

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) 203 South Union Street
Ste 300
 Check if different than previously reported. (ACC) Alexandria VA 22314

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

C C00544767

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

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|---|--------------------------------------|---------------------------------------|--|
| <input checked="" type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

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:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> 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 01 / 02 / 2018 through M M M / D D D / Y Y Y Y Y Y 01 / 31 / 2018

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 11 / 26 / 2018

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

Office Use Only

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

The Committee To Defend The President

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text" value="1559332.27"/>	<input type="text" value="1559332.27"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1559332.27"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="305072.65"/>	<input type="text" value="305072.65"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1864404.92"/>	<input type="text" value="1864404.92"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="329737.45"/>	<input type="text" value="329737.45"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1534667.47"/>	<input type="text" value="1534667.47"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="16874.96"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

The Committee To Defend The President

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

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).....	5390.00	5390.00
(ii) Unitemized	50784.99	50784.99
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	56174.99	56174.99
(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)	56174.99	56174.99
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).....	1198.35	1198.35
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	247699.31	247699.31
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)).....▶	305072.65	305072.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	305072.65	305072.65

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1832.30	1832.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1832.30	1832.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	10000.00
24. Independent Expenditures (use Schedule E)	192807.58	192807.58
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	15093.00	15093.00
(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)).....	15093.00	15093.00
29. Other Disbursements (Including Non-Federal Donations).....	110004.57	110004.57
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)) ..	329737.45	329737.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	329737.45	329737.45

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)	56174.99	56174.99
34. Total Contribution Refunds (from Line 28(d))	15093.00	15093.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	41081.99	41081.99
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1832.30	1832.30
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1198.35	1198.35
38. Net Operating Expenditures (subtract Line 37 from Line 36)	633.95	633.95

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

Form/Schedule: F3XA
Transaction ID :

This report is amended to update cash on hand calculations from a previous amendment.

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 101
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. BULL, REED, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 232 FORECASTLE CT.
 City LEXINGTON State SC Zip Code 29072-8990
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00

Date of Receipt 01 / 05 / 2018
Transaction ID : SA11A.1125450
 Amount of Each Receipt this Period 240.00
 Memo Item CONTRIBUTION

B. CHAVEZ, KATHLEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 144 COTTONWOOD DR.
 City GRANTS State NM Zip Code 87020-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SLS NM Occupation (for Individual) MANAGING OWNER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt 01 / 12 / 2018
Transaction ID : SA11A.1125610
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

C. CHAVEZ, KATHLEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 144 COTTONWOOD DR.
 City GRANTS State NM Zip Code 87020-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SLS NM Occupation (for Individual) MANAGING OWNER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt 01 / 12 / 2018
Transaction ID : SA11A.1125612
 Amount of Each Receipt this Period 200.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	490.00
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 8 OF 101
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Committee To Defend The President

A. CHAVEZ, KATHLEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 144 COTTONWOOD DR.
 City GRANTS State NM Zip Code 87020-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SLS NM Occupation (for Individual) MANAGING OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 01 / 24 / 2018
Transaction ID : SA11A.1126191
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

B. DRANEY, JERALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4320 FOREST HILL DRIVE 237
 City FAIRFAX State VA Zip Code 22030-5766
 FEC ID number of contributing 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 01 / 19 / 2018
Transaction ID : SA11A.1126012
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

C. GRIEVE, GILBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) SELF Occupation (for Individual) CONCOURSE BODY SHOP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 26 / 2018
Transaction ID : SA11A.1126367
 Amount of Each Receipt this Period 500.00
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 101
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. KELLY, PHILLIP, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 730 GOLF VIEW DR.
 City JACKSON State AL Zip Code 36545-3230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GEORGIC PACIFIC Occupation (for Individual) ENGINEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 01 / 26 / 2018
Transaction ID : SA11A.1126217
 Amount of Each Receipt this Period 375.00
 Memo Item
 CONTRIBUTION

B. KENNEDY, GERALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5707 EAST 32ND ST BOX1243
 City YUMA State AZ Zip Code 85365-1278
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 26 / 2018
Transaction ID : SA11A.1126469
 Amount of Each Receipt this Period 300.00
 Memo Item
 CONTRIBUTION

C. MARTIN, SHIRLEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1373 FLANAGAN DR.
 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 ▼ 250.00

Date of Receipt 01 / 19 / 2018
Transaction ID : SA11A.1126019
 Amount of Each Receipt this Period 200.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	875.00
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 10 OF 101
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. MILLER, DALE W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6311 CLAIR DR.
 City HUNTINGDON State PA Zip Code 16652-8505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 26 / 2018
Transaction ID : SA11A.1126398
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. PARRIOTT, FOSTER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 WESTERLY LN
 City SAINT LOUIS State MO Zip Code 63124-1747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) PARR LLC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 26 / 2018
Transaction ID : SA11A.1126341
 Amount of Each Receipt this Period
 200.00
 Memo Item
 CONTRIBUTION

C. RATH, EUNICE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1720 E LAWN DR.
 City SAVANNA State IL Zip Code 61074-1810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 24 / 2018
Transaction ID : SA11A.1126160
 Amount of Each Receipt this Period
 300.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	750.00
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 11 OF 101
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Committee To Defend The President

A. SCHALLER, ROGER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8210 LAKESHORE RD.
 City BURTCHVILLE State MI Zip Code 48059-1324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 05 / 2018
Transaction ID : SA11A.1125458
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

B. SELICH, JUDITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 358
 City SOUTH BEACH State OR Zip Code 97366-0358
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 3250.00

Date of Receipt 01 / 12 / 2018
Transaction ID : SA11A.1125729
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

C. SELICH, JUDITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 358
 City SOUTH BEACH State OR Zip Code 97366-0358
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 3250.00

Date of Receipt 01 / 31 / 2018
Transaction ID : SA11A.1126591
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 OF 101
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WHEELAND, ALICE, , ,

Mailing Address **4181 WILLIAMSON TRL**

City LIBERTY	State PA	Zip Code 16930-9167
------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) SECETARLY ACCT	Occupation (for Individual) SELF EMPLOYED
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
01 / 19 / 2018

Transaction ID : SA11A.1125949

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

Mailing Address **4181 WILLIAMSON TRL**

City LIBERTY	State PA	Zip Code 16930-9167
------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) SECETARLY ACCT	Occupation (for Individual) SELF EMPLOYED
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
01 / 31 / 2018

Transaction ID : SA11A.1126557

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1100.00
TOTAL This Period (last page this line number only).....	5390.00

**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 13 OF 101
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" 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

A. EDONATION

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

Mailing Address 117 NORTH 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 ▼
1198.35

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		18		2018

Transaction ID : SA15.113421

Amount of Each Receipt this Period
329.40

Memo Item
REFUND OF LIST RENTAL FEES

B. EDONATION

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

Mailing Address 117 NORTH 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 ▼
1198.35

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		18		2018

Transaction ID : SA15.113422

Amount of Each Receipt this Period
868.95

Memo Item
REFUND OF LIST RENTAL FEES

C.

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1198.35
TOTAL This Period (last page this line number only).....	1198.35

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 101
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
The Committee To Defend The President

A. AINLEY, PAT, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O BOX 3908

City CRESTLINE	State CA	Zip Code 92325-3908
-------------------	-------------	------------------------

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

Name of Employer (for Individual) AINLEY ENTERPRISES LLC	Occupation (for Individual) PROPERTY MANAGEMENT
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	04	/	2018

Transaction ID : SA17.1113284

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address P O BOX 3908

City CRESTLINE	State CA	Zip Code 92325-3908
-------------------	-------------	------------------------

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

Name of Employer (for Individual) AINLEY ENTERPRISES LLC	Occupation (for Individual) PROPERTY MANAGEMENT
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2018

Transaction ID : SA17.1113285

Amount of Each Receipt this Period
75.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address P O BOX 3908

City CRESTLINE	State CA	Zip Code 92325-3908
-------------------	-------------	------------------------

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

Name of Employer (for Individual) AINLEY ENTERPRISES LLC	Occupation (for Individual) PROPERTY MANAGEMENT
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	15	/	2018

Transaction ID : SA17.1113286

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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: (check only one)	PAGE 15 OF 101
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Committee To Defend The President

A. AINLEY, PAT, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O BOX 3908

City CRESTLINE	State CA	Zip Code 92325-3908
-------------------	-------------	------------------------

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

Name of Employer (for Individual) AINLEY ENTERPRISES LLC	Occupation (for Individual) PROPERTY MANAGEMENT
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	13	/	2018

Transaction ID : SA17.1113287

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address P O BOX 3908

City CRESTLINE	State CA	Zip Code 92325-3908
-------------------	-------------	------------------------

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

Name of Employer (for Individual) AINLEY ENTERPRISES LLC	Occupation (for Individual) PROPERTY MANAGEMENT
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	18	/	2018

Transaction ID : SA17.1113288

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 845 12TH STREET WEST

City BILLINGS	State MT	Zip Code 59106-
------------------	-------------	--------------------

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

Name of Employer (for Individual) BALLARD PETROLEUM HOLDINGS LLC	Occupation (for Individual) OIL & GAS E & P
---	--

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
01	/	31	/	2018

Transaction ID : SA17.1113785

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 101
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Committee To Defend The President

A. BALLARD, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 845 12TH STREET WEST
 City BILLINGS State MT Zip Code 59106-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BALLARD PETROLEUM HOLDINGS LLC Occupation (for Individual) OIL & GAS E& P
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00

Date of Receipt **01 / 19 / 2018**
Transaction ID : SA17.1113787
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. BALLARD, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 845 12TH STREET WEST
 City BILLINGS State MT Zip Code 59106-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BALLARD PETROLEUM HOLDINGS LLC Occupation (for Individual) OIL & GAS E& P
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00

Date of Receipt **01 / 24 / 2018**
Transaction ID : SA17.1113788
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. BARKER, VALERIE J., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13771 N. FOUNTAIN HILLS BLVD. 114-310
 City FOUNTAIN HILLS State AZ Zip Code 85268-3762
 FEC ID number of contributing 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 **01 / 02 / 2018**
Transaction ID : SA17.1113822
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

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) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 101
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Committee To Defend The President

A. BENNETT, LYNNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 581 BUCKEYE COURT
 City SANTA ROSA State CA Zip Code 95409-5926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MYSELF Occupation (for Individual) BUSINESS OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 05 / 2018**
Transaction ID : SA17.1114057
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. BRATTON, JOE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 878
 City ODESSA State FL Zip Code 33556-0878
 FEC ID number of contributing 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 **01 / 29 / 2018**
Transaction ID : SA17.1114499
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. BRENNAN, EDWARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19669 GLEEDSVILLE RD
 City LEESBURG State VA Zip Code 20175-8848
 FEC ID number of contributing 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 **01 / 04 / 2018**
Transaction ID : SA17.1114511
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	750.00
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 18 OF 101
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Committee To Defend The President

A. BRITT, HENRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) MGR
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 05 / 2018
Transaction ID : SA17.1114548

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. BRITT, HENRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) MGR
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 05 / 2018
Transaction ID : SA17.1114549

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. BRYANT, VERNON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1712 CARLETON AVE.

City FORT WORTH	State TX	Zip Code 76107-3858
--------------------	-------------	------------------------

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

Name of Employer (for Individual) SOUTHWEST BANK FORT WORTH	Occupation (for Individual) BANKER
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 05 / 2018
Transaction ID : SA17.1114671

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	1100.00
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 19 OF 101
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Committee To Defend The President

A. BURKETT, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18124 WEDGE PARKWAY
 509
 City RENO State NV Zip Code 89511-8134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SNOASPEN INSURANCE GROUP, INC. Occupation (for Individual) INSURANCE BROKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 05 / 2018**
Transaction ID : SA17.1113388
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. CALI, JOANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5419 HOLLYWOOD BLVD
 C814
 City LOS ANGELES State CA Zip Code 90027-3480
 FEC ID number of contributing 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 **01 / 30 / 2018**
Transaction ID : SA17.1114844
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. CALI, JOANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5419 HOLLYWOOD BLVD
 C814
 City LOS ANGELES State CA Zip Code 90027-3480
 FEC ID number of contributing 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 **01 / 25 / 2018**
Transaction ID : SA17.1114845
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

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		FOR LINE NUMBER: (check only one)	PAGE 20 OF 101
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Committee To Defend The President

A. CARTER, CHRIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3881 QUARRY MOUNTAIN RD
 City PARK CITY State UT Zip Code 84098-6617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HELMS DEEP CAPITAL Occupation (for Individual) BANKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 05 / 2018
Transaction ID : SA17.1114998
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. CARTER, CHRIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3881 QUARRY MOUNTAIN RD
 City PARK CITY State UT Zip Code 84098-6617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HELMS DEEP CAPITAL Occupation (for Individual) BANKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 05 / 2018
Transaction ID : SA17.1115001
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. CAWLEY, PATRICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6719 MYRTLE AVE
 City RIDGEWOOD State NY Zip Code 11385-7056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 05 / 2018
Transaction ID : SA17.1115051
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	800.00
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 21 OF 101
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Committee To Defend The President

A. COOPER, GARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 05 / 2018
Transaction ID : SA17.1115464
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. COSTELLO, MARGARET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 1252
 City CARMEL State CA Zip Code 93921-1252
 FEC ID number of contributing 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 01 / 05 / 2018
Transaction ID : SA17.1115520
 Amount of Each Receipt this Period 500.00
 Memo Item
CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. CRAIG, JENNY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11601 WILSHIRE BLVD STE 1840
 City LOS ANGELES State CA Zip Code 90025-1754
 FEC ID number of contributing 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 01 / 31 / 2018
Transaction ID : SA17.1115568
 Amount of Each Receipt this Period 1000.00
 Memo Item
CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	1750.00
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 22 OF 101
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Committee To Defend The President

A. CRUNK, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6108 PLEASANT WATER LANE
 City BRENTWOOD State TN Zip Code 37027-6213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RJYOUNG CO. Occupation (for Individual) RJYOUNG CO.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 01 / 02 / 2018
Transaction ID : SA17.1115657
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. CUMMINS, BOB, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 650 N LINCOLN ST
 City SPRING HILL State KS Zip Code 66083-8356
 FEC ID number of contributing 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
 01 / 16 / 2018
Transaction ID : SA17.1115690
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. DAVIS, CHRISTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 250.00

Date of Receipt
 01 / 05 / 2018
Transaction ID : SA17.1115837
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	1250.00
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 23 OF 101
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Committee To Defend The President

A. DEANGELO, OSMANY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20975 SW 220TH ST
 City MIAMI State FL Zip Code 33170-1019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 17 / 2018**
Transaction ID : SA17.1115877
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. DILL, JOYCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3725 WEST CENTER ST
 City CINCINNATI State OH Zip Code 45227-4446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 05 / 2018**
Transaction ID : SA17.1116038
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. DRANEY, JERALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4320 FOREST HILL DRIVE 237
 City FAIRFAX State VA Zip Code 22030-5766
 FEC ID number of contributing 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 **01 / 06 / 2018**
Transaction ID : SA17.1116166
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	550.00
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 24 OF 101
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Committee To Defend The President

A. DRANEY, JERALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4320 FOREST HILL DRIVE
 237
 City FAIRFAX State VA Zip Code 22030-5766
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2018
Transaction ID : SA17.1116167
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. DRANEY, JERALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4320 FOREST HILL DRIVE
 237
 City FAIRFAX State VA Zip Code 22030-5766
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 07 / 2018
Transaction ID : SA17.1116168
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. FERNANDEZ, MARTA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 05 / 2018
Transaction ID : SA17.1116622
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

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		FOR LINE NUMBER: (check only one)	PAGE 25 OF 101
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Committee To Defend The President

A. FORD, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5585 CENTER ST
 City JUPITER State FL Zip Code 33458-3941
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PALM BEACH CAST STONE INC Occupation (for Individual) SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 31 / 2018**
Transaction ID : SA17.1116764
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. FUNGHINI, STEVE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27304 CALLE PALO
 City SUN CITY State CA Zip Code 92586-4507
 FEC ID number of contributing 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 **01 / 15 / 2018**
Transaction ID : SA17.1116942
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. FUNGHINI, STEVE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27304 CALLE PALO
 City SUN CITY State CA Zip Code 92586-4507
 FEC ID number of contributing 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 **01 / 20 / 2018**
Transaction ID : SA17.1116943
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

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) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 101
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Committee To Defend The President

A. FUNGHINI, STEVE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27304 CALLE PALO
 City SUN CITY State CA Zip Code 92586-4507
 FEC ID number of contributing 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 **01 / 28 / 2018**
Transaction ID : SA17.1116944
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. FUNGHINI, STEVE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27304 CALLE PALO
 City SUN CITY State CA Zip Code 92586-4507
 FEC ID number of contributing 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 **01 / 05 / 2018**
Transaction ID : SA17.1116945
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. GAMBLE, KENNETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt **01 / 05 / 2018**
Transaction ID : SA17.1116994
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 101
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Committee To Defend The President

A. GAMBLE, KENNETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 05 / 2018
Transaction ID : SA17.1116995
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. GAMBLE, KENNETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 21 / 2018
Transaction ID : SA17.1116996
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. HIATT, NANCY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9293 POPLAR AVE.
 339
 City GERMANTOWN State TN Zip Code 38138-7921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 11 / 2018
Transaction ID : SA17.1117973
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	1050.00
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 28 OF 101
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" 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. HIATT, NANCY, , ,		Date of Receipt
Mailing Address 9293 POPLAR AVE. 339		<input type="text" value="01"/> / <input type="text" value="05"/> / <input type="text" value="2018"/>
City GERMANTOWN	State TN	Zip Code 38138-7921
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.1117974
Name of Employer (for Individual) RETIRED		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation (for Individual) RETIRED		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. HIATT, NANCY, , ,		Date of Receipt
Mailing Address 9293 POPLAR AVE. 339		<input type="text" value="01"/> / <input type="text" value="21"/> / <input type="text" value="2018"/>
City GERMANTOWN	State TN	Zip Code 38138-7921
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.1117975
Name of Employer (for Individual) RETIRED		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation (for Individual) RETIRED		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. HOPPE, DARYL, , ,		Date of Receipt
Mailing Address 1329 EAST PARK		<input type="text" value="01"/> / <input type="text" value="18"/> / <input type="text" value="2018"/>
City GRANTS PASS	State OR	Zip Code 97527-4920
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.1118150
Name of Employer (for Individual) SELF EMPLOYED		Amount of Each Receipt this Period <input type="text" value="300.00"/>
Occupation (for Individual) GLASS GLASER		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="500.00"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 101
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Committee To Defend The President

A. JONES, IRVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address BOX 491
 City LOVINGSTON State VA Zip Code 22949-0491
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DATASOLUTIONSCORP (DSC) DSCINV.COM Occupation (for Individual) CORPORATE CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 05 / 2018
Transaction ID : SA17.1118636
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. KEINATH, WARREN, C., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 RAVENS POINTE DR.
 City LAKE SAINT LOUIS State MO Zip Code 63367-2238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 05 / 2018
Transaction ID : SA17.1118766
 Amount of Each Receipt this Period
 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. KEINATH, WARREN, C., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 RAVENS POINTE DR.
 City LAKE SAINT LOUIS State MO Zip Code 63367-2238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 05 / 2018
Transaction ID : SA17.1118767
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	525.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 101
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Committee To Defend The President

A. KIRK, ROGER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1140 BIMINI LANE
 City SINGER ISLAND State FL Zip Code 33404-2706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ADS Occupation (for Individual) CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 05 / 2018**
Transaction ID : SA17.1118914
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. KORNEGAY, GARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 841285
 City HOUSTON State TX Zip Code 77284-1285
 FEC ID number of contributing 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 **01 / 11 / 2018**
Transaction ID : SA17.1118551
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. KUMMER, KEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27281 LAKEWAY CT.
 City BONITA SPRINGS State FL Zip Code 34134-8701
 FEC ID number of contributing 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 **01 / 05 / 2018**
Transaction ID : SA17.1118990
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	750.00
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 31 OF 101
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Committee To Defend The President

A. LANE, CATHARINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 9595
 City AMARILLO State TX Zip Code 79105-9595
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CATHARINE LANE Occupation (for Individual) SELF-EMPLOYED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **01 / 13 / 2018**
Transaction ID : SA17.1119223
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. LAUGHLIN, SANDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address BOX 769
 City PEBBLE BEACH State CA Zip Code 93953-0769
 FEC ID number of contributing 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 **01 / 31 / 2018**
Transaction ID : SA17.1119292
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. LAWSON, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2301 SPANISH RIVER RD
 City BOCA RATON State FL Zip Code 33432-8515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LAWSON GROUP LLC Occupation (for Individual) CONSULTANT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 05 / 2018**
Transaction ID : SA17.1119195
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	1750.00
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 32 OF 101
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Committee To Defend The President

A. LEAVITT, DENNIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 229 LAS VEGAS BLVD DI
 City LAS VEGAS State NV Zip Code 89101-5720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LEAVITT LAW FIRM Occupation (for Individual) LAWYER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 05 / 2018**
Transaction ID : SA17.1119122
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. LIEBER, CLARENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 224 INDIANA P.O. BOX 3268
 City WICHITA State KS Zip Code 67214-4033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WASHER SPECIALTIES CO. Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **01 / 10 / 2018**
Transaction ID : SA17.1119482
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. LOGAN, ALEXANDER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 1489
 City SANIBEL State FL Zip Code 33957-1489
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED--A SCOTT LOGAN JD, LLM(T) Occupation (for Individual) FINANCIAL PLANNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 21 / 2018**
Transaction ID : SA17.1119563
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

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: (check only one)	PAGE 33 OF 101
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
The Committee To Defend The President

A. MARTIN, SHIRLEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1373 FLANAGAN DR.
 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 ▼ 250.00

Date of Receipt **01 / 18 / 2018**
Transaction ID : SA17.1119949
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MATHEWS, GILBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 911
 City BURNSVILLE State MN Zip Code 55337-0911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **01 / 30 / 2018**
Transaction ID : SA17.1119995
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MEAD, GARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8302 CR 6945
 City LUBBOCK State TX Zip Code 79407-5751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1025.00

Date of Receipt **01 / 05 / 2018**
Transaction ID : SA17.1120263
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	575.00
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 34 OF 101
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Committee To Defend The President

A. MEAD, GARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8302 CR 6945

City LUBBOCK	State TX	Zip Code 79407-5751
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1025.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2018
Transaction ID : SA17.1120264

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. MEADOWS, GILBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 807 CONTOUR DR.

City SAN ANTONIO	State TX	Zip Code 78212-1703
---------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) PHYSICIAN
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2018
Transaction ID : SA17.1120268

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. MOCK, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 118 ADLIN AVE

City HOUSTON	State PA	Zip Code 15342-
-----------------	-------------	--------------------

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

Name of Employer (for Individual) LAUREL SAND AND STONE	Occupation (for Individual) VP
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 05 / 2018
Transaction ID : SA17.1120517

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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: (check only one)	PAGE 35 OF 101
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Committee To Defend The President

A. MORTON, BILL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2801 CANTERBURY ROAD
 City BIRMINGHAM State AL Zip Code 35223-1201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ROBINS & MORTON Occupation (for Individual) COMMERCIAL BUILDER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 20 / 2018**
Transaction ID : SA17.1119440
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MUNSON, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5128 BROOKVIEW DRIVE
 City DALLAS State TX Zip Code 75220-2206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 05 / 2018**
Transaction ID : SA17.1120722
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. NAEGELE, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4300 BAKER ROAD
 City HOPKINS State MN Zip Code 55343-8600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RESTAURANTS NO LIMIT INC. Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **01 / 11 / 2018**
Transaction ID : SA17.1120824
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

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		FOR LINE NUMBER: (check only one)	PAGE 36 OF 101
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Committee To Defend The President

A. NAEGELE, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4300 BAKER ROAD
 City HOPKINS State MN Zip Code 55343-8600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RESTAURANTS NO LIMIT INC. Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 01 / 04 / 2018
Transaction ID : SA17.1120825
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. OSBORNE, LOLA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 570 RANCHEROS RD #100
 City SAN MARCOS State CA Zip Code 92069-2938
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 01 / 22 / 2018
Transaction ID : SA17.1121192
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT; REFUNDED \$250.00 ON 01/22/2018

C. PABIS, BARBARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 N LAKE CIRCLE
 City WHITE PLAINS State NY Zip Code 10605-4200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ECCLESIA, LTD Occupation (for Individual) EXECUTIVE DIRECTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 05 / 2018
Transaction ID : SA17.1121234
 Amount of Each Receipt this Period 300.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	800.00
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 37 OF 101
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Committee To Defend The President

A. PARRIOTT, FOSTER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 WESTERLY LN
 City SAINT LOUIS State MO Zip Code 63124-1747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) PARR LLC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 05 / 2018**
Transaction ID : SA17.1121340
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. PENDERGAST, JAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1170 UPLAND WAY
 City CUPERTINO State CA Zip Code 95014-
 FEC ID number of contributing 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 **01 / 31 / 2018**
Transaction ID : SA17.1121082
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. RAHN, NOEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7119 ANTRIM CT.
 City MINNEAPOLIS State MN Zip Code 55439-1702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GERONIMO ENERGY Occupation (for Individual) ALTERNATIVE ENERGIES.
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 05 / 2018**
Transaction ID : SA17.1121881
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	1300.00
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 38 OF 101
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Committee To Defend The President

A. ROEL, LAWRENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 131 CRAGMOOR DR.
 City ROEBUCK State SC Zip Code 29376-3508
 FEC ID number of contributing 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 **01 / 17 / 2018**
Transaction ID : SA17.1122279
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. ROTEN, BETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17342 FOUNTAIN MIST
 City SAN ANTONIO State TX Zip Code 78248-1929
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **01 / 26 / 2018**
Transaction ID : SA17.1122377
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. SANFILIPPO, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 116 TOR CIRCLE
 City GIBSONIA State PA Zip Code 15044-6033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 31 / 2018**
Transaction ID : SA17.1122594
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	1000.00
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 39 OF 101
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Committee To Defend The President

A. SANSOM, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9455 PENSACOLA BOULEVARD
 SUITE B
 City PENSACOLA State FL Zip Code 32534-1237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JOHN M. SANSOM, P.A. Occupation (for Individual) ACCOUNTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 05 / 2018
Transaction ID : SA17.1122598
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. SCHULTZ, PETER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1890 S. HERITAGE DR.
 City GILBERT State AZ Zip Code 85295-4854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) ENGINEER, INVEST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 13 / 2018
Transaction ID : SA17.1122792
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. SELICH, JUDITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 358
 City SOUTH BEACH State OR Zip Code 97366-0358
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3250.00

Date of Receipt 01 / 05 / 2018
Transaction ID : SA17.1122870
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	525.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 101
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Committee To Defend The President

A. SELICH, JUDITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 358

City SOUTH BEACH	State OR	Zip Code 97366-0358
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 3250.00

Date of Receipt
 01 / 16 / 2018
Transaction ID : SA17.1122871

Amount of Each Receipt this Period
 50.00

Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. SELICH, JUDITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 358

City SOUTH BEACH	State OR	Zip Code 97366-0358
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 3250.00

Date of Receipt
 01 / 22 / 2018
Transaction ID : SA17.1122872

Amount of Each Receipt this Period
 50.00

Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. SELICH, JUDITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 358

City SOUTH BEACH	State OR	Zip Code 97366-0358
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 3250.00

Date of Receipt
 01 / 05 / 2018
Transaction ID : SA17.1122873

Amount of Each Receipt this Period
 100.00

Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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: (check only one)	PAGE 41 OF 101
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Committee To Defend The President

A. SELICH, JUDITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 358

City SOUTH BEACH	State OR	Zip Code 97366-0358
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 10 / 2018
Transaction ID : SA17.1122874

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. SELICH, JUDITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 358

City SOUTH BEACH	State OR	Zip Code 97366-0358
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2018
Transaction ID : SA17.1122875

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. SELICH, JUDITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 358

City SOUTH BEACH	State OR	Zip Code 97366-0358
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2018
Transaction ID : SA17.1122876

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	750.00
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 42 OF 101
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Committee To Defend The President

A. SELICH, JUDITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 358
 City SOUTH BEACH State OR Zip Code 97366-0358
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3250.00

Date of Receipt **01 / 31 / 2018**
Transaction ID : SA17.1122877
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. SELICH, JUDITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 358
 City SOUTH BEACH State OR Zip Code 97366-0358
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3250.00

Date of Receipt **01 / 17 / 2018**
Transaction ID : SA17.1122878
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. SHANNON, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11403 N. 58TH DRIVE
 City GLENDALE State AZ Zip Code 85304-3312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt **01 / 09 / 2018**
Transaction ID : SA17.1122945
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT; REFUNDED \$250.00 ON 01/11/2018

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: (check only one)	PAGE 43 OF 101
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
The Committee To Defend The President

A. SHAPIRO, MARC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 736 KIWI CIR
 City WINTER PARK State FL Zip Code 32789-3223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EXCELLENCE IN MRI Occupation (for Individual) DR.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2018
Transaction ID : SA17.1122947
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. SHEEHY, JEFFREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 330 SOUTH MAIN STREET
 City ANDOVER State MA Zip Code 01810-4925
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WHITTEMORE COMPANY Occupation (for Individual) WHITTEMORE COMPANY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 05 / 2018
Transaction ID : SA17.1122986
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. SICARI, JOSEOH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25439 N 89TH ST
 City SCOTTSDALE State AZ Zip Code 85255-3680
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PARAGON VISION SCIENCES Occupation (for Individual) CEO & OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 05 / 2018
Transaction ID : SA17.1123064
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	750.00
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 44 OF 101
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Committee To Defend The President

A. STEWART, FRANK, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7598 CARAH DR.

City SAINT FRANCISVILLE	State LA	Zip Code 70775-4737
----------------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HEALTHCARE ADM
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	05	/	2018

Transaction ID : SA17.1123453

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 7598 CARAH DR.

City SAINT FRANCISVILLE	State LA	Zip Code 70775-4737
----------------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HEALTHCARE ADM
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	05	/	2018

Transaction ID : SA17.1123459

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 6899 COLLINS AVE.
N 606

City MIAMI BEACH	State FL	Zip Code 33141-7400
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	07	/	2018

Transaction ID : SA17.1123488

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	1525.00
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 45 OF 101
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Committee To Defend The President

A. TATUM, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3709 MAPLEWOOD AV
 City DALLAS State TX Zip Code 75205-2826
 FEC ID number of contributing 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
 01 / 22 / 2018
Transaction ID : SA17.1123704
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. TOOHEY, MARY HOLLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 144 E KNIGHTON PL
 City ELMHURST State IL Zip Code 60126-5102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMERICAN AIRLINES Occupation (for Individual) FLIGHT ATTENDANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 05 / 2018
Transaction ID : SA17.1123918
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. WALLACE, DEBRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 196
 City MIDLAND State TX Zip Code 79702-0196
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 05 / 2018
Transaction ID : SA17.1124321
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	800.00
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 46 OF 101
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Committee To Defend The President

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

City MIDLAND	State TX	Zip Code 79702-0196
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 05 / 2018
Transaction ID : SA17.1124322

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

City MIDLAND	State TX	Zip Code 79702-0196
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 07 / 2018
Transaction ID : SA17.1124324

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. WATKINS, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 2426

City SAN BENITO	State TX	Zip Code 78586-0024
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2018
Transaction ID : SA17.1124401

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 47 OF 101
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Committee To Defend The President

A. WEISZ, WAYNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O.BOX 1284
 City Lodi State CA Zip Code 95241-1284
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CEN-CAL FIRE SYSTEMS INC. Occupation (for Individual) CEN-CAL FIRE SYSTEMS INC.
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt **01 / 05 / 2018**
Transaction ID : SA17.1124500
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

B. WILLIAMS, THEODORE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 329 MELODY DRIVE
 City JESUP State GA Zip Code 31545-8541
 FEC ID number of contributing 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 **01 / 30 / 2018**
Transaction ID : SA17.1124743
 Amount of Each Receipt this Period **100.00**
 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

C. WILLIAMS, THEODORE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 329 MELODY DRIVE
 City JESUP State GA Zip Code 31545-8541
 FEC ID number of contributing 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 **01 / 30 / 2018**
Transaction ID : SA17.1124745
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

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		FOR LINE NUMBER: (check only one)	PAGE 48 OF 101
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Committee To Defend The President

A. WRAY, KEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1114 EAST RUSSELL AVE.
 City CARROLLTON State TX Zip Code 75006-3908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 29 / 2018
Transaction ID : SA17.1124916
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. WYNN, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 3930
 City ALBUQUERQUE State NM Zip Code 87190-3930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ACE METALS Occupation (for Individual) SELF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 05 / 2018
Transaction ID : SA17.1124944
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. YELLAND, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 VENTURE SUITE 215
 City IRVINE State CA Zip Code 92618-7364
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) YELLAND OROPERTIES Occupation (for Individual) MANAGER.
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2018
Transaction ID : SA17.1124970
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

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		FOR LINE NUMBER: (check only one)	PAGE 49 OF 101
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Committee To Defend The President

A. YELLAND, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 VENTURE SUITE 215
 City IRVINE State CA Zip Code 92618-7364
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) YELLAND OROPERTIES Occupation (for Individual) MANAGER.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 01 / 17 / 2018
Transaction ID : SA17.1124971
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. YELLAND, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 VENTURE SUITE 215
 City IRVINE State CA Zip Code 92618-7364
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) YELLAND OROPERTIES Occupation (for Individual) MANAGER.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 01 / 02 / 2018
Transaction ID : SA17.1124972
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. ZINK, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21710 DUNRUBIN WAY
 City YORBA LINDA State CA Zip Code 92887-2610
 FEC ID number of contributing 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 01 / 10 / 2018
Transaction ID : SA17.1125085
 Amount of Each Receipt this Period 300.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	650.00
TOTAL This Period (last page this line number only).....	29125.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input 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. ELAVON, INC.

Mailing Address TWO CONCOURSE PARKWAY
STE 800

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 02 / 2018

FEC Identification Number

C
Transaction ID : SB21B.I1137
Amount of Each Disbursement this Period
1282.30

Memo Item

Full Name (Last, First, Middle Initial)

B. ELAVON, INC.

Mailing Address TWO CONCOURSE PARKWAY
STE 800

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2018

FEC Identification Number

C
Transaction ID : SB21B.I1137
Amount of Each Disbursement this Period
300.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ELAVON, INC.

Mailing Address TWO CONCOURSE PARKWAY
STE 800

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 17 / 2018

FEC Identification Number

C
Transaction ID : SB21B.I1137
Amount of Each Disbursement this Period
50.00

Memo Item

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

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

1632.30

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Committee To Defend The President

Full Name (Last, First, Middle Initial)
A. ELAVON, INC.

Date of Disbursement
MM / DD / YYYY
01 / 26 / 2018

Mailing Address TWO CONCOURSE PARKWAY
STE 800

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number
C

Transaction ID : SB21B.I1137

Amount of Each Disbursement this Period
200.00

Memo Item

Full Name (Last, First, Middle Initial)
B.

Date of Disbursement
MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)
C.

Date of Disbursement
MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	1832.30

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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. RICK FOR CONGRESS		Date of Disbursement MM / DD / YYYY 01 / 19 / 2018
Mailing Address 404 BOSTON HOLLOW RD		FEC Identification Number C 000658708 Transaction ID : SB23.I113751
City ELIZABETH	State PA	Zip Code 15037
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 5000.00
Candidate Name SACCONE, RICK, , ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special General	<input type="checkbox"/> Memo Item
State: PA	District: 18	

Full Name (Last, First, Middle Initial) B. GREAT AMERICA COMMITTEE		Date of Disbursement MM / DD / YYYY 01 / 29 / 2018
Mailing Address PO BOX 28022		FEC Identification Number C 000640664 Transaction ID : SB23.I113750
City WASHINGTON	State DC	Zip Code 20038
Purpose of Disbursement POLITICAL CONTRIBUTION		Amount of Each Disbursement this Period 5000.00
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State:	District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	10000.00
TOTAL This Period (last page this line number only).....▶	10000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input 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

A. EDENS, WALTER, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4002 BELL MOUNTAIN DRIVE

City CASTLE ROCK State CO Zip Code 80104

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
01 / 08 / 2018

FEC Identification Number: C []
Transaction ID : SB28A.I1138I
Amount of Each Disbursement this Period: [] 100.00

Memo Item

B. EDENS, WALTER, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4002 BELL MOUNTAIN DRIVE

City CASTLE ROCK State CO Zip Code 80104

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
01 / 08 / 2018

FEC Identification Number: C []
Transaction ID : SB28A.I1138I
Amount of Each Disbursement this Period: [] 100.00

Memo Item

C. EDENS, WALTER, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4002 BELL MOUNTAIN DRIVE

City CASTLE ROCK State CO Zip Code 80104

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
01 / 08 / 2018

FEC Identification Number: C []
Transaction ID : SB28A.I1138I
Amount of Each Disbursement this Period: [] 100.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ [] 300.00

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 Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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The Committee To Defend The President

Full Name (Last, First, Middle Initial)

A. EDENS, WALTER, , ,

Mailing Address 4002 BELL MOUNTAIN DRIVE

City CASTLE ROCK State CO Zip Code 80104

Purpose of Disbursement
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2018

FEC Identification Number

C []

Transaction ID : SB28A.I1138'
Amount of Each Disbursement this Period

[] 100.00

Memo Item

Full Name (Last, First, Middle Initial)

B. EDENS, WALTER, , ,

Mailing Address 4002 BELL MOUNTAIN DRIVE

City CASTLE ROCK State CO Zip Code 80104

Purpose of Disbursement
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2018

FEC Identification Number

C []

Transaction ID : SB28A.I11381
Amount of Each Disbursement this Period

[] 100.00

Memo Item

Full Name (Last, First, Middle Initial)

C. EDENS, WALTER, , ,

Mailing Address 4002 BELL MOUNTAIN DRIVE

City CASTLE ROCK State CO Zip Code 80104

Purpose of Disbursement
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2018

FEC Identification Number

C []

Transaction ID : SB28A.I1138
Amount of Each Disbursement this Period

[] 100.00

Memo Item

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

[] 300.00

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 Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input 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. EDENS, WALTER, , ,		Date of Disbursement MM / DD / YYYY 01 / 08 / 2018	
Mailing Address 4002 BELL MOUNTAIN DRIVE		FEC Identification Number C [] Transaction ID : SB28A.I1138' Amount of Each Disbursement this Period [] 100.00	
City CASTLE ROCK	State CO	Zip Code 80104	Category/ Type []
Purpose of Disbursement REFUND OF CONTRIBUTION			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. EDENS, WALTER, , ,		Date of Disbursement MM / DD / YYYY 01 / 08 / 2018	
Mailing Address 4002 BELL MOUNTAIN DRIVE		FEC Identification Number C [] Transaction ID : SB28A.I11381 Amount of Each Disbursement this Period [] 100.00	
City CASTLE ROCK	State CO	Zip Code 80104	Category/ Type []
Purpose of Disbursement REFUND OF CONTRIBUTION			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. EDENS, WALTER, , ,		Date of Disbursement MM / DD / YYYY 01 / 08 / 2018	
Mailing Address 4002 BELL MOUNTAIN DRIVE		FEC Identification Number C [] Transaction ID : SB28A.I1138 Amount of Each Disbursement this Period [] 100.00	
City CASTLE ROCK	State CO	Zip Code 80104	Category/ Type []
Purpose of Disbursement REFUND OF CONTRIBUTION			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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

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

[] 300.00
[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input 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. EDENS, WALTER, , ,		Date of Disbursement MM / DD / YYYY 01 / 08 / 2018	
Mailing Address 4002 BELL MOUNTAIN DRIVE		FEC Identification Number C [] Transaction ID : SB28A.I1138' Amount of Each Disbursement this Period [] 100.00	
City CASTLE ROCK	State CO	Zip Code 80104	Category/ Type []
Purpose of Disbursement REFUND OF CONTRIBUTION		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. EDENS, WALTER, , ,		Date of Disbursement MM / DD / YYYY 01 / 08 / 2018	
Mailing Address 4002 BELL MOUNTAIN DRIVE		FEC Identification Number C [] Transaction ID : SB28A.I11381 Amount of Each Disbursement this Period [] 100.00	
City CASTLE ROCK	State CO	Zip Code 80104	Category/ Type []
Purpose of Disbursement REFUND OF CONTRIBUTION		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. EDENS, WALTER, , ,		Date of Disbursement MM / DD / YYYY 01 / 08 / 2018	
Mailing Address 4002 BELL MOUNTAIN DRIVE		FEC Identification Number C [] Transaction ID : SB28A.I1138 Amount of Each Disbursement this Period [] 100.00	
City CASTLE ROCK	State CO	Zip Code 80104	Category/ Type []
Purpose of Disbursement REFUND OF CONTRIBUTION		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

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 Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input 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

A. FUMANDO, LAURA, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 6055 FALL RIVER DRIVE

City NEW PORT RICHEY State FL Zip Code 34655

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 08 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1135

Amount of Each Disbursement this Period: 25.00

Memo Item

B. FUMANDO, LAURA, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 6055 FALL RIVER DRIVE

City NEW PORT RICHEY State FL Zip Code 34655

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 08 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1135

Amount of Each Disbursement this Period: 25.00

Memo Item

C. FUMANDO, LAURA, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 6055 FALL RIVER DRIVE

City NEW PORT RICHEY State FL Zip Code 34655

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 08 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1135

Amount of Each Disbursement this Period: 25.00

Memo Item

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

75.00

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 Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input 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. FUMANDO, LAURA, , ,		Date of Disbursement MM / DD / YYYY 01 / 08 / 2018	
Mailing Address 6055 FALL RIVER DRIVE		FEC Identification Number C [REDACTED] Transaction ID : SB28A.I1135 Amount of Each Disbursement this Period 25.00	
City NEW PORT RICHEY	State FL	Zip Code 34655	Category/ Type
Purpose of Disbursement REFUND OF CONTRIBUTION			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. FUMANDO, LAURA, , ,		Date of Disbursement MM / DD / YYYY 01 / 08 / 2018	
Mailing Address 6055 FALL RIVER DRIVE		FEC Identification Number C [REDACTED] Transaction ID : SB28A.I1135 Amount of Each Disbursement this Period 25.00	
City NEW PORT RICHEY	State FL	Zip Code 34655	Category/ Type
Purpose of Disbursement REFUND OF CONTRIBUTION			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. FUMANDO, LAURA, , ,		Date of Disbursement MM / DD / YYYY 01 / 08 / 2018	
Mailing Address 6055 FALL RIVER DRIVE		FEC Identification Number C [REDACTED] Transaction ID : SB28A.I1135 Amount of Each Disbursement this Period 25.00	
City NEW PORT RICHEY	State FL	Zip Code 34655	Category/ Type
Purpose of Disbursement REFUND OF CONTRIBUTION			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	75.00
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 Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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The Committee To Defend The President

A. FUMANDO, LAURA, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 6055 FALL RIVER DRIVE

City NEW PORT RICHEY State FL Zip Code 34655

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 08 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1135

Amount of Each Disbursement this Period: 25.00

Memo Item

B. FUMANDO, LAURA, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 6055 FALL RIVER DRIVE

City NEW PORT RICHEY State FL Zip Code 34655

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 08 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1135

Amount of Each Disbursement this Period: 25.00

Memo Item

C. FUMANDO, LAURA, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 6055 FALL RIVER DRIVE

City NEW PORT RICHEY State FL Zip Code 34655

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 08 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1135

Amount of Each Disbursement this Period: 25.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 75.00

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 Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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The Committee To Defend The President

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Full Name (Last, First, Middle Initial)

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City NEW PORT RICHEY State FL Zip Code 34655

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 08 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1135

Amount of Each Disbursement this Period: 25.00

Memo Item

B. FUMANDO, LAURA, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 6055 FALL RIVER DRIVE

City NEW PORT RICHEY State FL Zip Code 34655

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 08 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1135

Amount of Each Disbursement this Period: 25.00

Memo Item

C. FUMANDO, LAURA, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 6055 FALL RIVER DRIVE

City NEW PORT RICHEY State FL Zip Code 34655

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 08 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1135

Amount of Each Disbursement this Period: 25.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 75.00

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 Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input 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. FUMANDO, LAURA, , ,		Date of Disbursement MM / DD / YYYY 01 / 08 / 2018	
Mailing Address 6055 FALL RIVER DRIVE		FEC Identification Number C [REDACTED] Transaction ID : SB28A.I1135! Amount of Each Disbursement this Period 25.00	
City NEW PORT RICHEY	State FL	Zip Code 34655	Category/ Type
Purpose of Disbursement REFUND OF CONTRIBUTION			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. HORTON, JOHN, , ,		Date of Disbursement MM / DD / YYYY 01 / 08 / 2018	
Mailing Address 295 LAKERIDGE CT		FEC Identification Number C [REDACTED] Transaction ID : SB28A.I1138! Amount of Each Disbursement this Period 100.00	
City MACON	State GA	Zip Code 31211	Category/ Type
Purpose of Disbursement REFUND OF CONTRIBUTION			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. HORTON, JOHN, , ,		Date of Disbursement MM / DD / YYYY 01 / 08 / 2018	
Mailing Address 295 LAKERIDGE CT		FEC Identification Number C [REDACTED] Transaction ID : SB28A.I1138! Amount of Each Disbursement this Period 100.00	
City MACON	State GA	Zip Code 31211	Category/ Type
Purpose of Disbursement REFUND OF CONTRIBUTION			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

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

225.00

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

[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input 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

A. HORTON, JOHN, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 295 LAKERIDGE CT

City MACON State GA Zip Code 31211

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 08 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1138

Amount of Each Disbursement this Period: 100.00

Memo Item

B. HORTON, JOHN, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 295 LAKERIDGE CT

City MACON State GA Zip Code 31211

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 08 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1138

Amount of Each Disbursement this Period: 100.00

Memo Item

C. HORTON, JOHN, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 295 LAKERIDGE CT

City MACON State GA Zip Code 31211

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 08 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1138

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 Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input 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

A. HORTON, JOHN, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 295 LAKERIDGE CT

City MACON State GA Zip Code 31211

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 08 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1138

Amount of Each Disbursement this Period: 100.00

Memo Item

B. HORTON, JOHN, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 295 LAKERIDGE CT

City MACON State GA Zip Code 31211

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 08 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1138

Amount of Each Disbursement this Period: 100.00

Memo Item

C. HORTON, JOHN, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 295 LAKERIDGE CT

City MACON State GA Zip Code 31211

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 08 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1138

Amount of Each Disbursement this Period: 100.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 300.00

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 Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input 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. HORTON, JOHN, , ,		Date of Disbursement MM / DD / YYYY 01 / 08 / 2018	
Mailing Address 295 LAKERIDGE CT		FEC Identification Number C [] Transaction ID : SB28A.I1138 Amount of Each Disbursement this Period [] 100.00	
City MACON	State GA	Zip Code 31211	Category/ Type []
Purpose of Disbursement REFUND OF CONTRIBUTION		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. HORTON, JOHN, , ,		Date of Disbursement MM / DD / YYYY 01 / 08 / 2018	
Mailing Address 295 LAKERIDGE CT		FEC Identification Number C [] Transaction ID : SB28A.I1138 Amount of Each Disbursement this Period [] 100.00	
City MACON	State GA	Zip Code 31211	Category/ Type []
Purpose of Disbursement REFUND OF CONTRIBUTION		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. HORTON, JOHN, , ,		Date of Disbursement MM / DD / YYYY 01 / 08 / 2018	
Mailing Address 295 LAKERIDGE CT		FEC Identification Number C [] Transaction ID : SB28A.I1138 Amount of Each Disbursement this Period [] 100.00	
City MACON	State GA	Zip Code 31211	Category/ Type []
Purpose of Disbursement REFUND OF CONTRIBUTION		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 300.00
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 Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input 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. HORTON, JOHN, , ,		Date of Disbursement MM / DD / YYYY 01 / 08 / 2018	
Mailing Address 295 LAKERIDGE CT		FEC Identification Number C [REDACTED] Transaction ID : SB28A.I1138! Amount of Each Disbursement this Period [REDACTED] 100.00	
City MACON	State GA	Zip Code 31211	Category/ Type [REDACTED]
Purpose of Disbursement REFUND OF CONTRIBUTION		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. JOHNSON, CLARENCE, , ,		Date of Disbursement MM / DD / YYYY 01 / 17 / 2018	
Mailing Address 1396 SOUTH KING STREET		FEC Identification Number C [REDACTED] Transaction ID : SB28A.I1135! Amount of Each Disbursement this Period [REDACTED] 25.00	
City LEESBURG	State VA	Zip Code 20175	Category/ Type [REDACTED]
Purpose of Disbursement REFUND OF CONTRIBUTION		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. JOHNSON, CLARENCE, , ,		Date of Disbursement MM / DD / YYYY 01 / 17 / 2018	
Mailing Address 1396 SOUTH KING STREET		FEC Identification Number C [REDACTED] Transaction ID : SB28A.I1135! Amount of Each Disbursement this Period [REDACTED] 25.00	
City LEESBURG	State VA	Zip Code 20175	Category/ Type [REDACTED]
Purpose of Disbursement REFUND OF CONTRIBUTION		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 150.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input 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. JOHNSON, CLARENCE, , ,		Date of Disbursement MM / DD / YYYY 01 / 17 / 2018
Mailing Address 1396 SOUTH KING STREET		FEC Identification Number C [] Transaction ID : SB28A.I1135
City LEESBURG	State VA	Zip Code 20175
Purpose of Disbursement REFUND OF CONTRIBUTION		Amount of Each Disbursement this Period [] 25.00
Candidate Name		Category/Type []
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. JOHNSON, CLARENCE, , ,		Date of Disbursement MM / DD / YYYY 01 / 17 / 2018
Mailing Address 1396 SOUTH KING STREET		FEC Identification Number C [] Transaction ID : SB28A.I1135
City LEESBURG	State VA	Zip Code 20175
Purpose of Disbursement REFUND OF CONTRIBUTION		Amount of Each Disbursement this Period [] 25.00
Candidate Name		Category/Type []
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. JOHNSON, CLARENCE, , ,		Date of Disbursement MM / DD / YYYY 01 / 17 / 2018
Mailing Address 1396 SOUTH KING STREET		FEC Identification Number C [] Transaction ID : SB28A.I1135
City LEESBURG	State VA	Zip Code 20175
Purpose of Disbursement REFUND OF CONTRIBUTION		Amount of Each Disbursement this Period [] 25.00
Candidate Name		Category/Type []
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[] 75.00
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 Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input 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. JOHNSON, CLARENCE, , ,		Date of Disbursement MM / DD / YYYY 01 / 17 / 2018
Mailing Address 1396 SOUTH KING STREET		FEC Identification Number C [REDACTED] Transaction ID : SB28A.I1135 Amount of Each Disbursement this Period 25.00
City LEESBURG	State VA	Zip Code 20175
Purpose of Disbursement REFUND OF CONTRIBUTION		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. JOHNSON, CLARENCE, , ,		Date of Disbursement MM / DD / YYYY 01 / 17 / 2018
Mailing Address 1396 SOUTH KING STREET		FEC Identification Number C [REDACTED] Transaction ID : SB28A.I1135 Amount of Each Disbursement this Period 25.00
City LEESBURG	State VA	Zip Code 20175
Purpose of Disbursement REFUND OF CONTRIBUTION		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. JOHNSON, CLARENCE, , ,		Date of Disbursement MM / DD / YYYY 01 / 17 / 2018
Mailing Address 1396 SOUTH KING STREET		FEC Identification Number C [REDACTED] Transaction ID : SB28A.I1135 Amount of Each Disbursement this Period 25.00
City LEESBURG	State VA	Zip Code 20175
Purpose of Disbursement REFUND OF CONTRIBUTION		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	75.00
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 Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input 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. JOHNSON, CLARENCE, , ,		Date of Disbursement MM / DD / YYYY 01 / 17 / 2018
Mailing Address 1396 SOUTH KING STREET		FEC Identification Number C Transaction ID : SB28A.I1135 Amount of Each Disbursement this Period 25.00
City LEESBURG	State VA	
Purpose of Disbursement REFUND OF CONTRIBUTION	Zip Code 20175	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. JOHNSON, CLARENCE, , ,		Date of Disbursement MM / DD / YYYY 01 / 17 / 2018
Mailing Address 1396 SOUTH KING STREET		FEC Identification Number C Transaction ID : SB28A.I1135 Amount of Each Disbursement this Period 25.00
City LEESBURG	State VA	
Purpose of Disbursement REFUND OF CONTRIBUTION	Zip Code 20175	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. JOHNSON, CLARENCE, , ,		Date of Disbursement MM / DD / YYYY 01 / 17 / 2018
Mailing Address 1396 SOUTH KING STREET		FEC Identification Number C Transaction ID : SB28A.I1135 Amount of Each Disbursement this Period 25.00
City LEESBURG	State VA	
Purpose of Disbursement REFUND OF CONTRIBUTION	Zip Code 20175	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	75.00
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 Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input 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

A. KANE, DAVID, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 141 BOULDERWOOD DRIVE

City BERNARDSVILLE State NJ Zip Code 07924

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 08 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1137!

Amount of Each Disbursement this Period: 100.00

Memo Item

B. KANE, DAVID, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 141 BOULDERWOOD DRIVE

City BERNARDSVILLE State NJ Zip Code 07924

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 08 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1137!

Amount of Each Disbursement this Period: 100.00

Memo Item

C. KANE, DAVID, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 141 BOULDERWOOD DRIVE

City BERNARDSVILLE State NJ Zip Code 07924

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 08 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1137!

Amount of Each Disbursement this Period: 100.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 300.00

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 Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input 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

A. LAGROTTERIA, LAWRENCE, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 608 STONEGATE TERRACE

City GLENCOE State IL Zip Code 60022

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 04 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1136I

Amount of Each Disbursement this Period: 50.00

Memo Item

B. LAGROTTERIA, LAWRENCE, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 608 STONEGATE TERRACE

City GLENCOE State IL Zip Code 60022

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 04 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1136I

Amount of Each Disbursement this Period: 50.00

Memo Item

C. LAGROTTERIA, LAWRENCE, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 608 STONEGATE TERRACE

City GLENCOE State IL Zip Code 60022

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 04 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1136I

Amount of Each Disbursement this Period: 50.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 150.00

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 Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input 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

A. LAGROTTERIA, LAWRENCE, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 608 STONEGATE TERRACE

City GLENCOE State IL Zip Code 60022

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 04 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1136'

Amount of Each Disbursement this Period: 50.00

Memo Item

B. LAGROTTERIA, LAWRENCE, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 608 STONEGATE TERRACE

City GLENCOE State IL Zip Code 60022

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 04 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I11361

Amount of Each Disbursement this Period: 50.00

Memo Item

C. LAGROTTERIA, LAWRENCE, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 608 STONEGATE TERRACE

City GLENCOE State IL Zip Code 60022

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 04 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1136

Amount of Each Disbursement this Period: 50.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 150.00

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 Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input 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

A. LAGROTTERIA, LAWRENCE, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 608 STONEGATE TERRACE

City GLENCOE State IL Zip Code 60022

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 04 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1136

Amount of Each Disbursement this Period: 50.00

Memo Item

B. LAGROTTERIA, LAWRENCE, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 608 STONEGATE TERRACE

City GLENCOE State IL Zip Code 60022

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 04 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1136

Amount of Each Disbursement this Period: 50.00

Memo Item

C. LAGROTTERIA, LAWRENCE, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 608 STONEGATE TERRACE

City GLENCOE State IL Zip Code 60022

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 04 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1136

Amount of Each Disbursement this Period: 50.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 150.00

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 Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 (Last, First, Middle Initial) A. LAGROTTERIA, LAWRENCE, , ,		Date of Disbursement MM / DD / YYYY 01 / 04 / 2018
Mailing Address 608 STONEGATE TERRACE		FEC Identification Number C [] Transaction ID : SB28A.I1136' Amount of Each Disbursement this Period [] 50.00
City GLENCOE	State IL	Zip Code 60022
Purpose of Disbursement REFUND OF CONTRIBUTION		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. LAGROTTERIA, LAWRENCE, , ,		Date of Disbursement MM / DD / YYYY 01 / 04 / 2018
Mailing Address 608 STONEGATE TERRACE		FEC Identification Number C [] Transaction ID : SB28A.I11361 Amount of Each Disbursement this Period [] 100.00
City GLENCOE	State IL	Zip Code 60022
Purpose of Disbursement REFUND OF CONTRIBUTION		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. LAGROTTERIA, LAWRENCE, , ,		Date of Disbursement MM / DD / YYYY 01 / 04 / 2018
Mailing Address 608 STONEGATE TERRACE		FEC Identification Number C [] Transaction ID : SB28A.I1136 Amount of Each Disbursement this Period [] 100.00
City GLENCOE	State IL	Zip Code 60022
Purpose of Disbursement REFUND OF CONTRIBUTION		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 250.00
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 Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input 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. LAGROTTERIA, LAWRENCE, , ,		Date of Disbursement MM / DD / YYYY 01 / 04 / 2018	
Mailing Address 608 STONEGATE TERRACE		FEC Identification Number C [REDACTED] Transaction ID : SB28A.I1136 Amount of Each Disbursement this Period [REDACTED] 100.00	
City GLENCOE	State IL	Zip Code 60022	Category/ Type [REDACTED]
Purpose of Disbursement REFUND OF CONTRIBUTION		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. LAGROTTERIA, LAWRENCE, , ,		Date of Disbursement MM / DD / YYYY 01 / 04 / 2018	
Mailing Address 608 STONEGATE TERRACE		FEC Identification Number C [REDACTED] Transaction ID : SB28A.I1136 Amount of Each Disbursement this Period [REDACTED] 100.00	
City GLENCOE	State IL	Zip Code 60022	Category/ Type [REDACTED]
Purpose of Disbursement REFUND OF CONTRIBUTION		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. LAGROTTERIA, LAWRENCE, , ,		Date of Disbursement MM / DD / YYYY 01 / 04 / 2018	
Mailing Address 608 STONEGATE TERRACE		FEC Identification Number C [REDACTED] Transaction ID : SB28A.I1136 Amount of Each Disbursement this Period [REDACTED] 100.00	
City GLENCOE	State IL	Zip Code 60022	Category/ Type [REDACTED]
Purpose of Disbursement REFUND OF CONTRIBUTION		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 300.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input 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

A. LAGROTTERIA, LAWRENCE, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 608 STONEGATE TERRACE

City GLENCOE State IL Zip Code 60022

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 04 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1136

Amount of Each Disbursement this Period: 100.00

Memo Item

B. LAGROTTERIA, LAWRENCE, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 608 STONEGATE TERRACE

City GLENCOE State IL Zip Code 60022

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 04 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1136

Amount of Each Disbursement this Period: 100.00

Memo Item

C. LAGROTTERIA, LAWRENCE, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 608 STONEGATE TERRACE

City GLENCOE State IL Zip Code 60022

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 04 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1136

Amount of Each Disbursement this Period: 100.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 300.00

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 Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input 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. MENDENHALL, MEL, , ,		Date of Disbursement MM / DD / YYYY 01 / 02 / 2018	
Mailing Address 5199 BALDWIN TERRACE		FEC Identification Number C [REDACTED] Transaction ID : SB28A.I1136 Amount of Each Disbursement this Period [REDACTED] 250.00	
City MARIETTA	State GA	Zip Code 30068	Category/ Type [REDACTED]
Purpose of Disbursement REFUND OF CONTRIBUTION		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. MENDENHALL, MEL, , ,		Date of Disbursement MM / DD / YYYY 01 / 02 / 2018	
Mailing Address 5199 BALDWIN TERRACE		FEC Identification Number C [REDACTED] Transaction ID : SB28A.I1136 Amount of Each Disbursement this Period [REDACTED] 250.00	
City MARIETTA	State GA	Zip Code 30068	Category/ Type [REDACTED]
Purpose of Disbursement REFUND OF CONTRIBUTION		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. MENDENHALL, MEL, , ,		Date of Disbursement MM / DD / YYYY 01 / 02 / 2018	
Mailing Address 5199 BALDWIN TERRACE		FEC Identification Number C [REDACTED] Transaction ID : SB28A.I1136 Amount of Each Disbursement this Period [REDACTED] 250.00	
City MARIETTA	State GA	Zip Code 30068	Category/ Type [REDACTED]
Purpose of Disbursement REFUND OF CONTRIBUTION		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 750.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input 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

A. OSBORNE, LOLA, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 570 RANCHEROS RD #100

City SAN MARCOS State CA Zip Code 92069

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 22 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1136f

Amount of Each Disbursement this Period: 250.00

Memo Item

B. OSBORNE, LOLA, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 570 RANCHEROS RD #100

City SAN MARCOS State CA Zip Code 92069

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 22 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1136f

Amount of Each Disbursement this Period: 250.00

Memo Item

C. RUNDE, FRED, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 502 STATE ST

City BELMONT State WI Zip Code 53510

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 08 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1138

Amount of Each Disbursement this Period: 100.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 600.00

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 Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input 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

A. RUNDE, FRED, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 502 STATE ST

City BELMONT State WI Zip Code 53510

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 01 / 08 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1138I

Amount of Each Disbursement this Period: 100.00

Memo Item

B. RUNDE, FRED, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 502 STATE ST

City BELMONT State WI Zip Code 53510

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 01 / 08 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1138I

Amount of Each Disbursement this Period: 100.00

Memo Item

C. SANDS, JANE, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 3440 QUAIL COURT

City WHEAT RIDGE State CO Zip Code 80033

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 01 / 08 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1138I

Amount of Each Disbursement this Period: 100.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 300.00

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 Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input 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

A. SANDS, JANE, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 3440 QUAIL COURT

City WHEAT RIDGE State CO Zip Code 80033

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 08 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1138

Amount of Each Disbursement this Period: 100.00

Memo Item

B. SANDS, JANE, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 3440 QUAIL COURT

City WHEAT RIDGE State CO Zip Code 80033

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 08 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1138

Amount of Each Disbursement this Period: 100.00

Memo Item

C. SHANNON, JOHN, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 11403 N. 58TH DRIVE

City GLENDALE State AZ Zip Code 85304

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 11 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1136

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)..... ▶

450.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input 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. SHANNON, JOHN, , ,		Date of Disbursement MM / DD / YYYY 01 / 11 / 2018	
Mailing Address 11403 N. 58TH DRIVE		FEC Identification Number C [] Transaction ID : SB28A.I1136! Amount of Each Disbursement this Period [] 250.00	
City GLENDALE	State AZ	Zip Code 85304	Category/ Type []
Purpose of Disbursement REFUND OF CONTRIBUTION		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. SHANNON, JOHN, , ,		Date of Disbursement MM / DD / YYYY 01 / 11 / 2018	
Mailing Address 11403 N. 58TH DRIVE		FEC Identification Number C [] Transaction ID : SB28A.I1136! Amount of Each Disbursement this Period [] 250.00	
City GLENDALE	State AZ	Zip Code 85304	Category/ Type []
Purpose of Disbursement REFUND OF CONTRIBUTION		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. SHANNON, JOHN, , ,		Date of Disbursement MM / DD / YYYY 01 / 11 / 2018	
Mailing Address 11403 N. 58TH DRIVE		FEC Identification Number C [] Transaction ID : SB28A.I1136! Amount of Each Disbursement this Period [] 250.00	
City GLENDALE	State AZ	Zip Code 85304	Category/ Type []
Purpose of Disbursement REFUND OF CONTRIBUTION		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 750.00
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 Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input 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

A. STRATTON, SCOTT & KERSTIN, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 24 FAIRLANE DRIVE

City BEDFORD State NH Zip Code 03110

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 08 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1137!

Amount of Each Disbursement this Period: 100.00

Memo Item

B. STRATTON, SCOTT & KERSTIN, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 24 FAIRLANE DRIVE

City BEDFORD State NH Zip Code 03110

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 08 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1137!

Amount of Each Disbursement this Period: 100.00

Memo Item

C. STRATTON, SCOTT & KERSTIN, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 24 FAIRLANE DRIVE

City BEDFORD State NH Zip Code 03110

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 08 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1137!

Amount of Each Disbursement this Period: 100.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	7750.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Committee To Defend The President

A. HEAD, AMANDA, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1421 N MANSFIELD AVE. APT. 11

City LOS ANGELES State CA Zip Code 90028

Purpose of Disbursement CAREY ACCT: COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 03 / 2018

FEC Identification Number: C

Transaction ID : SB29.I113760

Amount of Each Disbursement this Period: 5000.00

Memo Item

B. HEAD, AMANDA, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1421 N MANSFIELD AVE. APT. 11

City LOS ANGELES State CA Zip Code 90028

Purpose of Disbursement CAREY ACCT: COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 31 / 2018

FEC Identification Number: C

Transaction ID : SB29.I113761

Amount of Each Disbursement this Period: 4000.00

Memo Item

C. LADAN, LUKA, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 655 MICHIGAN AVE. NE #412

City WASHINGTON State DC Zip Code 20017

Purpose of Disbursement CAREY ACCT: MEDIA SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 03 / 2018

FEC Identification Number: C

Transaction ID : SB29.I11377:

Amount of Each Disbursement this Period: 5000.00

Memo Item

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

14000.00

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 Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Committee To Defend The President

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement CAREY ACCT: AIRFARE

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 01 / 16 / 2018

FEC Identification Number

C
Transaction ID : SB29.I113762
 Amount of Each Disbursement this Period
 432.60

Memo Item

Full Name (Last, First, Middle Initial)

B. DCXL INC

Mailing Address 250 EXCHANGE PL # B

City HERNDON State VA Zip Code 20170

Purpose of Disbursement CAREY ACCT: PAYROLL

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 01 / 11 / 2018

FEC Identification Number

C
Transaction ID : SB29.I113763
 Amount of Each Disbursement this Period
 6955.56

Memo Item

Full Name (Last, First, Middle Initial)

C. DELANO, JOSHUA, , ,

Mailing Address P.O. BOX 423

City ORANGEFIELD State TX Zip Code 77639

Purpose of Disbursement CAREY ACCT: PAYROLL

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 01 / 01 / 2018

FEC Identification Number

C
Transaction ID : SB29.I113781
 Amount of Each Disbursement this Period
 625.00

Memo Item

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

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

7388.16

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Committee To Defend The President

A. HARVEY, WILLIAM, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 3345 MESA VERDE

City LONGMONT State CO Zip Code 80504

Purpose of Disbursement CAREY ACCT: PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 01 / 2018

FEC Identification Number: C

Transaction ID : SB29.I113785

Amount of Each Disbursement this Period: 2500.00

Memo Item

B. WALTERS, SETH, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 7500 WOODSIDE LANE, APT 24

City LORTON State VA Zip Code 22079

Purpose of Disbursement CAREY ACCT: PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 11 / 2018

FEC Identification Number: C

Transaction ID : SB29.I113784

Amount of Each Disbursement this Period: 2625.00

Memo Item

C. DCXL INC

Full Name (Last, First, Middle Initial)

Mailing Address 250 EXCHANGE PL # B

City HERNDON State VA Zip Code 20170

Purpose of Disbursement CAREY ACCT: PAYROLL PROCESSING FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 01 / 2018

FEC Identification Number: C

Transaction ID : SB29.I11378;

Amount of Each Disbursement this Period: 1205.56

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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 Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Committee To Defend The President

Full Name (Last, First, Middle Initial)

A. DCXL INC

Mailing Address 250 EXCHANGE PL # B

City HERNDON State VA Zip Code 20170

Purpose of Disbursement CAREY ACCT: PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement
MM / DD / YYYY
01 / 30 / 2018

FEC Identification Number

C
Transaction ID : SB29.I113764
Amount of Each Disbursement this Period
6955.54

Memo Item

Full Name (Last, First, Middle Initial)

B. DELANO, JOSHUA, , ,

Mailing Address P.O. BOX 423

City ORANGEFIELD State TX Zip Code 77639

Purpose of Disbursement CAREY ACCT: PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement
MM / DD / YYYY
01 / 30 / 2018

FEC Identification Number

C
Transaction ID : SB29.I113790
Amount of Each Disbursement this Period
625.00

Memo Item

Full Name (Last, First, Middle Initial)

C. HARVEY, WILLIAM, , ,

Mailing Address 3345 MESA VERDE

City LONGMONT State CO Zip Code 80504

Purpose of Disbursement CAREY ACCT: PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement
MM / DD / YYYY
01 / 30 / 2018

FEC Identification Number

C
Transaction ID : SB29.I113781
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)..... ▶

6955.54

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Committee To Defend The President

Full Name (Last, First, Middle Initial) A. WALTERS, SETH, , ,			Date of Disbursement MM / DD / YYYY 01 / 30 / 2018		
Mailing Address 7500 WOODSIDE LANE, APT 24					
City LORTON		State VA	Zip Code 22079		
Purpose of Disbursement CAREY ACCT: PAYROLL				<input type="checkbox"/>	
Candidate Name				Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					
				FEC Identification Number C [REDACTED] Transaction ID : SB29.I113788 Amount of Each Disbursement this Period [REDACTED] 2625.00 <input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. DCXL INC			Date of Disbursement MM / DD / YYYY 01 / 30 / 2018		
Mailing Address 250 EXCHANGE PL # B					
City HERNDON		State VA	Zip Code 20170		
Purpose of Disbursement CAREY ACCT: PAYROLL PROCESSING FEES				<input type="checkbox"/>	
Candidate Name				Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					
				FEC Identification Number C [REDACTED] Transaction ID : SB29.I113791 Amount of Each Disbursement this Period [REDACTED] 1205.54 <input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. EDONATION			Date of Disbursement MM / DD / YYYY 01 / 31 / 2018		
Mailing Address 117 NORTH SAINT ASAPH ST					
City ALEXANDRIA		State VA	Zip Code 22314		
Purpose of Disbursement CAREY ACCT: PAYMENT PROCESSING FEES				<input type="checkbox"/>	
Candidate Name				Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					
				FEC Identification Number C [REDACTED] Transaction ID : SB29.I11374: Amount of Each Disbursement this Period [REDACTED] 13004.62 <input type="checkbox"/> Memo Item	

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

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

[REDACTED] 13004.62
[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Committee To Defend The President

Full Name (Last, First, Middle Initial) A. ENVISION MARKETING		Date of Disbursement MM / DD / YYYY 01 / 05 / 2018	
Mailing Address 148 GRAVES MILL RD		FEC Identification Number C [REDACTED] Transaction ID : SB29.I113765 Amount of Each Disbursement this Period [REDACTED] 537.87	
City LYNCHBURG	State VA	Zip Code 24502	Category/ Type [REDACTED]
Purpose of Disbursement CAREY ACCT: POSTAGE AND SHIPPING		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. EXPEDIA		Date of Disbursement MM / DD / YYYY 01 / 12 / 2018	
Mailing Address 333 108TH AVE NE		FEC Identification Number C [REDACTED] Transaction ID : SB29.I113766 Amount of Each Disbursement this Period [REDACTED] 31.00	
City BELLEVUE	State WA	Zip Code 98004	Category/ Type [REDACTED]
Purpose of Disbursement CAREY ACCT: TRAVEL INSURANCE		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. EXPEDIA		Date of Disbursement MM / DD / YYYY 01 / 19 / 2018	
Mailing Address 333 108TH AVE NE		FEC Identification Number C [REDACTED] Transaction ID : SB29.I113766 Amount of Each Disbursement this Period [REDACTED] 41.00	
City BELLEVUE	State WA	Zip Code 98004	Category/ Type [REDACTED]
Purpose of Disbursement CAREY ACCT: TRAVEL INSURANCE		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 609.87
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Committee To Defend The President

Full Name (Last, First, Middle Initial)

A. EXPEDIA

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement
CAREY ACCT: LODGING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 19 / 2018

FEC Identification Number

C
Transaction ID : SB29.I113768
Amount of Each Disbursement this Period
1059.63

Memo Item

Full Name (Last, First, Middle Initial)

B. EXPEDIA

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement
CAREY ACCT: AIRFARE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 19 / 2018

FEC Identification Number

C
Transaction ID : SB29.I113769
Amount of Each Disbursement this Period
787.52

Memo Item

Full Name (Last, First, Middle Initial)

C. EXTRA SPACE STORAGE

Mailing Address 1022 N HENRY ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CAREY ACCT: STORAGE FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 22 / 2018

FEC Identification Number

C
Transaction ID : SB29.I113771
Amount of Each Disbursement this Period
206.00

Memo Item

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

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

2053.15

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Committee To Defend The President

Full Name (Last, First, Middle Initial) A. FRONTIER AIRLINES		Date of Disbursement MM / DD / YYYY 01 / 22 / 2018
Mailing Address 7001 TOWER RD		FEC Identification Number C [] Transaction ID : SB29.I113771 Amount of Each Disbursement this Period [] 6720.67
City DENVER	State CO	Zip Code 80249
Purpose of Disbursement CAREY ACCT: AIRFARE		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. PAC MANAGEMENT SERVICES LLC		Date of Disbursement MM / DD / YYYY 01 / 05 / 2018
Mailing Address 500 MONTGOMERY ST. STE. 400		FEC Identification Number C [] Transaction ID : SB29.I113774 Amount of Each Disbursement this Period [] 6000.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement CAREY ACCT: COMPLIANCE SERVICES		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. POLITICAL.LAW		Date of Disbursement MM / DD / YYYY 01 / 05 / 2018
Mailing Address 203 SOUTH UNION STREET SUITE 300		FEC Identification Number C [] Transaction ID : SB29.I113777 Amount of Each Disbursement this Period [] 151.07
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement CAREY ACCT: REIMBURSEMENTS		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 6720.67
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 Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Committee To Defend The President

Full Name (Last, First, Middle Initial)

A. POLITICAL.LAW

Mailing Address 203 SOUTH UNION STREET SUITE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement CAREY ACCT: FEC COMPLIANT V. HILLARY/ADDT'L LEGAL 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
 01 / 18 / 2018

FEC Identification Number

C
Transaction ID : SB29.I113776
 Amount of Each Disbursement this Period
 57500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. SAME DAY PROCESSING

Mailing Address P.O. BOX 251382

City ST. PAUL State MN Zip Code 55125

Purpose of Disbursement CAREY ACCT: CAGING AND PAYMENT PROCESSING

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
 01 / 08 / 2018

FEC Identification Number

C
Transaction ID : SB29.I113777
 Amount of Each Disbursement this Period
 1296.20

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement 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)..... ▶

58796.20
 109528.21

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 91 OF 101
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
The Committee To Defend The President

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Campaign Solutions		Nature of Debt (Purpose): Online Voter Contact	
Mailing Address 117 N Saint Asaph St.			
City Alexandria	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period 0.00		Transaction ID : 01.18a	
Amount Incurred This Period 12657.57	Payment This Period 0.00	Outstanding Balance at Close of This Period 12657.57	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Infocision Management Corporation		Nature of Debt (Purpose): PHONE VOTER CONTACT	
Mailing Address P.O. Box 932441			
City Cleveland	State OH	Zip Code 44193	

Outstanding Balance Beginning This Period 0.00		Transaction ID : 01.18c	
Amount Incurred This Period 1022.39	Payment This Period 0.00	Outstanding Balance at Close of This Period 1022.39	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Message Made Easy, LLC		Nature of Debt (Purpose): PHONE VOTER CONTACT	
Mailing Address P.O. Box 230			
City Canal Fulton	State OH	Zip Code 44614	

Outstanding Balance Beginning This Period 0.00		Transaction ID : 01.18b	
Amount Incurred This Period 3195.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3195.00	

1) SUBTOTALS This Period This Page (optional)..... ▶	16874.96
2) TOTALS This Period (last page this line number only)..... ▶	16874.96
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	16874.96

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
The Committee To Defend The President
FEC IDENTIFICATION NUMBER
C C00544767

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
ALLEGIANCE DIRECT, LLC
Mailing Address
215 DEPORT CT. SE SUITE 302
City
LEESBURG State
VA Zip Code
20175
Purpose of Expenditure
MAIL VOTER CONTACT
Category/Type
Date of Public Distribution/Dissemination
01 / 30 / 2018
Amount
11917.00
Transaction ID : SE24.111264
Date of Disbursement or Obligation
01 / 24 / 2018

Name of Federal Candidate:
TRUMP, DONALD, J,
Support
Office Sought:
President
Disbursement For:
General
2020

Full Name of Payee
CAMPAIGN HQ
PART OF ESTIMATE. SEE SE24.109629
Mailing Address
P.O. BOX 257
City
BROOKLYN State
IA Zip Code
52211
Purpose of Expenditure
PHONE VOTER CONTACT
Category/Type
Date of Public Distribution/Dissemination
01 / 02 / 2018
Amount
50000.00
Transaction ID : SE24.113416
Date of Disbursement or Obligation
01 / 03 / 2018

Name of Federal Candidate:
TRUMP, DONALD, J,
Support
Office Sought:
President
Disbursement For:
General
2020

(a) SUBTOTAL of Itemized Independent Expenditures
61917.00
(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
01 / 24 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
The Committee To Defend The President
FEC IDENTIFICATION NUMBER
C C00544767

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
CAMPAIGN SOLUTIONS
PART OF ESTIMATE. SEE SE24.109592
Mailing Address 117 N SAINT ASAPH ST.
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure
ONLINE VOTER CONTACT
Category/Type
Date of Public Distribution/Dissemination 12/01/2017
Amount 14965.22
Transaction ID : SE24.113417
Date of Disbursement or Obligation 01/08/2018

Name of Federal Candidate:
TRUMP, DONALD, J, ,
Support Oppose
Office Sought: House District:
President Senate State:
Calendar Year-To-Date
Per Election for Office Sought 192807.58
Disbursement For: Primary General
Other (specify)

Full Name of Payee
CAMPAIGN SOLUTIONS
PART OF ESTIMATE. SEE SE24.109631
Mailing Address 117 N SAINT ASAPH ST.
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure
ONLINE DISTRIBUTION COSTS
Category/Type
Date of Public Distribution/Dissemination 01/02/2018
Amount 23405.52
Transaction ID : SE24.113741
Date of Disbursement or Obligation 01/31/2018

Name of Federal Candidate:
TRUMP, DONALD, J, ,
Support Oppose
Office Sought: House District:
President Senate State:
Calendar Year-To-Date
Per Election for Office Sought 192807.58
Disbursement For: Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 38370.74
(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 12/01/2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
The Committee To Defend The President
FEC IDENTIFICATION NUMBER
C C00544767

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee CAMPAIGN SOLUTIONS
PART OF ESTIMATE. SEE SE24.109632
Mailing Address 117 N SAINT ASAPH ST.
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure LIST RENTAL FEES
Category/Type
Name of Federal Candidate: TRUMP, DONALD, J, , Support
Office Sought: President
Disbursement For: General 2020
Amount 27623.90
Transaction ID : SE24.113742
Date of Disbursement or Obligation 01/31/2018

Full Name of Payee CONNELL DONATELLI, INC.
Mailing Address P.O. BOX 1877
City ALEXANDRIA State VA Zip Code 22313
Purpose of Expenditure ONLINE VOTER CONTACT
Category/Type
Name of Federal Candidate: TRUMP, DONALD, J, , Support
Office Sought: President
Disbursement For: General 2020
Amount 2000.00
Transaction ID : SE24.109665
Date of Disbursement or Obligation 01/09/2018

(a) SUBTOTAL of Itemized Independent Expenditures 29623.90
(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

01/01/2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
The Committee To Defend The President
FEC IDENTIFICATION NUMBER
C C00544767

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee CONNELL DONATELLI, INC.
Mailing Address P.O. BOX 1877
City ALEXANDRIA State VA Zip Code 22313
Purpose of Expenditure ONLINE VOTER CONTACT
Name of Federal Candidate: TRUMP, DONALD, J, , Support
Date of Public Distribution/Dissemination 01/30/2018
Amount 28125.00
Transaction ID : SE24.113387
Date of Disbursement or Obligation 01/31/2018
Calendar Year-To-Date Per Election for Office Sought 192807.58
Disbursement For: Primary General 2020

Full Name of Payee DEGAINE DESIGNS LLC
Mailing Address 2601 S LEMANY AVE STE 7-444
City FORT COLLINS State CO Zip Code 80525
Purpose of Expenditure PRODUCTION COSTS
Name of Federal Candidate: TRUMP, DONALD, J, , Support
Date of Public Distribution/Dissemination 02/05/2018
Amount 1000.00
Transaction ID : SE24.113740
Date of Disbursement or Obligation 01/23/2018
Calendar Year-To-Date Per Election for Office Sought 192807.58
Disbursement For: Primary General 2020

(a) SUBTOTAL of Itemized Independent Expenditures 29125.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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BACKER, DAN, ,

[Electronically Filed]

Date 01/30/2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
The Committee To Defend The President
FEC IDENTIFICATION NUMBER
C C00544767

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
FACEBOOK, INC.
PART OF ESTIMATE. SEE SE24.109634
Mailing Address 1 HACKER WAY
City MENLO PARK State CA Zip Code 94025
Purpose of Expenditure ONLINE ADVERTISING
Category/Type
Date of Public Distribution/Dissemination 01/02/2018
Amount 167.34
Transaction ID: SE24.113752
Date of Disbursement or Obligation 01/02/2018

Name of Federal Candidate: TRUMP, DONALD, J,
Support Oppose
Office Sought: House Senate State:
Disbursement For: Primary General 2020 Other (specify)

Full Name of Payee
FACEBOOK, INC.
PART OF ESTIMATE. SEE SE24.109634
Mailing Address 1 HACKER WAY
City MENLO PARK State CA Zip Code 94025
Purpose of Expenditure ONLINE ADVERTISING
Category/Type
Date of Public Distribution/Dissemination 01/02/2018
Amount 500.00
Transaction ID: SE24.113753
Date of Disbursement or Obligation 01/11/2018

Name of Federal Candidate: TRUMP, DONALD, J,
Support Oppose
Office Sought: House Senate State:
Disbursement For: Primary General 2020 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 667.34
(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 01/01/2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
The Committee To Defend The President
FEC IDENTIFICATION NUMBER
C C00544767

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
FACEBOOK, INC.
PART OF ESTIMATE. SEE SE24.109634
Mailing Address 1 HACKER WAY
City MENLO PARK State CA Zip Code 94025
Purpose of Expenditure ONLINE AD
Category/Type
Date of Public Distribution/Dissemination 01/02/2018
Amount 499.33
Transaction ID: SE24.113754
Date of Disbursement or Obligation 01/12/2018

Name of Federal Candidate: TRUMP, DONALD, J,
Support Oppose
Office Sought: President Senate State:
Disbursement For: Primary General 2020 Other (specify)

Full Name of Payee
FACEBOOK, INC.
PART OF ESTIMATE. SEE SE24.109634
Mailing Address 1 HACKER WAY
City MENLO PARK State CA Zip Code 94025
Purpose of Expenditure ONLINE ADVERTISING
Category/Type
Date of Public Distribution/Dissemination 01/02/2018
Amount 499.56
Transaction ID: SE24.113755
Date of Disbursement or Obligation 01/20/2018

Name of Federal Candidate: TRUMP, DONALD, J,
Support Oppose
Office Sought: President Senate State:
Disbursement For: Primary General 2020 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 998.89
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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BACKER, DAN, ,

[Electronically Filed]

Date 01/01/2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
The Committee To Defend The President
FEC IDENTIFICATION NUMBER
C C00544767

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
FACEBOOK, INC.
PART OF ESTIMATE. SEE SE24.109634
Mailing Address 1 HACKER WAY
City MENLO PARK State CA Zip Code 94025
Purpose of Expenditure ONLINE ADVERTISING
Category/Type
Date of Public Distribution/Dissemination 01 / 02 / 2018
Amount 1.25
Transaction ID : SE24.113757
Date of Disbursement or Obligation 01 / 31 / 2018

Name of Federal Candidate: TRUMP, DONALD, J,
Support Oppose
Office Sought: House Senate State:
Disbursement For: Primary General 2020 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORPORATION
PART OF ESTIMATE. SEE SE24.109635
Mailing Address P.O. BOX 932441
City CLEVELAND State OH Zip Code 44193
Purpose of Expenditure PHONE VOTER CONTACT
Category/Type
Date of Public Distribution/Dissemination 01 / 02 / 2018
Amount 1538.73
Transaction ID : SE24.113419
Date of Disbursement or Obligation 01 / 10 / 2018

Name of Federal Candidate: TRUMP, DONALD, J,
Support Oppose
Office Sought: House Senate State:
Disbursement For: Primary General 2020 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1539.98
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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BACKER, DAN, ,

[Electronically Filed]

Date 01 / 01 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
The Committee To Defend The President
FEC IDENTIFICATION NUMBER
C C00544767

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORPORATION
PART OF ESTIMATE. SEE SE24.109635

Date of Public Distribution/Dissemination
01 / 08 / 2018

Mailing Address
P.O. BOX 932441

Amount
13200.57

City State Zip Code
CLEVELAND OH 44193

Transaction ID : SE24.113418

Purpose of Expenditure
PHONE VOTER CONTACT
Category/Type

Date of Disbursement or Obligation
01 / 17 / 2018

Name of Federal Candidate:
TRUMP, DONALD, J, ,
Support Oppose

Office Sought:
House Senate State:
President

Calendar Year-To-Date
Per Election for Office Sought
192807.58

Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORPORATION
PART OF ESTIMATE. SEE SE24.109635

Date of Public Distribution/Dissemination
01 / 24 / 2018

Mailing Address
P.O. BOX 932441

Amount
7364.16

City State Zip Code
CLEVELAND OH 44193

Transaction ID : SE24.113420

Purpose of Expenditure
PHONE VOTER CONTACT
Category/Type

Date of Disbursement or Obligation
01 / 24 / 2018

Name of Federal Candidate:
TRUMP, DONALD, J, ,
Support Oppose

Office Sought:
House Senate State:
President

Calendar Year-To-Date
Per Election for Office Sought
192807.58

Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 20564.73
(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 01 / 08 / 2018
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
The Committee To Defend The President
FEC IDENTIFICATION NUMBER
C C00544767

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: RAPID RESPONSE TELEVISION, LLC
Mailing Address: P.O. BOX 36819
City: CANTON, State: OH, Zip Code: 44735
Purpose of Expenditure: BILLBOARD ADVERTISING
Category/Type:
Name of Federal Candidate: TRUMP, DONALD, J, , Support
Office Sought: President
Disbursement For: General
Amount: 10000.00
Transaction ID: SE24.113739
Date of Disbursement or Obligation: 01/17/2018

Full Name of Payee: INFOCISION MANAGEMENT CORPORATION
Mailing Address: P.O. BOX 932441
City: CLEVELAND, State: OH, Zip Code: 44193
Purpose of Expenditure: PHONE VOTER CONTACT
Category/Type:
Name of Federal Candidate: TRUMP, DONALD, J, , Support
Office Sought: President
Disbursement For: General
Amount: 1022.39
Transaction ID: SE24.113853
Date of Disbursement or Obligation: 02/02/2018

(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, ,
Signature

[Electronically Filed]

Date 01/17/2018

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) The Committee To Defend The President	FEC IDENTIFICATION NUMBER ▼ C C00544767
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input checked="" type="checkbox"/> Memo Item MESSAGE MADE EASY, LLC SUB-VENDOR OF ESTIMATE FILED. SEE SE24.109635	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> 01 / 10 / 2018
Mailing Address P.O. BOX 230	Amount <input type="text"/> 3195.00 Transaction ID : SE24.113854 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> 02 / 13 / 2018
City State Zip Code CANAL FULTON OH 44614	
Purpose of Expenditure Category/Type PHONE VOTER CONTACT <input type="text"/>	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose TRUMP, DONALD, J, ,	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 402807.58	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 CAMPAIGN SOLUTIONS PART OF ESTIMATE. SEE SE24.109630	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> 01 / 02 / 2018
Mailing Address 117 N SAINT ASAPH ST.	Amount <input type="text"/> 12657.57 Transaction ID : SE24.113852 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> 02 / 09 / 2018
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure Category/Type ONLINE VOTER CONTACT <input type="text"/>	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose TRUMP, DONALD, J, ,	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 402807.58	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"/> 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/> 192807.58

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

/ /
01 / 10 / 2018

Signature