

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

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

FOR LINE NUMBER: PAGE 43 OF 116

(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. 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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 10 / 2019

Transaction ID : SA11A.1631413

Amount of Each Receipt this Period

100.00

☐ 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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 29 / 2019

Transaction ID : SA11A.1637931

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

C. KRAMIEN, RICK, , ,

Mailing Address 17600 NE OLDS LN

City  
NEWBERG

State  
OR

Zip Code  
97132-6741

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  
01 / 15 / 2019

Transaction ID : SA11A.1640636

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