 4523 KENSINGTON DRIVE

City  
SAN DIEGO

State  
CA

Zip Code  
92116-3805

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 12 / 2019

**Transaction ID : SA11A.1670040**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. PODPECHAN, FRANK, , ,**

Mailing Address P.O. BOX 3226

City  
TULSA

State  
OK

Zip Code  
74101-3226

FEC ID number of contributing  
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 / D D / Y Y Y Y Y Y  
02 / 05 / 2019

**Transaction ID : SA11A.1667495**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. PODPECHAN, FRANK, , ,**

Mailing Address P.O. BOX 3226

City  
TULSA

State  
OK

Zip Code  
74101-3226

FEC ID number of contributing  
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 / D D / Y Y Y Y Y Y  
02 / 21 / 2019

**Transaction ID : SA11A.1674711**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. POFFENBARGER, MARY, , ,**

Mailing Address 620 WOOD ROAD

City  
CHARLESTONState  
WVZip Code  
25302-2924FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M	D D	Y Y Y Y
02	25	2019

Transaction ID : SA11A.1672615

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. POFFENBARGER, MARY, , ,**

Mailing Address 620 WOOD ROAD

City  
CHARLESTONState  
WVZip Code  
25302-2924FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M	D D	Y Y Y Y
02	22	2019

Transaction ID : SA11A.1674920

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. PRATT, JOHN, T., ,**

Mailing Address 1479 SW SHORELINE DRIVE

City  
PALM CITYState  
FLZip Code  
34990-4535FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M	D D	Y Y Y Y
02	05	2019

Transaction ID : SA11A.1667497

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. PRATT, JOHN, T., ,**

Mailing Address 1479 SW SHORELINE DRIVE

City  
PALM CITY

State  
FL

Zip Code  
34990-4535

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2019

**Transaction ID : SA11A.1667758**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. PRATT, JOHN, T., ,**

Mailing Address 1479 SW SHORELINE DRIVE

City  
PALM CITY

State  
FL

Zip Code  
34990-4535

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 16 / 2019

**Transaction ID : SA11A.1670288**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. PRATT, JOHN, T., ,**

Mailing Address 1479 SW SHORELINE DRIVE

City  
PALM CITY

State  
FL

Zip Code  
34990-4535

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 20 / 2019

**Transaction ID : SA11A.1674404**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. PRATT, SUSAN, , ,**

Mailing Address P.O. BOX 1937

City  
LONGMONT

State  
CO

Zip Code  
80502-1937

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PRATT MANAGEMENT LLC

Occupation (for Individual)  
MEMBER MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 05 / 2019

**Transaction ID : SA11A.1667498**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. PRATT, SUSAN, , ,**

Mailing Address P.O. BOX 1937

City  
LONGMONT

State  
CO

Zip Code  
80502-1937

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PRATT MANAGEMENT LLC

Occupation (for Individual)  
MEMBER MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 12 / 2019

**Transaction ID : SA11A.1670238**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. PRATT, SUSAN, , ,**

Mailing Address P.O. BOX 1937

City  
LONGMONT

State  
CO

Zip Code  
80502-1937

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PRATT MANAGEMENT LLC

Occupation (for Individual)  
MEMBER MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 06 / 2019

**Transaction ID : SA11A.1670447**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

700.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. PRATT, SUSAN, , ,**

Mailing Address P.O. BOX 1937

City  
LONGMONT

State  
CO

Zip Code  
80502-1937

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PRATT MANAGEMENT LLC

Occupation (for Individual)  
MEMBER MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 21 / 2019

**Transaction ID : SA11A.1672068**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. PRICE, DAVID, , ,**

Mailing Address 1329 N 77TH EAST AVE

City  
TULSA

State  
OK

Zip Code  
74115-5708

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
MACHINIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 03 / 2019

**Transaction ID : SA11A.1660966**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. PRICE, DAVID, , ,**

Mailing Address 1329 N 77TH EAST AVE

City  
TULSA

State  
OK

Zip Code  
74115-5708

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
MACHINIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 15 / 2019

**Transaction ID : SA11A.1671895**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. PRICE, DAVID, , ,**

Mailing Address 1329 N 77TH EAST AVE

City  
TULSA

State  
OK

Zip Code  
74115-5708

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
MACHINIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 25 / 2019

**Transaction ID : SA11A.1672412**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. PRIDDY, NELSON, , ,**

Mailing Address P.O. BOX 4398

City  
SANTA FE

State  
NM

Zip Code  
87502-4398

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
WRITER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 01 / 2019

**Transaction ID : SA11A.1661103**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. PROCTOR, DANIEL, , ,**

Mailing Address 5401 VERNER DR.

City  
LA PALMA

State  
CA

Zip Code  
90623-2043

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 13 / 2019

**Transaction ID : SA11A.1670254**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

400.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PROCTOR, DANIEL, , ,

Mailing Address 5401 VERNER DR.

City  
LA PALMA

State  
CA

Zip Code  
90623-2043

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 26 / 2019

Transaction ID : SA11A.1675850

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PROTELSCH, AMILIA, , ,

Mailing Address 1759 GRANADA STREET

City  
SEASIDE

State  
CA

Zip Code  
93955-4001

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3598.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 16 / 2019

Transaction ID : SA11A.1670314

Amount of Each Receipt this Period

1759.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PROTELSCH, AMILIA, , ,

Mailing Address 1759 GRANADA STREET

City  
SEASIDE

State  
CA

Zip Code  
93955-4001

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3598.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 20 / 2019

Transaction ID : SA11A.1674038

Amount of Each Receipt this Period

15.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1874.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. PROVENZANO, ANTHONY, , ,**

Mailing Address 1411 DIPLOMAT PKWY

City  
HOLLYWOOD

State  
FL

Zip Code  
33019-2229

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2019

**Transaction ID : SA11A.1678205**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. PUELZL, ADELAIDE, , ,**

Mailing Address 21FOXURN ST.

City  
NEW CITY

State  
NY

Zip Code  
10956-1440

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 01 / 2019

**Transaction ID : SA11A.1659546**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. PUELZL, ADELAIDE, , ,**

Mailing Address 21FOXURN ST.

City  
NEW CITY

State  
NY

Zip Code  
10956-1440

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 14 / 2019

**Transaction ID : SA11A.1670269**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

385.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. QUALY, JOHN, , ,**

Mailing Address 13 BRENTMOOR PARK

City  
SAINT LOUIS

State  
MO

Zip Code  
63105-3067

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

Transaction ID : SA11A.1667499

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. QUALY, JOHN, , ,**

Mailing Address 13 BRENTMOOR PARK

City  
SAINT LOUIS

State  
MO

Zip Code  
63105-3067

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

Transaction ID : SA11A.1667500

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. QUALY, JOHN, , ,**

Mailing Address 13 BRENTMOOR PARK

City  
SAINT LOUIS

State  
MO

Zip Code  
63105-3067

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2019

Transaction ID : SA11A.1678192

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RAHN, NOEL, , ,

Mailing Address 7119 ANTRIM CT.

City  
MINNEAPOLIS

State  
MN

Zip Code  
55439-1702

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GERONIMO ENERGY

Occupation (for Individual)  
ALTERNATIVE ENERGIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

Transaction ID : SA11A.1667722

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RAY, JIMMY, , ,

Mailing Address 402 APPALOOSA RUN

City  
ARGYLE

State  
TX

Zip Code  
76226-6671

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2019

Transaction ID : SA11A.1667759

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RAYES, PATRICK, , ,

Mailing Address P.O. 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

Occupation (for Individual)  
INFORMATION REQUESTED

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  
02 / 26 / 2019

Transaction ID : SA11A.1675852

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

850.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. RAYES, PATRICK, , ,**

Mailing Address P.O. 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

Occupation (for Individual)  
INFORMATION REQUESTED

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  
02 / 27 / 2019

**Transaction ID : SA11A.1676609**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. READE, JEANNE, , ,**

Mailing Address 1820 POINT SAN PEDRO RD

City

SAN RAFAEL

State

CA

Zip Code

94901-8316

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ALTAPACIFIC BANK

Occupation (for Individual)  
BANK EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 08 / 2019

**Transaction ID : SA11A.1664627**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. READE, JEANNE, , ,**

Mailing Address 1820 POINT SAN PEDRO RD

City

SAN RAFAEL

State

CA

Zip Code

94901-8316

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ALTAPACIFIC BANK

Occupation (for Individual)  
BANK EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 15 / 2019

**Transaction ID : SA11A.1670166**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

175.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. READE, JEANNE, , ,**

Mailing Address 1820 POINT SAN PEDRO RD

City  
SAN RAFAEL

State  
CA

Zip Code  
94901-8316

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ALTAPACIFIC BANK

Occupation (for Individual)  
BANK EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2019

**Transaction ID : SA11A.1677996**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. REINHART, JOHN, , ,**

Mailing Address 410 S OLD WOODWARD AVE.  
1002

City  
BIRMINGHAM

State  
MI

Zip Code  
48009-6610

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2019

**Transaction ID : SA11A.1667710**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. REISS, CLAIRE, K., ,**

Mailing Address 9675 LA JOLLA FARMS ROAD

City  
LA JOLLA

State  
CA

Zip Code  
92037-

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)  
REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

4150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 02 / 2019

**Transaction ID : SA11A.1661110**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1285.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. REISS, CLAIRE, K., ,**

Mailing Address 9675 LA JOLLA FARMS ROAD

City  
LA JOLLA

State  
CA

Zip Code  
92037-

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)  
REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4150.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 02 / 2019

Transaction ID : SA11A.1661111

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. REISS, CLAIRE, K., ,**

Mailing Address 9675 LA JOLLA FARMS ROAD

City  
LA JOLLA

State  
CA

Zip Code  
92037-

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)  
REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4150.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 05 / 2019

Transaction ID : SA11A.1667501

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. REISS, CLAIRE, K., ,**

Mailing Address 9675 LA JOLLA FARMS ROAD

City  
LA JOLLA

State  
CA

Zip Code  
92037-

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)  
REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

4150.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 11 / 2019

Transaction ID : SA11A.1670312

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. REISS, CLAIRE, K., ,**

Mailing Address 9675 LA JOLLA FARMS ROAD

City  
LA JOLLA

State  
CA

Zip Code  
92037-

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)  
REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2019

Transaction ID : SA11A.1678193

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. REISS, CLAIRE, K., ,**

Mailing Address 9675 LA JOLLA FARMS ROAD

City  
LA JOLLA

State  
CA

Zip Code  
92037-

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)  
REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2019

Transaction ID : SA11A.1678206

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. REISS, CLAIRE, K., ,**

Mailing Address 9675 LA JOLLA FARMS ROAD

City  
LA JOLLA

State  
CA

Zip Code  
92037-

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)  
REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

4150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2019

Transaction ID : SA11A.1678207

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

850.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RHODES, J, L., ,

Mailing Address 206 SOUTH MORRISON DRIVE

NO

City  
ADAState  
OKZip Code  
74820-7049FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2019

Transaction ID : SA11A.1664388

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RHODES, J, L., ,

Mailing Address 206 SOUTH MORRISON DRIVE

NO

City  
ADAState  
OKZip Code  
74820-7049FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 12 / 2019

Transaction ID : SA11A.1668881

Amount of Each Receipt this Period

12.50

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RHODES, J, L., ,

Mailing Address 206 SOUTH MORRISON DRIVE

NO

City  
ADAState  
OKZip Code  
74820-7049FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

237.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 12 / 2019

Transaction ID : SA11A.1670045

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

87.50

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. RHODES, J, L., ,**

Mailing Address 206 SOUTH MORRISON DRIVE

NO

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 ▼

237.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2019

Transaction ID : SA11A.1676023

Amount of Each Receipt this Period

6.25

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. RHODES, J, L., ,**

Mailing Address 206 SOUTH MORRISON DRIVE

NO

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 ▼

237.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2019

Transaction ID : SA11A.1676317

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. RICE, JAMES, , ,**

Mailing Address 126 CYPRESS PT

City  
HALF MOON BAY

State  
CA

Zip Code  
94019-2212

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED

Occupation (for Individual)

ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 13 / 2019

Transaction ID : SA11A.1670304

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

281.25

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. RICHERT, JOSEPH, , ,**

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

Transaction ID : SA11A.1666997

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. RICHERT, JOSEPH, , ,**

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

Transaction ID : SA11A.1667503

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. RICKER, JOHN, , ,**

Mailing Address P.O. BOX 87

City  
BLOOMFIELD

State  
KY

Zip Code  
40008-0087

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2019

Transaction ID : SA11A.1662259

Amount of Each Receipt this Period

6.25

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

156.25

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RICKER, JOHN, , ,

Mailing Address P.O. BOX 87

City

BLOOMFIELD

State

KY

Zip Code

40008-0087

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2019

Transaction ID : SA11A.1663444

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RICKER, JOHN, , ,

Mailing Address P.O. BOX 87

City

BLOOMFIELD

State

KY

Zip Code

40008-0087

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2019

Transaction ID : SA11A.1663445

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RICKER, JOHN, , ,

Mailing Address P.O. BOX 87

City

BLOOMFIELD

State

KY

Zip Code

40008-0087

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 18 / 2019

Transaction ID : SA11A.1672768

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

55.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. RICKER, JOHN, , ,**

Mailing Address P.O. BOX 87

City  
BLOOMFIELD

State  
KY

Zip Code  
40008-0087

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 18 / 2019

**Transaction ID : SA11A.1672853**

Amount of Each Receipt this Period

10.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. RICKER, JOHN, , ,**

Mailing Address P.O. BOX 87

City  
BLOOMFIELD

State  
KY

Zip Code  
40008-0087

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 21 / 2019

**Transaction ID : SA11A.1674406**

Amount of Each Receipt this Period

3.75

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. RICKER, JOHN, , ,**

Mailing Address P.O. BOX 87

City  
BLOOMFIELD

State  
KY

Zip Code  
40008-0087

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 21 / 2019

**Transaction ID : SA11A.1674579**

Amount of Each Receipt this Period

15.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

28.75

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 205 OF 285

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. RICKER, JOHN, , ,**

Mailing Address P.O. BOX 87

City  
BLOOMFIELD

State  
KY

Zip Code  
40008-0087

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 23 / 2019

Transaction ID : SA11A.1675000

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. RICKER, JOHN, , ,**

Mailing Address P.O. BOX 87

City  
BLOOMFIELD

State  
KY

Zip Code  
40008-0087

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 23 / 2019

Transaction ID : SA11A.1675001

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. RILES, SCOTT, , ,**

Mailing Address P.O. BOX 1962

City  
LEXINGTON

State  
SC

Zip Code  
29071-1962

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 03 / 2019

Transaction ID : SA11A.1660690

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. RILES, SCOTT, , ,**

Mailing Address P.O. BOX 1962

City  
LEXINGTON

State  
SC

Zip Code  
29071-1962

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

**Transaction ID : SA11A.1665563**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. RILES, SCOTT, , ,**

Mailing Address P.O. BOX 1962

City  
LEXINGTON

State  
SC

Zip Code  
29071-1962

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

**Transaction ID : SA11A.1666998**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. RILES, SCOTT, , ,**

Mailing Address P.O. BOX 1962

City  
LEXINGTON

State  
SC

Zip Code  
29071-1962

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

**Transaction ID : SA11A.1667505**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

185.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 207 OF 285

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---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. RILES, SCOTT, , ,**

Mailing Address P.O. BOX 1962

City  
LEXINGTONState  
SCZip Code  
29071-1962FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M	D D	Y Y Y Y
02	27	2019

**Transaction ID : SA11A.1676319**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. RITCHIE, WILLIAM, , ,**

Mailing Address 5302 BROOKWAY DR.

City  
BETHESDAState  
MDZip Code  
20816-1308FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M	D D	Y Y Y Y
02	05	2019

**Transaction ID : SA11A.1667506**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. RITCHIE, WILLIAM, , ,**

Mailing Address 5302 BROOKWAY DR.

City  
BETHESDAState  
MDZip Code  
20816-1308FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M	D D	Y Y Y Y
02	20	2019

**Transaction ID : SA11A.1674361**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION
**SUBTOTAL** of Receipts This Page (optional)..... ►

175.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 208 OF 285

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. RITCHIE, WILLIAM, , ,**

Mailing Address 5302 BROOKWAY DR.

City  
BETHESDAState  
MDZip Code  
20816-1308FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M	D D	Y Y Y Y
02	21	2019

Transaction ID : SA11A.1674729

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ROBERTS, WARREN, , ,**

Mailing Address 4450 COUNTY ROAD 245

City  
NEW CASTLEState  
COZip Code  
81647-9404FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTEDOccupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
02	05	2019

Transaction ID : SA11A.1667723

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ROBINSON, CHARLEY, , ,**

Mailing Address P.O. BOX 1215

City  
GUTHRIEState  
OKZip Code  
73044-1215FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTEDOccupation (for Individual)  
OIL FIELD RANCHER FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
02	05	2019

Transaction ID : SA11A.1667724

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

600.00

TOTAL This Period (last page this line number only).....▶



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ROBINSON, KATHLEEN, , ,**

Mailing Address P.O. BOX 1124

City  
DICKINSON

State  
TX

Zip Code  
77539-1124

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 19 / 2019

**Transaction ID : SA11A.1671945**

Amount of Each Receipt this Period

300.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ROSS, NANCY, , ,**

Mailing Address 19 KING STREET

City  
CHARLESTON

State  
SC

Zip Code  
29401-2734

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 13 / 2019

**Transaction ID : SA11A.1670305**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ROTAN, ELIZABETH, , ,**

Mailing Address 413 LONGWOODS LN

City  
HOUSTON

State  
TX

Zip Code  
77024-5616

FEC ID number of contributing  
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 / D D / Y Y Y Y Y Y  
02 / 05 / 2019

**Transaction ID : SA11A.1667725**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

800.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 210 OF 285

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ROWLAND, LINDA, , ,

Mailing Address 4056 CHURCH POINT RD

City  
VIRGINIA BEACH

State  
VA

Zip Code  
23455-7008

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 15 / 2019

Transaction ID : SA11A.1669918

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROWLAND, LINDA, , ,

Mailing Address 4056 CHURCH POINT RD

City  
VIRGINIA BEACH

State  
VA

Zip Code  
23455-7008

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 18 / 2019

Transaction ID : SA11A.1673058

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROWLAND, LINDA, , ,

Mailing Address 4056 CHURCH POINT RD

City  
VIRGINIA BEACH

State  
VA

Zip Code  
23455-7008

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

231.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2019

Transaction ID : SA11A.1677190

Amount of Each Receipt this Period

6.25

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

76.25

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ROWLAND, LINDA, , ,**

Mailing Address 4056 CHURCH POINT RD

City  
VIRGINIA BEACH

State  
VA

Zip Code  
23455-7008

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2019

Transaction ID : SA11A.1677762

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. RUBIO, SUSAN, , ,**

Mailing Address 5772 HWY 97

City  
COTULLA

State  
TX

Zip Code  
78014

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
CATTLE RANCHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 02 / 2019

Transaction ID : SA11A.1661107

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. RUBIO, SUSAN, , ,**

Mailing Address 10103 IVORY CANYON

City  
SAN ANTONIO

State  
TX

Zip Code  
78255-2456

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
RANCHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 08 / 2019

Transaction ID : SA11A.1667763

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1025.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 212 OF 285

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SANSOM, JOHN, , ,**

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 PA

Occupation (for Individual)  
 ACCOUNTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 05 / 2019

**Transaction ID : SA11A.1667726**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SAUER, KYMBERLEY, , ,**

Mailing Address 310 S WHITCOMB ST

City

FORT COLLINS

State

CO

Zip Code

80521-2644

FEC ID number of contributing  
 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 / D D / Y Y Y Y Y Y  
 02 / 05 / 2019

**Transaction ID : SA11A.1667380**

Amount of Each Receipt this Period

75.00

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SAVASTANO, VINCENT, , ,**

Mailing Address 4 MARSALA COURT

City

CORTLANDT MANOR

State

NY

Zip Code

10567-5132

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 RETIRED

Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 05 / 2019

**Transaction ID : SA11A.1664049**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 213 OF 285

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SAVASTANO, VINCENT, , ,**

Mailing Address 4 MARSALA COURT

City  
CORTLANDT MANOR

State  
NY

Zip Code  
10567-5132

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

**Transaction ID : SA11A.1667508**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SAVASTANO, VINCENT, , ,**

Mailing Address 4 MARSALA COURT

City  
CORTLANDT MANOR

State  
NY

Zip Code  
10567-5132

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 24 / 2019

**Transaction ID : SA11A.1675266**

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SCHAUER, ADELIN, , ,**

Mailing Address P.O. BOX 445

City  
ALAMOGORDO

State  
NM

Zip Code  
88311-0445

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2019

**Transaction ID : SA11A.1667178**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

155.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCHAUER, ADELIN, , ,

Mailing Address P.O. BOX 445

City  
ALAMOGORDO

State  
NM

Zip Code  
88311-0445

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2019

Transaction ID : SA11A.1676574

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCHAUER, ADELIN, , ,

Mailing Address P.O. BOX 445

City  
ALAMOGORDO

State  
NM

Zip Code  
88311-0445

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2019

Transaction ID : SA11A.1678008

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCHULET, BETH, , ,

Mailing Address 1004 PEBBLE BROOK

City  
NASHVILLE

State  
TN

Zip Code  
37221-2231

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
PET CARE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 01 / 2019

Transaction ID : SA11A.1659798

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

120.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 215 OF 285

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCHULET, BETH, , ,

Mailing Address 1004 PEBBLE BROOK

City  
NASHVILLEState  
TNZip Code  
37221-2231FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTEDOccupation (for Individual)  
PET CARE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 15 / 2019

Transaction ID : SA11A.1671813

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCIANNA, PAULA, , ,

Mailing Address 16931 SEMINOLE RIDGE DRIVE

City  
CYPRESSState  
TXZip Code  
77433-3482FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

Transaction ID : SA11A.1667509

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCIANNA, PAULA, , ,

Mailing Address 16931 SEMINOLE RIDGE DRIVE

City  
CYPRESSState  
TXZip Code  
77433-3482FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

Transaction ID : SA11A.1667727

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

450.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SCIANNA, PAULA, , ,**

Mailing Address 16931 SEMINOLE RIDGE DRIVE

City  
CYPRESS

State  
TX

Zip Code  
77433-3482

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

**Transaction ID : SA11A.1667728**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SCOTT, RODGER, , ,**

Mailing Address 20405 SE 344TH ST

City  
AUBURN

State  
WA

Zip Code  
98092-1592

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 15 / 2019

**Transaction ID : SA11A.1671668**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SHELTON, GEORGE, P., ,**

Mailing Address 4124 KINGSFERRY DRIVE

City  
ARLINGTON

State  
TX

Zip Code  
76016-3636

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 02 / 2019

**Transaction ID : SA11A.1660553**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

800.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SHELTON, GEORGE, P., ,**

Mailing Address 4124 KINGSFERRY DRIVE

City  
ARLINGTONState  
TXZip Code  
76016-3636FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 16 / 2019

Transaction ID : SA11A.1670289

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SKUPNY, REGINALD, , ,**Mailing Address 382 MASSACHUSETTS AVE  
704City  
ARLINGTONState  
MAZip Code  
02474-6728FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SHIPEXOccupation (for Individual)  
TRUCK DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 10 / 2019

Transaction ID : SA11A.1667749

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SMITH, GARY, , ,**

Mailing Address 373 SCHMUCK RD

City  
SEQUIMState  
WAZip Code  
98382-8982FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2019

Transaction ID : SA11A.1678199

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

450.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SMITH, GERTRAUD, , ,**

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2019

**Transaction ID : SA11A.1667765**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SMITH, JAMES, , ,**

Mailing Address 3253 HUMMEL RD

City  
SHELBY

State  
OH

Zip Code  
44875-9097

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 22 / 2019

**Transaction ID : SA11A.1674871**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SMITH, JAMES, , ,**

Mailing Address 3253 HUMMEL RD

City  
SHELBY

State  
OH

Zip Code  
44875-9097

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

293.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 23 / 2019

**Transaction ID : SA11A.1675131**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SMITH, JAMES, , ,**

Mailing Address 3253 HUMMEL RD

City  
SHELBY

State  
OH

Zip Code  
44875-9097

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.75

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 26 / 2019

**Transaction ID : SA11A.1675715**

Amount of Each Receipt this Period

6.25

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SMITH, JAMES, , ,**

Mailing Address 3253 HUMMEL RD

City  
SHELBY

State  
OH

Zip Code  
44875-9097

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.75

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 26 / 2019

**Transaction ID : SA11A.1675788**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SMITH, JAMES, , ,**

Mailing Address 3253 HUMMEL RD

City  
SHELBY

State  
OH

Zip Code  
44875-9097

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

293.75

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 27 / 2019

**Transaction ID : SA11A.1676502**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

66.25

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SMITH, PATRICIA, , ,**

Mailing Address 17130 MCRAE RD. NW

City  
ARLINGTON

State  
WA

Zip Code  
98223-8089

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
FOOD SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2019

Transaction ID : SA11A.1667191

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SMITH, PATRICIA, , ,**

Mailing Address 17130 MCRAE RD. NW

City  
ARLINGTON

State  
WA

Zip Code  
98223-8089

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
FOOD SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2019

Transaction ID : SA11A.1667192

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SMITH, PATRICIA, , ,**

Mailing Address 17130 MCRAE RD. NW

City  
ARLINGTON

State  
WA

Zip Code  
98223-8089

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
FOOD SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 12 / 2019

Transaction ID : SA11A.1670053

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 221 OF 285

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SMITH, PATRICIA, , ,**

Mailing Address 17130 MCRAE RD. NW

City  
ARLINGTON

State  
WA

Zip Code  
98223-8089

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
FOOD SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2019

**Transaction ID : SA11A.1676504**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SONDERMAN, DARREN, , ,**

Mailing Address 501 OAK HILL CIRCLE SE

City  
MARIETTA

State  
GA

Zip Code  
30067-4817

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MCGRIF

Occupation (for Individual)  
INSURANCE BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 09 / 2019

**Transaction ID : SA11A.1667746**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SPENCE, CORINNE, , ,**

Mailing Address 1508 EUREKA RD

City  
ROSEVILLE

State  
CA

Zip Code  
95661-2809

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2019

**Transaction ID : SA11A.1667711**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

535.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SPITZNAS, RUTH, , ,

Mailing Address 19212 FM 2484

City  
KILLEENState  
TXZip Code  
76542-3961FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 02 / 2019

Transaction ID : SA11A.1660679

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SPITZNAS, RUTH, , ,

Mailing Address 19212 FM 2484

City  
KILLEENState  
TXZip Code  
76542-3961FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 08 / 2019

Transaction ID : SA11A.1670823

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STADLER, DAVID, , ,

Mailing Address 2306 PACIFIC AVE

City  
MANHATTAN BEACHState  
CAZip Code  
90266-2632FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

226.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 10 / 2019

Transaction ID : SA11A.1666647

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

285.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. STADLER, DAVID, , ,**

Mailing Address 2306 PACIFIC AVE

City  
MANHATTAN BEACH

State  
CA

Zip Code  
90266-2632

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.25

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 10 / 2019

Transaction ID : SA11A.1666648

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. STADLER, DAVID, , ,**

Mailing Address 2306 PACIFIC AVE

City  
MANHATTAN BEACH

State  
CA

Zip Code  
90266-2632

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.25

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 21 / 2019

Transaction ID : SA11A.1674559

Amount of Each Receipt this Period

12.50

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. STADLER, DAVID, , ,**

Mailing Address 2306 PACIFIC AVE

City  
MANHATTAN BEACH

State  
CA

Zip Code  
90266-2632

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

226.25

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 21 / 2019

Transaction ID : SA11A.1674649

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

72.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. STADLER, DAVID, , ,**

Mailing Address 2306 PACIFIC AVE

City  
MANHATTAN BEACH

State  
CA

Zip Code  
90266-2632

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2019

Transaction ID : SA11A.1676038

Amount of Each Receipt this Period

8.75

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. STADLER, DAVID, , ,**

Mailing Address 2306 PACIFIC AVE

City  
MANHATTAN BEACH

State  
CA

Zip Code  
90266-2632

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2019

Transaction ID : SA11A.1676506

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. STEARNS, WILLIS, , ,**

Mailing Address 19 WAKEMORE ST

City  
DARIEN

State  
CT

Zip Code  
06820-2411

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 15 / 2019

Transaction ID : SA11A.1671908

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

243.75



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. STEWART, PHYLLIS, , ,**

Mailing Address P.O. BOX 337

City  
GEORGE WEST

State  
TX

Zip Code  
78022-0337

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 15 / 2019

Transaction ID : SA11A.1671411

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. STONE, KATHERYNE, , ,**

Mailing Address 6717 LAKE SHORE DR.

City  
GARLAND

State  
TX

Zip Code  
75044-2043

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2019

Transaction ID : SA11A.1676617

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. STONE, ROGER, , ,**

Mailing Address 1033 SKOKIE BLVD  
310

City  
NORTHBROOK

State  
IL

Zip Code  
60062-4108

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 07 / 2019

Transaction ID : SA11A.1667766

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. STONE, ROGER, , ,**

Mailing Address 1033 SKOKIE BLVD  
310

City  
NORTHBROOK

State  
IL

Zip Code  
60062-4108

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 08 / 2019

Transaction ID : SA11A.1667767

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SUN, JESS, , ,**

Mailing Address P.O. BOX 33

City  
RUSHVILLE

State  
NE

Zip Code  
69360-0033

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
TRUCK DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

Transaction ID : SA11A.1664117

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SUN, JESS, , ,**

Mailing Address P.O. BOX 33

City  
RUSHVILLE

State  
NE

Zip Code  
69360-0033

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
TRUCK DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

Transaction ID : SA11A.1667511

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1125.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SUN, JESS, , ,**

Mailing Address P.O. BOX 33

City  
RUSHVILLE

State  
NE

Zip Code  
69360-0033

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
TRUCK DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 12 / 2019

**Transaction ID : SA11A.1670054**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SUN, JESS, , ,**

Mailing Address P.O. BOX 33

City  
RUSHVILLE

State  
NE

Zip Code  
69360-0033

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
TRUCK DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2019

**Transaction ID : SA11A.1676509**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SWARAT, PAUL, , ,**

Mailing Address 1477 W CHENNAULT AVE

City  
FRESNO

State  
CA

Zip Code  
93711-0515

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
AG SALES DESIGNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

273.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

**Transaction ID : SA11A.1665630**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

120.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SWARAT, PAUL, , ,

Mailing Address 1477 W CHENNAULT AVE

City  
FRESNOState  
CAZip Code  
93711-0515FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTEDOccupation (for Individual)  
AG SALES DESIGNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 08 / 2019

Transaction ID : SA11A.1666597

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SYPOLT, NANCY, , ,

Mailing Address 71 DEEP VALLEY LANE

City  
HENDERSONVILLEState  
NCZip Code  
28791-2800FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 12 / 2019

Transaction ID : SA11A.1668883

Amount of Each Receipt this Period

12.50

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SYPOLT, NANCY, , ,

Mailing Address 71 DEEP VALLEY LANE

City  
HENDERSONVILLEState  
NCZip Code  
28791-2800FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

206.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 12 / 2019

Transaction ID : SA11A.1669382

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

72.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SYPOLT, NANCY, , ,**

Mailing Address 71 DEEP VALLEY LANE

City  
HENDERSONVILLE

State  
NC

Zip Code  
28791-2800

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2019

Transaction ID : SA11A.1676027

Amount of Each Receipt this Period

6.25

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SYPOLT, NANCY, , ,**

Mailing Address 71 DEEP VALLEY LANE

City  
HENDERSONVILLE

State  
NC

Zip Code  
28791-2800

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2019

Transaction ID : SA11A.1676344

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. TANNER, BRETT, , ,**

Mailing Address 7713 BONAVENTURE DRIVE

City  
WILMINGTON

State  
NC

Zip Code  
28411-8745

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PINNACLE TRAILER SALES INC

Occupation (for Individual)  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 14 / 2019

Transaction ID : SA11A.1670307

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

281.25

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. TAYLOR, RUTH, , ,**

Mailing Address 800 W AZEELE ST  
APT 422

City  
TAMPA

State  
FL

Zip Code  
33606-2235

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 15 / 2019

Transaction ID : SA11A.1671897

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. TAYLOR, RUTH, , ,**

Mailing Address 800 W AZEELE ST  
APT 422

City  
TAMPA

State  
FL

Zip Code  
33606-2235

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 21 / 2019

Transaction ID : SA11A.1672186

Amount of Each Receipt this Period

150.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. TEAGUE, THOMAS, , ,**

Mailing Address 1239 CANE CREEK RD

City  
FLETCHER

State  
NC

Zip Code  
28732-9474

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 07 / 2019

Transaction ID : SA11A.1667761

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. TESSIER, HENRY, , ,**

Mailing Address 174 OVERBROOK RD

City  
WEST HARTFORD

State  
CT

Zip Code  
06107-3764

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 ▼

246.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 21 / 2019

Transaction ID : SA11A.1672181

Amount of Each Receipt this Period

60.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. TESSIER, HENRY, , ,**

Mailing Address 174 OVERBROOK RD

City  
WEST HARTFORD

State  
CT

Zip Code  
06107-3764

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 ▼

246.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 25 / 2019

Transaction ID : SA11A.1672434

Amount of Each Receipt this Period

65.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. THAYER, TOM, , ,**

Mailing Address P.O. BOX 1839

City  
DUNDEE

State  
FL

Zip Code  
33838-1839

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
CITRUS FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 08 / 2019

Transaction ID : SA11A.1667667

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

225.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 232 OF 285

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. THAYER, TOM, , ,**

Mailing Address P.O. BOX 1839

City  
DUNDEE

State  
FL

Zip Code  
33838-1839

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
CITRUS FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 19 / 2019

**Transaction ID : SA11A.1673727**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. THOMPSON, DOUGLAS, , ,**

Mailing Address 1803 MAIN ST  
APT 107

City  
OROVILLE

State  
WA

Zip Code  
98844-9842

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 11 / 2019

**Transaction ID : SA11A.1671165**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. TIBEREND, ROBERT, , ,**

Mailing Address 8240. URBAIN RD

City  
BENTON

State  
IL

Zip Code  
62812-4903

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

**Transaction ID : SA11A.1667729**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

850.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. TOOHEY, MARY, HOLLY, ,**

Mailing Address 144 E KNIGHTON PL

City  
ELMHURST

State  
IL

Zip Code  
60126-5102

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AMERICAN AIRLINES

Occupation (for Individual)  
FLIGHT ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

**Transaction ID : SA11A.1667730**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. TORRES, CHARLES, , ,**

Mailing Address 16280 LONDON CT

City  
RIVERSIDE

State  
CA

Zip Code  
92504-5751

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GOOD FOR LUFE

Occupation (for Individual)  
BAKET

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2019

**Transaction ID : SA11A.1678201**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. TRACY, BOBBIE, , ,**

Mailing Address 3800 SHAMROCK DR.

City  
CHARLOTTE

State  
NC

Zip Code  
28215-3220

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2019

**Transaction ID : SA11A.1670560**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 234 OF 285

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TRACY, BOBBIE, , ,

Mailing Address 3800 SHAMROCK DR.

City  
CHARLOTTEState  
NCZip Code  
28215-3220FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 25 / 2019

Transaction ID : SA11A.1672530

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TROIA, PHYLLIS, , ,

Mailing Address 627 LONG POND RD

City  
PLYMOUTHState  
MAZip Code  
02360-2619FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSMAOccupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 07 / 2019

Transaction ID : SA11A.1664555

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TROIA, PHYLLIS, , ,

Mailing Address 627 LONG POND RD

City  
PLYMOUTHState  
MAZip Code  
02360-2619FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSMAOccupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 14 / 2019

Transaction ID : SA11A.1669654

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 235 OF 285

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TROIA, PHYLLIS, , ,

Mailing Address 627 LONG POND RD

City  
PLYMOUTHState  
MAZip Code  
02360-2619FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSMAOccupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 19 / 2019

Transaction ID : SA11A.1673645

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TRUST, SUNSET, , ,

Mailing Address P.O. BOX 294316

City  
LEWISVILLEState  
TXZip Code  
75029-4316FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2019

Transaction ID : SA11A.1670700

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TRUST, SUNSET, , ,

Mailing Address P.O. BOX 294316

City  
LEWISVILLEState  
TXZip Code  
75029-4316FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 25 / 2019

Transaction ID : SA11A.1672483

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

335.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. TRUST, SUNSET, , ,**

Mailing Address P.O. BOX 294316

City  
LEWISVILLE

State  
TX

Zip Code  
75029-4316

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2019

Transaction ID : SA11A.1678023

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. TRUST, SUNSET, , ,**

Mailing Address P.O. BOX 294316

City  
LEWISVILLE

State  
TX

Zip Code  
75029-4316

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2019

Transaction ID : SA11A.1678024

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. TUDD, ELSIE, , ,**

Mailing Address 1255 HOLLISTER AVENUE

City  
SAN FRANCISCO

State  
CA

Zip Code  
94124-3246

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 09 / 2019

Transaction ID : SA11A.1664812

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

95.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. TUDD, ELSIE, , ,**

Mailing Address 1255 HOLLISTER AVENUE

City  
SAN FRANCISCO

State  
CA

Zip Code  
94124-3246

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2019

Transaction ID : SA11A.1676356

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. TUDD, ELSIE, , ,**

Mailing Address 1255 HOLLISTER AVENUE

City  
SAN FRANCISCO

State  
CA

Zip Code  
94124-3246

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2019

Transaction ID : SA11A.1676583

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. VAN METRE, CONSTANCE, , ,**

Mailing Address 14233 SE 153RD DR.

City  
CLACKAMAS

State  
OR

Zip Code  
97015-7639

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

Transaction ID : SA11A.1664138

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

**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 238 OF 285

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. VAN METRE, CONSTANCE, , ,**

Mailing Address 14233 SE 153RD DR.

City  
CLACKAMAS

State  
OR

Zip Code  
97015-7639

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 18 / 2019

**Transaction ID : SA11A.1673112**

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. VICKERS, HELEN, , ,**

Mailing Address 3033 SOUTH JOPLIN AVE

City  
TULSA

State  
OK

Zip Code  
74114-6433

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 12 / 2019

**Transaction ID : SA11A.1670055**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. VICKERS, HELEN, , ,**

Mailing Address 3033 SOUTH JOPLIN AVE

City  
TULSA

State  
OK

Zip Code  
74114-6433

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 12 / 2019

**Transaction ID : SA11A.1670241**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 239 OF 285

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VILLARREAL JR., OSCAR, , ,

Mailing Address 5603 BROADWAY

City  
SAN ANTONIOState  
TXZip Code  
78209-5719FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTEDOccupation (for Individual)  
DESIGNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2019

Transaction ID : SA11A.1676616

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VOEKS, J, , ,

Mailing Address 680 EMERALD POINTE DR.  
43592City  
HOLLISTERState  
MOZip Code  
65672-4847FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
STEWARTPETERSON GROUPINSPIREITYOccupation (for Individual)  
RISK MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 02 / 2019

Transaction ID : SA11A.1661104

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VOGEL, CLAUDETTE, D., ,

Mailing Address 2922 COMISTAS DRIVE

City  
WALNUT CREEKState  
CAZip Code  
94598-4554FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 03 / 2019

Transaction ID : SA11A.1661091

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

600.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VOGEL, CLAUDETTE, D., ,

Mailing Address 2922 COMISTAS DRIVE

City  
WALNUT CREEK

State  
CA

Zip Code  
94598-4554

FEC ID number of contributing  
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 / D D / Y Y Y Y Y Y  
02 / 18 / 2019

Transaction ID : SA11A.1673099

Amount of Each Receipt this Period

75.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VOGEL, CLAUDETTE, D., ,

Mailing Address 2922 COMISTAS DRIVE

City  
WALNUT CREEK

State  
CA

Zip Code  
94598-4554

FEC ID number of contributing  
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 / D D / Y Y Y Y Y Y  
02 / 28 / 2019

Transaction ID : SA11A.1678138

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WAGNER, CHARLOTTE, , ,

Mailing Address 1770 KING AVENUE

City  
NAPA

State  
CA

Zip Code  
94559-1565

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 21 / 2019

Transaction ID : SA11A.1674514

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

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  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WAGNER, MISTY, , ,

Mailing Address P.O. BOX 7307

City  
CUT AND SHOOT

State  
TX

Zip Code  
77306-0307

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SEPCO SEPTIC

Occupation (for Individual)  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 14 / 2019

Transaction ID : SA11A.1670308

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WAITS-FUENTES, DARLENE, , ,

Mailing Address 7861 E RITCHIE STREET

City  
LONG BEACH

State  
CA

Zip Code  
90808-3136

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 01 / 2019

Transaction ID : SA11A.1661063

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WAITS-FUENTES, DARLENE, , ,

Mailing Address 7861 E RITCHIE STREET

City  
LONG BEACH

State  
CA

Zip Code  
90808-3136

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 24 / 2019

Transaction ID : SA11A.1675404

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

385.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WAITS-FUENTES, DARLENE, , ,**

Mailing Address 7861 E RITCHIE STREET

City  
LONG BEACH

State  
CA

Zip Code  
90808-3136

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2019

Transaction ID : SA11A.1677825

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WAITS-FUENTES, DARLENE, , ,**

Mailing Address 7861 E RITCHIE STREET

City  
LONG BEACH

State  
CA

Zip Code  
90808-3136

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2019

Transaction ID : SA11A.1678139

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WALLACE, DEBRA, , ,**

Mailing Address P.O. BOX 197

City  
MIDLAND

State  
TX

Zip Code  
79702-0197

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

Transaction ID : SA11A.1667045

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WALLACE, DEBRA, , ,

Mailing Address P.O. BOX 197

City  
MIDLANDState  
TXZip Code  
79702-0197FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 07 / 2019

Transaction ID : SA11A.1667652

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WARD, BETH, , ,

Mailing Address 33 CLIFFHANGER POINTE SW

City  
CARTERSVILLEState  
GAZip Code  
30120-6079FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.75

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 04 / 2019

Transaction ID : SA11A.1662261

Amount of Each Receipt this Period

6.25

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WARD, BETH, , ,

Mailing Address 33 CLIFFHANGER POINTE SW

City  
CARTERSVILLEState  
GAZip Code  
30120-6079FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

208.75

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 05 / 2019

Transaction ID : SA11A.1662745

Amount of Each Receipt this Period

10.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

116.25

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WARD, BETH, , ,**

Mailing Address 33 CLIFFHANGER POINTE SW

City  
CARTERSVILLE

State  
GA

Zip Code  
30120-6079

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

**Transaction ID : SA11A.1663235**

Amount of Each Receipt this Period

20.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WARD, BETH, , ,**

Mailing Address 33 CLIFFHANGER POINTE SW

City  
CARTERSVILLE

State  
GA

Zip Code  
30120-6079

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2019

**Transaction ID : SA11A.1663501**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WARD, BETH, , ,**

Mailing Address 33 CLIFFHANGER POINTE SW

City  
CARTERSVILLE

State  
GA

Zip Code  
30120-6079

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

208.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 09 / 2019

**Transaction ID : SA11A.1664820**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WARD, BETH, , ,

Mailing Address 33 CLIFFHANGER POINTE SW

City  
CARTERSVILLEState  
GAZip Code  
30120-6079FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 18 / 2019

Transaction ID : SA11A.1673069

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WARD, BETH, , ,

Mailing Address 33 CLIFFHANGER POINTE SW

City  
CARTERSVILLEState  
GAZip Code  
30120-6079FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 25 / 2019

Transaction ID : SA11A.1675611

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WELLS, SHARON, , ,

Mailing Address 550 100TH AVE SE  
22City  
BELLEVUEState  
WAZip Code  
98004-6563FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NAFICY CENTEROccupation (for Individual)  
NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 01 / 2019

Transaction ID : SA11A.1660265

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

95.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WELLS, SHARON, , ,

Mailing Address 550 100TH AVE SE  
22City  
BELLEVUEState  
WAZip Code  
98004-6563FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NAFICY CENTEROccupation (for Individual)  
NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 05 / 2019

Transaction ID : SA11A.1665680

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WELLS, SHARON, , ,

Mailing Address 550 100TH AVE SE  
22City  
BELLEVUEState  
WAZip Code  
98004-6563FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NAFICY CENTEROccupation (for Individual)  
NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 12 / 2019

Transaction ID : SA11A.1670058

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WELLS, SHARON, , ,

Mailing Address 550 100TH AVE SE  
22City  
BELLEVUEState  
WAZip Code  
98004-6563FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NAFICY CENTEROccupation (for Individual)  
NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 27 / 2019

Transaction ID : SA11A.1676520

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

120.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WHITE, CARROL, , ,**

Mailing Address 1302 N BENJAMIN ST

City  
STILLWATER

State  
OK

Zip Code  
74075-5701

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2019

**Transaction ID : SA11A.1667521**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WHITE, TERESA, , ,**

Mailing Address 341 LAKELAND DR.

City  
HIGHLAND VILLAGE

State  
TX

Zip Code  
75077-6915

FEC ID number of contributing  
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 / D D / Y Y Y Y Y Y  
02 / 05 / 2019

**Transaction ID : SA11A.1667705**

Amount of Each Receipt this Period

125.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WHITE, TERESA, , ,**

Mailing Address 341 LAKELAND DR.

City  
HIGHLAND VILLAGE

State  
TX

Zip Code  
75077-6915

FEC ID number of contributing  
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 / D D / Y Y Y Y Y Y  
02 / 05 / 2019

**Transaction ID : SA11A.1667731**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

475.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WILKIN, JOHN, , ,

Mailing Address 1855 ODELL AVE

City  
DECATURState  
ILZip Code  
62526-9401FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTEDOccupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 19 / 2019

Transaction ID : SA11A.1671967

Amount of Each Receipt this Period

400.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WILLEFORD, TERRI, , ,

Mailing Address 13802 WILDSTONE CIRCLE

City  
SAN ANTONIOState  
TXZip Code  
78232-5908FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 05 / 2019

Transaction ID : SA11A.1667523

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WILLEFORD, TERRI, , ,

Mailing Address 13802 WILDSTONE CIRCLE

City  
SAN ANTONIOState  
TXZip Code  
78232-5908FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 09 / 2019

Transaction ID : SA11A.1667688

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

600.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 249 OF 285

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WILLEFORD, TERRI, , ,**

Mailing Address 13802 WILDSTONE CIRCLE

City  
SAN ANTONIO

State  
TX

Zip Code  
78232-5908

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 13 / 2019

Transaction ID : SA11A.1670259

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WILLIAMS, BARBARA, , ,**

Mailing Address 6247 DAW COLLINS RD.

City  
CLEVELAND

State  
TX

Zip Code  
77328-6707

FEC ID number of contributing  
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 / D D / Y Y Y Y Y Y  
02 / 15 / 2019

Transaction ID : SA11A.1671773

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WILLIAMS, BARBARA, , ,**

Mailing Address 6247 DAW COLLINS RD.

City  
CLEVELAND

State  
TX

Zip Code  
77328-6707

FEC ID number of contributing  
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 / D D / Y Y Y Y Y Y  
02 / 19 / 2019

Transaction ID : SA11A.1673652

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

185.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 250 OF 285

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WILLIAMS, BARBARA, , ,

Mailing Address 6247 DAW COLLINS RD.

City  
CLEVELANDState  
TXZip Code  
77328-6707FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 26 / 2019

Transaction ID : SA11A.1675844

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WILLS, ROBERT, , ,

Mailing Address 5221 S SCOUT ISLAND CIR

City  
AUSTINState  
TXZip Code  
78731-3378FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 25 / 2019

Transaction ID : SA11A.1672610

Amount of Each Receipt this Period

75.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WILLS, ROBERT, , ,

Mailing Address 5221 S SCOUT ISLAND CIR

City  
AUSTINState  
TXZip Code  
78731-3378FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 20 / 2019

Transaction ID : SA11A.1674381

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

175.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 251 OF 285

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WILLS, ROBERT, , ,

Mailing Address 5221 S SCOUT ISLAND CIR

City  
AUSTINState  
TXZip Code  
78731-3378FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2019

Transaction ID : SA11A.1676527

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WIRSING, MARY, ELLEN, ,

Mailing Address 7796 ANN HARBOR DRIVE

City

PORT TOBACCO

State

MD

Zip Code

20677-3109

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2019

Transaction ID : SA11A.1666297

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WIRSING, MARY, ELLEN, ,

Mailing Address 7796 ANN HARBOR DRIVE

City

PORT TOBACCO

State

MD

Zip Code

20677-3109

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

277.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2019

Transaction ID : SA11A.1666298

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

105.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 252 OF 285

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WIRSING, MARY, ELLEN, ,**

Mailing Address 7796 ANN HARBOR DRIVE

City  
PORT TOBACCOState  
MDZip Code  
20677-3109FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.50

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	14	/	2019

Transaction ID : SA11A.1668887

Amount of Each Receipt this Period

12.50

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WIRSING, MARY, ELLEN, ,**

Mailing Address 7796 ANN HARBOR DRIVE

City  
PORT TOBACCOState  
MDZip Code  
20677-3109FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.50

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	14	/	2019

Transaction ID : SA11A.1670143

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WIRSING, MARY, ELLEN, ,**

Mailing Address 7796 ANN HARBOR DRIVE

City  
PORT TOBACCOState  
MDZip Code  
20677-3109FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

277.50

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	28	/	2019

Transaction ID : SA11A.1677206

Amount of Each Receipt this Period

8.75

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

71.25

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WIRSING, MARY, ELLEN, ,**

Mailing Address 7796 ANN HARBOR DRIVE

City  
PORT TOBACCO

State  
MD

Zip Code  
20677-3109

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2019

Transaction ID : SA11A.1678035

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WIRT, CHARLES, R., ,**

Mailing Address 6175 NW 167 ST.  
G35

City  
HIALEAH

State  
FL

Zip Code  
33015-4339

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SOUTHEAST INSURANCE CENTER

Occupation (for Individual)  
SOUTHEAST INS CTR INC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 11 / 2019

Transaction ID : SA11A.1669991

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WIRT, CHARLES, R., ,**

Mailing Address 6175 NW 167 ST.  
G35

City  
HIALEAH

State  
FL

Zip Code  
33015-4339

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SOUTHEAST INSURANCE CENTER

Occupation (for Individual)  
SOUTHEAST INS CTR INC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 16 / 2019

Transaction ID : SA11A.1670290

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

185.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. YATES, CHUCK, , ,**

Mailing Address 6000 SULPHURIC WELL RD

City  
LEXINGTON

State  
KY

Zip Code  
40509-9412

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 09 / 2019

**Transaction ID : SA11A.1667343**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. YATES, CHUCK, , ,**

Mailing Address 6000 SULPHURIC WELL RD

City  
LEXINGTON

State  
KY

Zip Code  
40509-9412

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2019

**Transaction ID : SA11A.1667622**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. YATES, CHUCK, , ,**

Mailing Address 6000 SULPHURIC WELL RD

City  
LEXINGTON

State  
KY

Zip Code  
40509-9412

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 07 / 2019

**Transaction ID : SA11A.1667654**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 255 OF 285

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. YATES, THARLOTTE, , ,**

Mailing Address P.O. BOX 100

City  
ARTESIA

State  
NM

Zip Code  
88211-0100

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 19 / 2019

Transaction ID : SA11A.1671971

Amount of Each Receipt this Period

400.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ZEISLOFT, CHARLES, , ,**

Mailing Address 1699 CROWN POINT RD

City  
THOROFARE

State  
NJ

Zip Code  
08086-3215

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 21 / 2019

Transaction ID : SA11A.1672130

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ZERRUSEN, WILLIAM, , ,**

Mailing Address 902 WEST MAIN STREET

City  
TEUTOPOLIS

State  
IL

Zip Code  
62467-1329

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
THREE Z PRINTING

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 25 / 2019

Transaction ID : SA11A.1675649

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 256 OF 285

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ZIEMER, PATRICK, , ,**

Mailing Address 4006 NAPANEE RD

City  
LOUISVILLE

State  
KY

Zip Code  
40207-2030

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

MAGNA WAVE INC

Occupation (for Individual)

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 07 / 2019

Transaction ID : SA11A.1667743

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.**

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.00

84565.33



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 257 OF 285

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. CAMPAIGN SOLUTIONS**

Mailing Address 117 N SAINT ASAPH ST.

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1626.95

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 07 / 2019

Transaction ID : SA15.150373

Amount of Each Receipt this Period

593.25

☐ Memo Item

REFUND OF LIST RENTAL FEES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B.**

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

593.25

593.25

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 258 OF 285

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name (Last, First, Middle Initial)

**A. ALEXPROP LLC**

Mailing Address 9060 FIG STREET

City  
ARVADAState  
COZip Code  
80005Purpose of Disbursement  
RENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		27		2019

FEC Identification Number

**C****Transaction ID : SB21B.I1506I**

Amount of Each Disbursement this Period

1260.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BEST GUEST MEDIA**

Mailing Address P.O. BOX 3034

City  
WAYNEState  
NJZip Code  
07474Purpose of Disbursement  
PR SERVICES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		13		2019

FEC Identification Number

**C****Transaction ID : SB21B.I1506I**

Amount of Each Disbursement this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CAMPAIGN SOLUTIONS**

Mailing Address 117 N SAINT ASAPH ST.

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		13		2019

FEC Identification Number

**C****Transaction ID : SB21B.I1506I**

Amount of Each Disbursement this Period

4175.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8935.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 259 OF 285

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name (Last, First, Middle Initial)

**A. EDONATION**

Mailing Address 117 NORTH SAINT ASAPH ST

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
PAYMENT PROCESSING FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	1	9		

FEC Identification Number

**C****Transaction ID : SB21B.I15061**

Amount of Each Disbursement this Period

23702.87

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ELAVON, INC.**Mailing Address TWO CONCOURSE PARKWAY  
STE 800City  
ATLANTAState  
GAZip Code  
30328Purpose of Disbursement  
PAYMENT PROCESSING FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	7			2	0	1	9		

FEC Identification Number

**C****Transaction ID : SB21B.I15065**

Amount of Each Disbursement this Period

2225.16

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. OLYMPIC MEDIA LLC**Mailing Address 2402 POTOMAC AVE  
#102City  
ALEXANDRIAState  
VAZip Code  
22301Purpose of Disbursement  
FUNDRAISING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	1	9		

FEC Identification Number

**C****Transaction ID : SB21B.I1506**

Amount of Each Disbursement this Period

56.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

25984.03

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 260 OF 285

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name (Last, First, Middle Initial)

**A. PAC MANAGEMENT SERVICES LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		26		2019

Mailing Address 950 N WASHINGTON ST.  
STE 105City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
FEC COMPLIANCE SERVICES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.I1506f

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. POLITICAL LIST BROKERS, LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		27		2019

Mailing Address 107 S. WEST ST  
PMB 826City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
DATA SERVICES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.I1506f

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. POLITICAL.LAW**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		14		2019

Mailing Address 441 NORTH LEE STREET  
SUITE 300City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
LEGAL SERVICES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.I1506f

Amount of Each Disbursement this Period

2006.64

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

7506.64

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 261 OF 285

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name (Last, First, Middle Initial)

**A. POLITICAL.LAW**Mailing Address 441 NORTH LEE STREET  
SUITE 300City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
LEGAL SERVICES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	7			2	0	1	9		

FEC Identification Number

**C****Transaction ID : SB21B.I1506**

Amount of Each Disbursement this Period

6000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SAME DAY PROCESSING**

Mailing Address P.O. BOX 251382

City  
ST. PAULState  
MNZip Code  
55125Purpose of Disbursement  
CAGING AND PAYMENT PROCESSING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	3			2	0	1	9		

FEC Identification Number

**C****Transaction ID : SB21B.I1506**

Amount of Each Disbursement this Period

880.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ZENICA LLC**Mailing Address 25 HIGH STREET #507  
#507City  
PORTLANDState  
MEZip Code  
04101Purpose of Disbursement  
PR SERVICES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	1	9		

FEC Identification Number

**C****Transaction ID : SB21B.I1506**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8880.70

51306.37

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 262 OF 285

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name (Last, First, Middle Initial)

**A. ANAYA, ELIZABETH, C., ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		13		2019

Mailing Address 2179 SHADOW RIDGE WAY

City  
SAN JOSEState  
CAZip Code  
95138Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Category/  
TypeOffice 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:

FEC Identification Number

**C****Transaction ID : SB28A.I1505**

Amount of Each Disbursement this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ANAYA, ELIZABETH, C., ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		13		2019

Mailing Address 2179 SHADOW RIDGE WAY

City  
SAN JOSEState  
CAZip Code  
95138Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Category/  
TypeOffice 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:

FEC Identification Number

**C****Transaction ID : SB28A.I1505**

Amount of Each Disbursement this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ANAYA, ELIZABETH, C., ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		13		2019

Mailing Address 2179 SHADOW RIDGE WAY

City  
SAN JOSEState  
CAZip Code  
95138Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Category/  
TypeOffice 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:

FEC Identification Number

**C****Transaction ID : SB28A.I1505**

Amount of Each Disbursement this Period

35.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

105.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 263 OF 285

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name (Last, First, Middle Initial)

A. ANAYA, ELIZABETH, C., ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		13		2019

Mailing Address 2179 SHADOW RIDGE WAY

City  
SAN JOSEState  
CAZip Code  
95138Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Category/  
TypeOffice 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:

FEC Identification Number

C

Transaction ID : SB28A.I1505

Amount of Each Disbursement this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANAYA, ELIZABETH, C., ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		13		2019

Mailing Address 2179 SHADOW RIDGE WAY

City  
SAN JOSEState  
CAZip Code  
95138Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Category/  
TypeOffice 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:

FEC Identification Number

C

Transaction ID : SB28A.I1505

Amount of Each Disbursement this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANAYA, ELIZABETH, C., ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		13		2019

Mailing Address 2179 SHADOW RIDGE WAY

City  
SAN JOSEState  
CAZip Code  
95138Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Category/  
TypeOffice 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:

FEC Identification Number

C

Transaction ID : SB28A.I1505

Amount of Each Disbursement this Period

35.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

105.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 264 OF 285

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name (Last, First, Middle Initial)

**A. CANTRELL, LARRY, , ,**

Mailing Address 112 SOUTH LAKE EMORY DR.

City  
INMANState  
SCZip Code  
29349Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		12		2019

FEC Identification Number

**C****Transaction ID : SB28A.I1505**

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. GEMMER, JOHN, , ,**

Mailing Address 13719 N 560 E

City  
SYRACUSEState  
INZip Code  
46567Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		13		2019

FEC Identification Number

**C****Transaction ID : SB28A.I1504C**

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. GEMMER, JOHN, , ,**

Mailing Address 13719 N 560 E

City  
SYRACUSEState  
INZip Code  
46567Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		13		2019

FEC Identification Number

**C****Transaction ID : SB28A.I1504**

Amount of Each Disbursement this Period

100.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

450.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 265 OF 285

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name (Last, First, Middle Initial)

**A. GEMMER, JOHN, , ,**

Mailing Address 13719 N 560 E

City  
SYRACUSEState  
INZip Code  
46567Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	3			2	0	1	9		

FEC Identification Number

**C**

Transaction ID : SB28A.I1504'

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. GRAHAM, PHILIP, , ,**

Mailing Address 300 MILL RD

City  
HAVERTOWNState  
PAZip Code  
19083Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	3			2	0	1	9		

FEC Identification Number

**C**

Transaction ID : SB28A.I15043

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. GRAHAM, PHILIP, , ,**

Mailing Address 300 MILL RD

City  
HAVERTOWNState  
PAZip Code  
19083Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	3			2	0	1	9		

FEC Identification Number

**C**

Transaction ID : SB28A.I1504

Amount of Each Disbursement this Period

100.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

300.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 266 OF 285

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name (Last, First, Middle Initial)

**A. GRAHAM, PHILIP, , ,**

Mailing Address 300 MILL RD

City  
HAVERTOWNState  
PAZip Code  
19083Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		13		2019

FEC Identification Number

**C** **Transaction ID : SB28A.I1504**

Amount of Each Disbursement this Period

 100.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RAMSEY, LLOYD, , ,**

Mailing Address 3829 67AVE CT W

City  
TACOMAState  
WAZip Code  
98466Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		13		2019

FEC Identification Number

**C** **Transaction ID : SB28A.I1504**

Amount of Each Disbursement this Period

 100.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RAMSEY, LLOYD, , ,**

Mailing Address 3829 67AVE CT W

City  
TACOMAState  
WAZip Code  
98466Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		13		2019

FEC Identification Number

**C** **Transaction ID : SB28A.I1504**

Amount of Each Disbursement this Period

 100.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 300.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 267 OF 285

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name (Last, First, Middle Initial)

**A. RAMSEY, LLOYD, , ,**

Mailing Address 3829 67AVE CT W

City  
TACOMAState  
WAZip Code  
98466Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2019

FEC Identification Number

C

Transaction ID : SB28A.I1504'

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

100.00

1360.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 268 OF 285

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name (Last, First, Middle Initial)

**A. DELANO, JOSHUA, , ,**Mailing Address 1415 S. VOSS  
SUITE 110-329City  
HOUSTONState  
TXZip Code  
77057Purpose of Disbursement  
CAREY ACCT: MEDIA SERVICES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	5			2	0	1	9		

FEC Identification Number

**C****Transaction ID : SB29.I150390**

Amount of Each Disbursement this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DELANO, JOSHUA, , ,**Mailing Address 1415 S. VOSS  
SUITE 110-329City  
HOUSTONState  
TXZip Code  
77057Purpose of Disbursement  
CAREY ACCT: MEDIA SERVICES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				1	1		2	0	1	9		

FEC Identification Number

**C****Transaction ID : SB29.I150391**

Amount of Each Disbursement this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DELANO, JOSHUA, , ,**Mailing Address 1415 S. VOSS  
SUITE 110-329City  
HOUSTONState  
TXZip Code  
77057Purpose of Disbursement  
CAREY ACCT: MEDIA SERVICES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				1	9		2	0	1	9		

FEC Identification Number

**C****Transaction ID : SB29.I15039;**

Amount of Each Disbursement this Period

250.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

850.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 269 OF 285

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name (Last, First, Middle Initial)

**A. DELANO, JOSHUA, , ,**Mailing Address 1415 S. VOSS  
SUITE 110-329City  
HOUSTONState  
TXZip Code  
77057Purpose of Disbursement  
CAREY ACCT: MEDIA SERVICES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		25		2019

FEC Identification Number

**C****Transaction ID : SB29.I150393**

Amount of Each Disbursement this Period

270.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. HARVEY, TED, , ,**

Mailing Address 3010 WYECLIFF LANE

City  
HIGHLANDS RANCHState  
COZip Code  
80126Purpose of Disbursement  
CAREY ACCT: PAYROLL SEE TXN ID# SB29.I150378

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		14		2019

FEC Identification Number

**C****Transaction ID : SB29.I150379**

Amount of Each Disbursement this Period

2500.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. HARVEY, TED, , ,**

Mailing Address 3010 WYECLIFF LANE

City  
HIGHLANDS RANCHState  
COZip Code  
80126Purpose of Disbursement  
CAREY ACCT: PAYROLL SEE TXN ID# SB29.I150382

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		27		2019

FEC Identification Number

**C****Transaction ID : SB29.I150382**

Amount of Each Disbursement this Period

2500.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

270.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 270 OF 285

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name (Last, First, Middle Initial)

**A. WALTERS, SETH, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		14		2019

Mailing Address 7500 WOODSIDE LANE  
APT 24City  
LORTONState  
VAZip Code  
22079Purpose of Disbursement  
CAREY ACCT: PAYROLL SEE TXN ID# SB29.I150378

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB29.I150380**

Amount of Each Disbursement this Period

2625.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. WALTERS, SETH, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		27		2019

Mailing Address 7500 WOODSIDE LANE  
APT 24City  
LORTONState  
VAZip Code  
22079Purpose of Disbursement  
CAREY ACCT: PAYROLL SEE TXN ID# SB29.I150382

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB29.I150384**

Amount of Each Disbursement this Period

2625.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. ADOBE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		19		2019

Mailing Address 345 PARK AVENUE

City  
SAN JOSEState  
CAZip Code  
95110Purpose of Disbursement  
CAREY ACCT: SOFTWARE FEES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB29.I150381**

Amount of Each Disbursement this Period

20.99

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

20.99

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 271 OF 285

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name (Last, First, Middle Initial)

**A. ADOBE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		25		2019

Mailing Address 345 PARK AVENUE

FEC Identification Number

**C****Transaction ID : SB29.I150389**

Amount of Each Disbursement this Period

82.98

☐ Memo ItemCity  
SAN JOSEState  
CAZip Code  
95110Purpose of Disbursement  
CAREY ACCT: SOFTWARE FEES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. AMERICAN CONSERVATIVE UNION**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		08		2019

Mailing Address 201 N UNION STREET

FEC Identification Number

**C****Transaction ID : SB29.I150387**

Amount of Each Disbursement this Period

990.00

☐ Memo ItemCity  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
CAREY ACCT: REGISTRATION FEES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. DCXL INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		14		2019

Mailing Address 250 EXCHANGE PL  
# B

FEC Identification Number

**C****Transaction ID : SB29.I150371**

Amount of Each Disbursement this Period

7121.14

☐ Memo ItemCity  
HERNDONState  
VAZip Code  
20170Purpose of Disbursement  
CAREY ACCT: PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8194.12

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 272 OF 285

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

Full Name (Last, First, Middle Initial)

**A. DCXL INC**Mailing Address 250 EXCHANGE PL  
# BCity  
HERNDONState  
VAZip Code  
20170Purpose of Disbursement  
CAREY ACCT: PAYROLL PROCESSING FEES SEE TXN ID# SB29.I150378

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	1	9		

FEC Identification Number

**C****Transaction ID : SB29.I150381**

Amount of Each Disbursement this Period

1996.14

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. DCXL INC**Mailing Address 250 EXCHANGE PL  
# BCity  
HERNDONState  
VAZip Code  
20170Purpose of Disbursement  
CAREY ACCT: PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	7			2	0	1	9		

FEC Identification Number

**C****Transaction ID : SB29.I150382**

Amount of Each Disbursement this Period

7121.14

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DCXL INC**Mailing Address 250 EXCHANGE PL  
# BCity  
HERNDONState  
VAZip Code  
20170Purpose of Disbursement  
CAREY ACCT: PAYROLL PROCESSING FEES SEE TXN ID# SB29.I150382

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	7			2	0	1	9		

FEC Identification Number

**C****Transaction ID : SB29.I150381**

Amount of Each Disbursement this Period

1996.14

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

7121.14

**TOTAL** This Period (last page this line number only)..... ►

16456.25



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 273 OF 285  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>The Committee To Defend The President</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00544767</span> </div>
---	--

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>CAMPAIGN SOLUTIONS</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address <b>117 N SAINT ASAPH ST.</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">30000.00</div> <b>Transaction ID : SE24.149968</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>		
Purpose of Expenditure <b>ESTIMATED FEBRUARY LIST RENTAL FEES</b>		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>		
Name of Federal Candidate: <b>TRUMP, DONALD, J, ,</b>			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">905123.20</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>CAMPAIGN SOLUTIONS</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address <b>117 N SAINT ASAPH ST.</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">15000.00</div> <b>Transaction ID : SE24.149967</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>		
Purpose of Expenditure <b>ESTIMATED FEBRUARY ONLINE DISTRIBUTION COSTS</b>		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>		
Name of Federal Candidate: <b>TRUMP, DONALD, J, ,</b>			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">905123.20</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) <b>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]

Signature

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 274 OF 285  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>The Committee To Defend The President</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00544767</span> </div>
---	--

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>CAMPAIGN SOLUTIONS</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address <b>117 N SAINT ASAPH ST.</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">11000.00</div> <b>Transaction ID : SE24.149966</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>		
Purpose of Expenditure <b>ESTIMATED FEBRUARY ONLINE VOTER CONTACT</b>		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>		
Name of Federal Candidate: <b>TRUMP, DONALD, J, ,</b>			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">905123.20</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>CONNELL DONATELLI, INC.</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address <b>117 N SAINT ASAPH ST.</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2000.00</div> <b>Transaction ID : SE24.149969</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>		
Purpose of Expenditure <b>ESTIMATED FEBRUARY ONLINE VOTER CONTACT</b>		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>		
Name of Federal Candidate: <b>TRUMP, DONALD, J, ,</b>			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">905123.20</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	▶	0.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	▶	
(c) <b>TOTAL</b> 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

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 275 OF 285  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>The Committee To Defend The President</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00544767</span> </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> Amends report filed on <span style="margin-left: 20px;">MM / DD / YYYY</span>					
Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>FACEBOOK, INC.</b>				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <span>MM / DD / YYYY</span> </div>	
Mailing Address    1 HACKER WAY				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div>	
City MENLO PARK		State CA		Zip Code 94025	
Purpose of Expenditure ESTIMATED FEBRUARY ONLINE VOTER CONTACT				Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	
Name of Federal Candidate: TRUMP, DONALD, J, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">905123.20</span>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>RIGHT COUNTRY LISTS</b>				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <span>MM / DD / YYYY</span> </div>	
Mailing Address    117 N SAINT ASAPH ST.				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">20000.00</div>	
City ALEXANDRIA		State VA		Zip Code 22314	
Purpose of Expenditure ESTIMATED FEBRUARY ONLINE VOTER CONTACT				Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	
Name of Federal Candidate: TRUMP, DONALD, J, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">905123.20</span>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p><b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....</p> <p><b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....</p> <p><b>(c) TOTAL</b> Independent Expenditures .....</p> </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right; margin-bottom: 10px;">0.00</div> <div style="border: 1px solid black; padding: 2px; text-align: right; margin-bottom: 10px;"> </div> <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
BACKER, DAN, , , Signature				Date <span style="margin-left: 20px;">MM / DD / YYYY</span> <div style="display: flex; justify-content: space-around;"> <span>02</span> <span>01</span> <span>2019</span> </div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 276 OF 285  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>The Committee To Defend The President</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00544767       </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <div style="float: right; text-align: right;">           New report    Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> </div>			
Full Name of Payee <input checked="" type="checkbox"/> Memo Item <b>INFOCISION MANAGEMENT CORPORATION</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            02 / 01 / 2019         </div>	
Mailing Address P.O. BOX 932441		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           6000.00         </div>	
City CLEVELAND	State OH	Zip Code 44193	<b>Transaction ID : SE24.149971</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            02 / 01 / 2019         </div>
Purpose of Expenditure ESTIMATED FEBRUARY PHONE VOTER CONTACT		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	
Name of Federal Candidate: TRUMP, DONALD, J, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">905123.20</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input checked="" type="checkbox"/> Memo Item <b>RRTVMEDIA, LLC</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            02 / 01 / 2019         </div>	
Mailing Address 3948 3RD STREET S SUITE 18		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           10000.00         </div>	
City JACKSONVILLE BEACH	State FL	Zip Code 32250	<b>Transaction ID : SE24.149973</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            02 / 01 / 2019         </div>
Purpose of Expenditure ESTIMATED FEBRUARY TELEVISION ADVERTISING		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	
Name of Federal Candidate: TRUMP, DONALD, J, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">905123.20</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">         0.00       </div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">         0.00       </div>	
<b>(c) TOTAL</b> Independent Expenditures ..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">         0.00       </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
BACKER, DAN, , , Signature		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 02 / 01 / 2019	

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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 277 OF 285  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>The Committee To Defend The President</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00544767</span> </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> Amends report filed on <span style="margin-left: 20px;">MM / DD / YYYY</span>					
Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>CAMPAIGN HQ</b>				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <span>MM / DD / YYYY</span> </div>	
Mailing Address <span style="float: right;">P.O. BOX 257</span>				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">100000.00</div>	
City <b>BROOKLYN</b>		State <b>IA</b>		Zip Code <b>52211</b>	
Purpose of Expenditure <b>FEBRUARY PHONE VOTER CONTACT</b>				Transaction ID : <b>SE24.150148</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <span>MM / DD / YYYY</span> </div>	
Name of Federal Candidate: <b>TRUMP, DONALD, J, ,</b>				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="float: right;">905123.20</span>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>CAMPAIGN SOLUTIONS</b> SEE ESTIMATE TRANSACTION ID#SE24.149968				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <span>MM / DD / YYYY</span> </div>	
Mailing Address <span style="float: right;">117 N SAINT ASAPH ST.</span>				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">88476.96</div>	
City <b>ALEXANDRIA</b>		State <b>VA</b>		Zip Code <b>22314</b>	
Purpose of Expenditure <b>LIST RENTAL FEES</b>				Transaction ID : <b>SE24.150375</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <span>MM / DD / YYYY</span> </div>	
Name of Federal Candidate: <b>TRUMP, DONALD, J, ,</b>				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="float: right;">905123.20</span>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between;"> <div> <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....  <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....  <b>(c) TOTAL</b> Independent Expenditures .....         </div> <div style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right; margin-bottom: 10px;">188476.96</div> <div style="border: 1px solid black; padding: 2px; text-align: right; margin-bottom: 10px;"></div> <div style="border: 1px solid black; padding: 2px; text-align: right;"></div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
BACKER, DAN, , , Signature				Date <span style="float: right;">MM / DD / YYYY</span>	

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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 278 OF 285  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>The Committee To Defend The President</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00544767       </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <div style="float: right; text-align: right;">           New report    Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> </div>			
Full Name of Payee <input type="checkbox"/> Memo Item <b>CAMPAIGN SOLUTIONS</b> SEE ESTIMATE TRANSACTION ID# SE24.149579		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	
Mailing Address 117 N SAINT ASAPH ST.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">220.00</div>	
City ALEXANDRIA	State VA	Zip Code 22314	<b>Transaction ID : SE24.149979</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>
Purpose of Expenditure ONLINE DISTRIBUTION COSTS		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: TRUMP, DONALD, J, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">905123.20</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item <b>CAMPAIGN SOLUTIONS</b> SEE ESTIMATE TRANSACTION ID#SE24.149967		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	
Mailing Address 117 N SAINT ASAPH ST.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40809.79</div>	
City ALEXANDRIA	State VA	Zip Code 22314	<b>Transaction ID : SE24.150374</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>
Purpose of Expenditure ONLINE DISTRIBUTION COSTS		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: TRUMP, DONALD, J, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">905123.20</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">41029.79</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
BACKER, DAN, , , Signature		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 279 OF 285  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>The Committee To Defend The President</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00544767       </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b>		New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y         </div>	

  

Full Name of Payee <input type="checkbox"/> Memo Item <b>CAMPAIGN SOLUTIONS</b> SEE ESTIMATE TRANSACTION ID# SE24.149578		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y            01 / 02 / 2019         </div>	
Mailing Address 117 N SAINT ASAPH ST.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           8969.84         </div>	
City ALEXANDRIA	State VA	Zip Code 22314	<b>Transaction ID : SE24.149980</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y            02 / 06 / 2019         </div>
Purpose of Expenditure ONLINE VOTER CONTACT		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate: TRUMP, DONALD, J, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">           905123.20         </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

  

Full Name of Payee <input type="checkbox"/> Memo Item <b>CONNELL DONATELLI, INC.</b> SEE ESTIMATE TRANSACTION ID# SE24.149969		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y            02 / 01 / 2019         </div>	
Mailing Address 117 N SAINT ASAPH ST.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           5000.00         </div>	
City ALEXANDRIA	State VA	Zip Code 22314	<b>Transaction ID : SE24.149976</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y            02 / 01 / 2019         </div>
Purpose of Expenditure ONLINE VOTER CONTACT		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate: TRUMP, DONALD, J, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">           905123.20         </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

  

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">         13969.84       </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">         0000.00       </div>
<b>(c) TOTAL</b> Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">         13969.84       </div>

  

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

BACKER, DAN, , ,

Signature

*[Electronically Filed]*

Date 

M M / D D / Y Y Y Y Y Y  
 02 / 06 / 2019

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 280 OF 285  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>The Committee To Defend The President</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 2em; margin-right: 10px;">C</span> <span>C00544767</span> </div>
---	---

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>CONNELL DONATELLI, INC.</b> SEE ESTIMATE TRANSACTION ID# SE24.149969			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 117 N SAINT ASAPH ST.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5000.00</div>	
City ALEXANDRIA	State VA	Zip Code 22314	<b>Transaction ID : SE24.150376</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure ONLINE VOTER CONTACT		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>	
Name of Federal Candidate: TRUMP, DONALD, J, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item <b>CONNELL DONATELLI, INC.</b> SEE ESTIMATE TRANSACTION ID# SE24.149969			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 117 N SAINT ASAPH ST.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5000.00</div>	
City ALEXANDRIA	State VA	Zip Code 22314	<b>Transaction ID : SE24.150326</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure ONLINE VOTER CONTACT		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>	
Name of Federal Candidate: TRUMP, DONALD, J, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	10000.00
(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

M M /

D D /

Y Y Y Y Y Y

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 281 OF 285  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>The Committee To Defend The President</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00544767</span> </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item <b>RIGHT COUNTRY LISTS</b> OVERRUN OF BUDGET FOR TRANSACTION ID# SE24.149972			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div>	
Mailing Address <b>117 NORTH SAINT ASAPH STREET</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">25250.00</div>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	<b>Transaction ID : SE24.149977</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div>	
Purpose of Expenditure <b>ONLINE VOTER CONTACT</b>		Category/ Type	<div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div>	
Name of Federal Candidate: <b>TRUMP, DONALD, J, ,</b>			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item <b>RIGHT COUNTRY LISTS</b> OVERRUN OF BUDGET FOR TRANSACTION ID# SE24.149972			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div>	
Mailing Address <b>117 NORTH SAINT ASAPH STREET</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">25750.00</div>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	<b>Transaction ID : SE24.149978</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div>	
Purpose of Expenditure <b>ONLINE VOTER CONTACT</b>		Category/ Type	<div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div>	
Name of Federal Candidate: <b>TRUMP, DONALD, J, ,</b>			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; text-align: right;">51000.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

BACKER, DAN, , ,

[Electronically Filed]

Date

MM / DD / YYYY

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 282 OF 285  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>The Committee To Defend The President</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00544767	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report <input type="checkbox"/> Amends report filed on <input type="text" value="MM/DD/YYYY"/>	
Full Name of Payee <b>RIGHT COUNTRY LISTS</b> SEE ESTIMATE TRANSACTION ID# SE24.149972		Date of Public Distribution/Dissemination <input type="text" value="MM/DD/YYYY"/> 02 / 07 / 2019	
Mailing Address 117 NORTH SAINT ASAPH STREET		Amount <input type="text" value="7500.00"/>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : <b>SE24.149986</b> Date of Disbursement or Obligation <input type="text" value="MM/DD/YYYY"/> 02 / 07 / 2019
Purpose of Expenditure ONLINE VOTER CONTACT		Category/Type <input type="text"/>	
Name of Federal Candidate: TRUMP, DONALD, J, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="905123.20"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>CAMPAIGN HQ</b>		Date of Public Distribution/Dissemination <input type="text" value="MM/DD/YYYY"/> 01 / 28 / 2019	
Mailing Address P.O. BOX 257		Amount <input type="text" value="- 2296.09"/>	
City BROOKLYN	State IA	Zip Code 52211	Transaction ID : <b>SE24.150857</b> Date of Disbursement or Obligation <input type="text" value="MM/DD/YYYY"/> 02 / 28 / 2019
Purpose of Expenditure OVERPAYMENT ERROR, VOIDING TXN ID# SE24.149988 RELATED TO TXN ID# SE24.149937		Category/Type <input type="text"/>	
Name of Federal Candidate: TRUMP, DONALD, J, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="905123.20"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures .....		<input type="text" value="5203.91"/>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....		<input type="text"/>	
(c) TOTAL 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		Date <input type="text" value="MM/DD/YYYY"/> 02 / 07 / 2019 [Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 283 OF 285  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>The Committee To Defend The President</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00544767</span> </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <b>CAMPAIGN HQ</b> SEE ESTIMATE TRANSACTION ID# SE24.149937			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div>	
Mailing Address P.O. BOX 257			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2296.09</div>		
City BROOKLYN	State IA	Zip Code 52211	<b>Transaction ID : SE24.149988</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div>		
Purpose of Expenditure PHONE VOTER CONTACT		Category/ Type	<div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div>		
Name of Federal Candidate: TRUMP, DONALD, J, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>CAMPAIGN HQ</b> SEE ESTIMATE TRANSACTION ID# SE24.149937			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div>	
Mailing Address P.O. BOX 257			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">41604.25</div>		
City BROOKLYN	State IA	Zip Code 52211	<b>Transaction ID : SE24.149989</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div>		
Purpose of Expenditure PHONE VOTER CONTACT		Category/ Type	<div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div>		
Name of Federal Candidate: TRUMP, DONALD, J, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	43900.34
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

BACKER, DAN, , ,

[Electronically Filed]

Date

MM / DD / YYYY

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 284 OF 285  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>The Committee To Defend The President</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00544767</span> </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> Amends report filed on <span style="margin-left: 20px;">MM / DD / YYYY</span>					
Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>CAMPAIGN HQ</b> ESTIMATED FEBRUARY PHONE VOTER CONTACT				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div>	
Mailing Address <b>P.O. BOX 257</b>				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">50000.00</div>	
City <b>BROOKLYN</b>		State <b>IA</b>		Zip Code <b>52211</b>	
Purpose of Expenditure <b>PHONE VOTER CONTACT</b>				Transaction ID : <b>SE24.149990</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div>	
Name of Federal Candidate: <b>TRUMP, DONALD, J, ,</b>				Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">905123.20</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>CAMPAIGN HQ</b> OVERRUN OF TRANSACTION ID : SE24.149990				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div>	
Mailing Address <b>P.O. BOX 257</b>				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">40563.15</div>	
City <b>BROOKLYN</b>		State <b>IA</b>		Zip Code <b>52211</b>	
Purpose of Expenditure <b>PHONE VOTER CONTACT</b>				Transaction ID : <b>SE24.150147</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div>	
Name of Federal Candidate: <b>TRUMP, DONALD, J, ,</b>				Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">905123.20</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....         </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;">90563.15</div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....         </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> <b>(c) TOTAL</b> Independent Expenditures .....         </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
BACKER, DAN, , , Signature				Date <span style="margin-left: 20px;">MM / DD / YYYY</span> <div style="display: flex; justify-content: space-between;"> <span>02</span> <span>11</span> <span>2019</span> </div>	

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 285 OF 285  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>The Committee To Defend The President</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00544767         </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item <b>INFOCISION MANAGEMENT CORPORATION</b> SEE ESTIMATE TRANSACTION ID# SE24.149583			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            01 / 22 / 2019         </div>
Mailing Address P.O. BOX 932441			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           6.19         </div> <b>Transaction ID : SE24.149974</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            02 / 01 / 2019         </div>
City CLEVELAND	State OH	Zip Code 44193	
Purpose of Expenditure PHONE VOTER CONTACT		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose TRUMP, DONALD, J, ,			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">           905123.20         </div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>INFOCISION MANAGEMENT CORPORATION</b> SEE ESTIMATE TRANSACTION ID# SE24.136673			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            09 / 01 / 2018         </div>
Mailing Address P.O. BOX 932441			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           2572.00         </div> <b>Transaction ID : SE24.150377</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            02 / 14 / 2019         </div>
City CLEVELAND	State OH	Zip Code 44193	
Purpose of Expenditure PHONE VOTER CONTACT		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose TRUMP, DONALD, J, ,			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">           905123.20         </div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures .....	2578.19
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures .....	446722.18

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

BACKER, DAN, , ,

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
 02 / 01 / 2019