

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

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

FOR LINE NUMBER: PAGE 2123 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. WARNER, JOHN, , ,

Mailing Address 139 W SATIN ST
 B3

City
 JEFFERSON

State
 OH

Zip Code
 44047-1378

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 18 / 2019

Transaction ID : SA11A.1828097

Amount of Each Receipt this Period

50.00

☐ Memo Item
 CONTRIBUTION

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

B. WARNER, ROBERT, , ,

Mailing Address 2305 SUNDOWN COURT

City

ANACORTES

State

WA

Zip Code

98221-4832

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
 10 / 02 / 2019

Transaction ID : SA11A.1820122

Amount of Each Receipt this Period

250.00

☐ Memo Item
 CONTRIBUTION

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

C. WARREN, FAIRAL, , ,

Mailing Address 5324 W. REGAL DRIVE

City

LA PORTE

State

IN

Zip Code

46350-8599

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 BLUE CHIP CASINO

Occupation (for Individual)
 MAINTENANCE SUPERVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 11 / 2019

Transaction ID : SA11A.1823767

Amount of Each Receipt this Period

35.00

☐ Memo Item
 CONTRIBUTION

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

335.00

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