

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

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

FOR LINE NUMBER: PAGE 1483 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. NORBY, STEPHANIE, , ,

Mailing Address 10217 COLUMBUS RD

City
MINNEAPOLISState
MNZip Code
55420-5419FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2019

Transaction ID : SA11A.1827134

Amount of Each Receipt this Period

35.00

☐ Memo Item
 CONTRIBUTION

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

B. NORIEGA, JOHN, , ,

Mailing Address 1615 THOMPSON RD

City
LITHIAState
FLZip Code
33547-1863FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BILL'S PRESCRIPTION CENTER, INCOccupation (for Individual)
PHARMACIST

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
 10 / 31 / 2019

Transaction ID : SA11A.1839338

Amount of Each Receipt this Period

250.00

☐ Memo Item
 CONTRIBUTION

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

C. NORRIS, CHARLES, , ,

Mailing Address 2340 GLENSTONE AVENUE

City
HACIENDA HEIGHTSState
CAZip Code
91745-4516FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (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
 10 / 05 / 2019

Transaction ID : SA11A.1818119

Amount of Each Receipt this Period

25.00

☐ Memo Item
 CONTRIBUTION

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

310.00

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