

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

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

FOR LINE NUMBER: PAGE 1256 OF 2309

(check only one)

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

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. MALONEY, CYNTHIA, , ,

Mailing Address 418 N. MILDRED AVE

City
KING CITYState
CAZip Code
93930-3217FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

CENTRAL COAST VISITING NURSES AND HOSP

Occupation (for Individual)

R.N.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 24 / 2019

Transaction ID : SA11A.1832556

Amount of Each Receipt this Period

35.00

☐ Memo Item
 CONTRIBUTION

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

B. MALONEY, CYNTHIA, , ,

Mailing Address 418 N. MILDRED AVE

City
KING CITYState
CAZip Code
93930-3217FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

CENTRAL COAST VISITING NURSES AND HOSP

Occupation (for Individual)

R.N.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 30 / 2019

Transaction ID : SA11A.1837369

Amount of Each Receipt this Period

25.00

☐ Memo Item
 CONTRIBUTION

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

C. MALONE, JAMES, , ,

Mailing Address 2749 E GEDDES PL

City
LITTLETONState
COZip Code
80122-1726FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 06 / 2019

Transaction ID : SA11A.1817700

Amount of Each Receipt this Period

5.00

☐ Memo Item
 CONTRIBUTION

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

65.00

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