

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2008 OF 2309  
(check only one)

<input checked="" 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 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. SZABO, MARIANNA, , ,**

Mailing Address 9700 N. WILLOW AVE

City  
TAMPAState  
FLZip Code  
33612-7762FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MID-FLORIDA PATHOLOGYOccupation (for Individual)  
PATHOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

693.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2019

**Transaction ID : SA11A.1827861**

Amount of Each Receipt this Period

75.00

☐ Memo Item  
CONTRIBUTION

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

**B. SZABO, MARIANNA, , ,**

Mailing Address 9700 N. WILLOW AVE

City  
TAMPAState  
FLZip Code  
33612-7762FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MID-FLORIDA PATHOLOGYOccupation (for Individual)  
PATHOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

693.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2019

**Transaction ID : SA11A.1829126**

Amount of Each Receipt this Period

3.75

☐ Memo Item  
CONTRIBUTION

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

**C. SZABO, MARIANNA, , ,**

Mailing Address 9700 N. WILLOW AVE

City  
TAMPAState  
FLZip Code  
33612-7762FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MID-FLORIDA PATHOLOGYOccupation (for Individual)  
PATHOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

693.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2019

**Transaction ID : SA11A.1831279**

Amount of Each Receipt this Period

15.00

☐ Memo Item  
CONTRIBUTION
**SUBTOTAL** of Receipts This Page (optional)..... ►

93.75

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