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

Schedule E)	FOR SE OF FORM 24/48			
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
The Committee To Defend The President	C C00544767			
	J. M. W.			
Check if 24-hour report 48-hour report New report Amends report filed on				
Full Name of Payee CAMPAIGN HQ	Date of Public Distribution/Dissemination			
	09 01 2017			
Mailing Address PO BOX 257	Amount			
City State Zip Code	1000.00			
BROOKLYN IA 52211	Transaction ID : SE24.105497 Date of Disbursement or Obligation			
Purpose of Expenditure ESTIMATED SEPTEMBER PHONE VOTER CONTACT  Category/ Type	09 / 01 / 2017			
	e Sought: House District:			
TRUMP, DONALD, J, ,	President Senate State:			
Calendar Year-To-Date Per Election for Office Sought  Disbut 2020	orsement For: Primary   ☐ General  ☐ Other (specify)   ☐			
Full Name of Payee Date of Public Distribution/Dissemination				
CAMPAIGN SOLUTIONS	09 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 117 N SAINT ASAPH ST	Amount			
City State Zip Code	55000.00			
ALEXANDRIA VA 22314	Transaction ID : SE24.105498 Date of Disbursement or Obligation			
Purpose of Expenditure ESTIMATED SEPTEMBER ONLINE VOTER CONTACT  Category/ Type	09 01 / 2017			
	e Sought: House District:			
TRUMP, DONALD, J, ,	President Senate State:			
Calendar Year-To-Date Per Election for Office Sought  Disbut 2020	ursement For: Primary   General  Other (specify) ▶			
	(			
(a) SUBTOTAL of Itemized Independent Expenditures				
(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.				
	8 30 2017			
Signature				

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 4 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
The Committee To Defend The President	C C00544767			
Check if 24-hour report				
Full Name of Payee CAMPAIGN SOLUTIONS	Date of Public Distribution/Dissemination  09 01 2017			
Mailing Address 117 N SAINT ASAPH ST	09 01 2017 Amount			
City State Zip Code	47000.00			
ALEXANDRIA VA 22314	Transaction ID : SE24.105499  Date of Disbursement or Obligation			
Purpose of Expenditure ESTIMATED SEPTEMBER ONLINE DISTRIBUTION COSTS  Category/ Type	09 / 01 / 2017			
Name of Federal Candidate Support Offic	ee Sought: House District:			
TRUMP, DONALD, J, , Oppose	President Senate State:			
Calendar Year-To-Date Per Election for Office Sought  Dist. 2020	oursement For: Primary General  Other (specify)			
Full Name of Payee	Date of Public Distribution/Dissemination			
CAMPAIGN SOLUTIONS	09 01 2017			
Mailing Address 117 N SAINT ASAPH ST	Amount			
City State Zip Code	62000.00			
ALEXANDRIA VA 22314	Transaction ID : SE24.105500  Date of Disbursement or Obligation			
Purpose of Expenditure ESTIMATED SEPTEMBER LIST RENTAL FEES  Category/ Type	09 / 01 / 2017			
Name of Federal Candidate Support Office	ce Sought: House District:			
TRUMP, DONALD, J, , Oppose	President Senate State:			
Calendar Year-To-Date Per Election for Office Sought  Dist 202	oursement For: Primary General  Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures	109000.00			
(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.				
	08 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
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## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	NOTIONES	PAGE 3 OF 4 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼	
The Committee To Defend The President		C C00544767	
Check if 24-hour report 48-hour report New report Amends report filed on			
Full Name of Payee CONNELL DONATELLI, INC.		Date of Public Distribution/Dissemination	
Mailing Address P.O. BOX 1877		09 01 2017 Amount	
		Amount	
City State	Zip Code	1000.00	
ALEXANDRIA VA	22313	Transaction ID : SE24.105501  Date of Disbursement or Obligation	
Purpose of Expenditure ESTIMATED SEPTEMBER ONLINE VOTER CONTACT	Category/ Type	09 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate	Support C	office Sought: House District:	
TRUMP, DONALD, J, ,	Oppose	✗   President     Senate   State:	
Calendar Year-To-Date		isbursement For: Primary X General	
Per Election for Office Sought	1828626.43	O20 Other (specify) •	
Full Name of Payee		Date of Public Distribution/Dissemination	
FACEBOOK, INC.		09 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 1 HACKER WAY		Amount	
		Amount	
City State	Zip Code	1000.00	
MENLO PARK CA	94025	Transaction ID: SE24.105502  Date of Disbursement or Obligation	
Purpose of Expenditure ESTIMATED SEPTEMBER ONLINE VOTER CONTACT	Category/ Type	09 01 2017	
Name of Federal Candidate	<b>✗</b> Support C	Office Sought: House District:	
TRUMP, DONALD, J, ,	Oppose	President Senate State:	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General 020	
		Other (specify) -	
(a) SUBTOTAL of Itemized Independent Expenditures	)	2000.00	
(b) SUBTOTAL of Unitemized Independent Expenditures	)		
(c) TOTAL Independent Expenditures	)		
Under penalty of perjury I certify that the independent expendit with, or at the request or suggestion of, any candidate or autho party committee) any political party committee or its agent.			
	ctronically Filed] Date	08 30 2017	
Signature			

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Sc	hedule E)	FOR SE OF FORM 24/48		
NAI TI	ME OF COMMITTEE (In Full) he Committee To Defend The President	FEC IDENTIFICATION NUMBER ▼  C C00544767		
Che	eck if 24-hour report 48-hour report New report Amends report filed	I on Man / Dab / Yayayay		
	Full Name of Payee INFOCISION MANAGEMENT CORPORATION	Date of Public Distribution/Dissemination  M M O O O O O O O O O O O O O O O O O		
	Mailing Address P.O. BOX 932441	Amount		
	City State Zip Code CLEVELAND OH 44193	25000.00  Transaction ID : SE24.105503  Date of Disbursement or Obligation		
	Purpose of Expenditure ESTIMATED SEPTEMBER PHONE VOTER CONTACT  Category/ Type	09 01 2017		
	TRUMP DONALD I	e Sought: House District:  President Senate State:		
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2020	ursement For: Primary   General  Other (specify) ▶		
	Full Name of Payee	Date of Public Distribution/Dissemination		
	Mailing Address	Amount		
	City State Zip Code	Date of Disbursement or Obligation		
	Purpose of Expenditure  Category/ Type	M M / D D / Y Y Y Y Y		
	Name of Federal Candidate  Support Offic Oppose	e Sought: House District:  President Senate State:		
	Calendar Year-To-Date Per Election for Office Sought  Disb	ursement For:		
(	(a) SUBTOTAL of Itemized Independent Expenditures	25000.00		
(	(b) SUBTOTAL of Unitemized Independent Expenditures			
(	(c) TOTAL Independent Expenditures	192000.00		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
	Backer, Dan, , , [Electronically Filed] Date	8 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		