

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

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

FOR LINE NUMBER:
(check only one)

PAGE 489 OF 9413

☐ 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. ADKISSON, MARK, , ,

Mailing Address 5652 HUNT CLUB DR.

City
FONTANA

State
CA

Zip Code
92336-1135

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TOSHIBA AMERICA MEDICAL SYSTEMS

Occupation (for Individual)
IMAGING SUPPORT ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

12 / 09 / 2017

Transaction ID : SA17.1111425

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. ADKISSON, MARK, , ,

Mailing Address 5652 HUNT CLUB DR.

City
FONTANA

State
CA

Zip Code
92336-1135

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TOSHIBA AMERICA MEDICAL SYSTEMS

Occupation (for Individual)
IMAGING SUPPORT ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

07 / 05 / 2017

Transaction ID : SA17.973701

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. ADLEY, DONALD, , ,

Mailing Address 62 WATERSIDE LA

City
CLINTON

State
CT

Zip Code
06413-2141

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
ARCHITECTURAL DESIGNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

985.00

Date of Receipt

08 / 05 / 2017

Transaction ID : SA17.1005095

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

200.00