

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 819 OF 1404
(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

A. METILDI, LEONARD, , ,Mailing Address 4351 E LOHMAN AVE
320City
LAS CRUCESState
NMZip Code
88011-8259FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MVRMCOccupation (for Individual)
SURGEONLE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2019

Transaction ID : SA11A.1775504

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

B. METILDI, LEONARD, , ,Mailing Address 4351 E LOHMAN AVE
320City
LAS CRUCESState
NMZip Code
88011-8259FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MVRMCOccupation (for Individual)
SURGEONLE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2019

Transaction ID : SA11A.1777635

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. METILDI, LEONARD, , ,Mailing Address 4351 E LOHMAN AVE
320City
LAS CRUCESState
NMZip Code
88011-8259FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MVRMCOccupation (for Individual)
SURGEONLE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2019

Transaction ID : SA11A.1786343

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

120.00

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