

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5
Committee to Defend the President

ADDRESS (number and street) 441 North Lee Street Ste 205 Alexandria VA 22314
Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00544767
3. IS THIS REPORT NEW (N) OR AMENDED (A) x

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report
(b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31
(c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special
(d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 07 / 01 / 2016 through 09 / 30 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Backer, Dan, , ,

Signature of Treasurer Backer, Dan, , , [Electronically Filed] Date 12 / 19 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Committee to Defend the President

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="126048.43"/>	<input type="text" value="126048.43"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="74888.35"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1044691.76"/>	<input type="text" value="1360029.12"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1119580.11"/>	<input type="text" value="1486077.55"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="930193.50"/>	<input type="text" value="1296690.94"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="189386.61"/>	<input type="text" value="189386.61"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="66723.20"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Committee to Defend the President

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2750.00	3550.00
(ii) Unitemized	58487.00	65679.70
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	61237.00	69229.70
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	61237.00	69229.70
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	170.00	248.82
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	983284.76	1290550.60
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	1044691.76	1360029.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1044691.76	1360029.12

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1142.62	11695.42
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1142.62	11695.42
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	7000.00
24. Independent Expenditures (use Schedule E)	818723.09	958237.15
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	17209.22	23872.91
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	17209.22	23872.91
29. Other Disbursements (Including Non-Federal Donations).....	88118.57	295885.46
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	930193.50	1296690.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	930193.50	1296690.94

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	61237.00	69229.70
34. Total Contribution Refunds (from Line 28(d))	17209.22	23872.91
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	44027.78	45356.79
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1142.62	11695.42
37. Offsets to Operating Expenditures (from Line 15, page 3).....	170.00	248.82
38. Net Operating Expenditures (subtract Line 37 from Line 36)	972.62	11446.60

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

Report amended to update calendar year-to-date totals and correct an \$11.95 discrepancy in transaction fees.
Previous Text: This report amended to include memo and debt entries on Schedules D and E for independent expenditure disseminated this period but paid in a later period.

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 700
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. FALK, HOLGER, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 132 KENT LANE, KENTS STORE
KENTS STORE

City KENTS STORE State VA Zip Code 23084-2268

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FIELDSTONE HOMES INC. Occupation (for Individual) CONTRSCTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 15 / 2016
Transaction ID : SA11A.496386

Amount of Each Receipt this Period 75.00

Memo Item CONTRIBUTION

B. JOHNSON, TODD, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 721 RIDGEWOOD RD

City DULUTH State MN Zip Code 55804-1732

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CAPSTAN CORP Occupation (for Individual) CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 21 / 2016
Transaction ID : SA11A.495692

Amount of Each Receipt this Period 500.00

Memo Item CONTRIBUTION

C. KLING, THOMAS, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8733 E AMELIA

City SCOTTSDALE State AZ Zip Code 85251-5085

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 ▼ 425.00

Date of Receipt 09 / 12 / 2016
Transaction ID : SA11A.496774

Amount of Each Receipt this Period 50.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	625.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 700
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. NUSSEAR, CORINNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1466 WHISPER WIND LANE
 City OLDSMAR State FL Zip Code 34677-5130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **07 / 14 / 2016**
Transaction ID : SA11A.496048
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

B. SHUMATE, BETHANY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1907 SO. BUNDY DR. 1907 S BUNDY DR.
 City FRESNO State CA Zip Code 93727-6204
 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 ▼ 270.00

Date of Receipt **08 / 16 / 2016**
Transaction ID : SA11A.496450
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION

C. SMITH, WAYNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 186 N WAVERLY PL
 City KENNEWICK State WA Zip Code 99336-3250
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **09 / 09 / 2016**
Transaction ID : SA11A.495552
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1025.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 9 OF 700
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. STRATHMAN, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 902 PIONEER ST
 City SENECA State KS Zip Code 66538-1678
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 09 / 2016
Transaction ID : SA11A.495551
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

B. TEASS, GARNETTE , , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 458 PADGETTS HILL RD
 City NATURAL BRIDGE State VA Zip Code 24578-4135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 07 / 2016
Transaction ID : SA11A.495452
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

C. TREFZ, CHRISTIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 BURRITTS LNDG S
 City WESTPORT State CT Zip Code 06880-6443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 12 / 2016
Transaction ID : SA11A.496720
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 10 OF 700
(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)
Committee to Defend the President

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
YUKI, TOM, , ,

Mailing Address 14800 OKA RD

City LOS GATOS	State CA	Zip Code 95032-1920
-------------------	-------------	------------------------

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 ▼
1100.00

Date of Receipt
MM / DD / YYYY
08 / 17 / 2016

Transaction ID : SA11A.496409

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	2750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. A.TALBOTT, CLOYCE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2600 TOWLE PARK ROAD

City SNYDER	State TX	Zip Code 79549-5866
----------------	-------------	------------------------

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2016

Transaction ID : SA17.512386

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. AANENSON, ERIC, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3288 OWASSO HEIGHTS ROAD

City SHOREVIEW	State MN	Zip Code 55126-4130
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) OLD DUTCH FOODS, INC.	Occupation (for Individual) COO, VP OPERATIONS, CO- OWNER
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2016

Transaction ID : SA17.532135

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. ACQUISTO, SUSAN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5700 STONERIDGE MALL RD
350

City PLEASANTON	State CA	Zip Code 94588-2822
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RRCS INC.	Occupation (for Individual) CONSULTANT
--	---

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
09	/	05	/	2016

Transaction ID : SA17.523186

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	5750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. ADAMS, ALBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5602 WELLINGTON DRIVE
 City AUSTIN State TX Zip Code 78723-4012
 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 ▼ 263.00

Date of Receipt 07 / 05 / 2016
Transaction ID : SA17.497894
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. ADAMS, ALBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5602 WELLINGTON DRIVE
 City AUSTIN State TX Zip Code 78723-4012
 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 ▼ 263.00

Date of Receipt 08 / 05 / 2016
Transaction ID : SA17.500525
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. ADAMS, ALBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5602 WELLINGTON DRIVE
 City AUSTIN State TX Zip Code 78723-4012
 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 ▼ 263.00

Date of Receipt 08 / 23 / 2016
Transaction ID : SA17.508284
 Amount of Each Receipt this Period 3.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	53.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. ADAMS, ALBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5602 WELLINGTON DRIVE
 City AUSTIN State TX Zip Code 78723-4012
 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 ▼ 263.00

Date of Receipt 08 / 29 / 2016
Transaction ID : SA17.513772
 Amount of Each Receipt this Period 3.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. ADAMS, ALBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5602 WELLINGTON DRIVE
 City AUSTIN State TX Zip Code 78723-4012
 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 ▼ 263.00

Date of Receipt 09 / 05 / 2016
Transaction ID : SA17.520537
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. ADAMS, ALBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5602 WELLINGTON DRIVE
 City AUSTIN State TX Zip Code 78723-4012
 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 ▼ 263.00

Date of Receipt 09 / 12 / 2016
Transaction ID : SA17.524679
 Amount of Each Receipt this Period 3.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	31.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. ADAMS, ALBERT, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5602 WELLINGTON DRIVE

City AUSTIN	State TX	Zip Code 78723-4012
----------------	-------------	------------------------

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 ▼
263.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2016

Transaction ID : SA17.529246

Amount of Each Receipt this Period
3.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. ADAMS, ALBERT, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5602 WELLINGTON DRIVE

City AUSTIN	State TX	Zip Code 78723-4012
----------------	-------------	------------------------

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 ▼
263.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2016

Transaction ID : SA17.531346

Amount of Each Receipt this Period
3.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. ADAMS, FRANKLIN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 128 GOVERNORS ROAD

City PONTE VEDRA BEACH	State FL	Zip Code 32082-3948
---------------------------	-------------	------------------------

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 ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	05	/	2016

Transaction ID : SA17.497895

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	31.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. ADAMS, FRANKLIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 128 GOVERNORS ROAD
 City PONTE VEDRA BEACH State FL Zip Code 32082-3948
 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 ▼ 210.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.500526
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. ADAMS, FRANKLIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 128 GOVERNORS ROAD
 City PONTE VEDRA BEACH State FL Zip Code 32082-3948
 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 ▼ 210.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.520538
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. ADAMS, FRANKLIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 128 GOVERNORS ROAD
 City PONTE VEDRA BEACH State FL Zip Code 32082-3948
 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 ▼ 210.00

Date of Receipt **09 / 14 / 2016**
Transaction ID : SA17.525818
 Amount of Each Receipt this Period 35.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	85.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. ADAMS, FRANKLIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 128 GOVERNORS ROAD
 City PONTE VEDRA BEACH State FL Zip Code 32082-3948
 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 ▼ 210.00

Date of Receipt **09 / 29 / 2016**
Transaction ID : SA17.532998
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. ADAMS, GARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3420-H W MACARTHUR BLVD
 City SANTA ANA State CA Zip Code 92704-6853
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ADAMS PROPERTIES Occupation (for Individual) PROPERTY MANAGEMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **08 / 19 / 2016**
Transaction ID : SA17.504408
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. ADAMS, GARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3420-H W MACARTHUR BLVD
 City SANTA ANA State CA Zip Code 92704-6853
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ADAMS PROPERTIES Occupation (for Individual) PROPERTY MANAGEMENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.522480
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	125.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. ADAMS, GARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3420-H W MACARTHUR BLVD
 City SANTA ANA State CA Zip Code 92704-6853
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ADAMS PROPERTIES Occupation (for Individual) PROPERTY MANAGEMENT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2016
Transaction ID : SA17.528003
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. ADAMS, GARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3420-H W MACARTHUR BLVD
 City SANTA ANA State CA Zip Code 92704-6853
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ADAMS PROPERTIES Occupation (for Individual) PROPERTY MANAGEMENT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2016
Transaction ID : SA17.533409
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. ADAMS, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1616 S. PENINSULA DR.
 City DAYTONA BEACH State FL Zip Code 32118-4948
 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 ▼ 313.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2016
Transaction ID : SA17.498527
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. ADAMS, JOHN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1616 S. PENINSULA DR.

City DAYTONA BEACH	State FL	Zip Code 32118-4948
-----------------------	-------------	------------------------

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 ▼
313.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2016

Transaction ID : SA17.498528

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. ADAMS, JOHN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1616 S. PENINSULA DR.

City DAYTONA BEACH	State FL	Zip Code 32118-4948
-----------------------	-------------	------------------------

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 ▼
313.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2016

Transaction ID : SA17.501903

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. ADAMS, JOHN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1616 S. PENINSULA DR.

City DAYTONA BEACH	State FL	Zip Code 32118-4948
-----------------------	-------------	------------------------

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 ▼
313.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2016

Transaction ID : SA17.523440

Amount of Each Receipt this Period
10.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	110.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. ADAMS, JOHN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1616 S. PENINSULA DR.

City DAYTONA BEACH	State FL	Zip Code 32118-4948
-----------------------	-------------	------------------------

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 ▼
313.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2016

Transaction ID : SA17.527268

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. ADAMS, JOHN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1616 S. PENINSULA DR.

City DAYTONA BEACH	State FL	Zip Code 32118-4948
-----------------------	-------------	------------------------

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 ▼
313.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2016

Transaction ID : SA17.531347

Amount of Each Receipt this Period
3.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. ADDY, MIKE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1850 ARUNDEL RD

City MYRTLE BEACH	State SC	Zip Code 29577-5907
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ADDY'S HARBOR DODGE	Occupation (for Individual) AUTO DEALER
--	--

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
08	/	19	/	2016

Transaction ID : SA17.504814

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	278.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. ADDY, MIKE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1850 ARUNDEL RD

City MYRTLE BEACH	State SC	Zip Code 29577-5907
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ADDY'S HARBOR DODGE	Occupation (for Individual) AUTO DEALER
--	--

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
09		05		2016

Transaction ID : SA17.523187

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. ADKISSON, MARK, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5652 HUNT CLUB DR.

City FONTANA	State CA	Zip Code 92336-1135
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) TOSHIBA AMERICA MEDICAL SYSTEMS	Occupation (for Individual) IMAGING SUPPORT ENGINEER
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2016

Transaction ID : SA17.504409

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. ADKISSON, MARK, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5652 HUNT CLUB DR.

City FONTANA	State CA	Zip Code 92336-1135
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) TOSHIBA AMERICA MEDICAL SYSTEMS	Occupation (for Individual) IMAGING SUPPORT ENGINEER
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2016

Transaction ID : SA17.522481

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. AINLEY, PAT, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 14 / 2016
Mailing Address P O BOX 3908			Transaction ID : SA17.501701
City CRESTLINE	State CA	Zip Code 92325-3908	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) AINLEY ENTERPRISES LLC		Occupation (for Individual) PROPERTY MANAGEMENT	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. AINLEY, PAT, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 22 / 2016
Mailing Address P O BOX 3908			Transaction ID : SA17.508118
City CRESTLINE	State CA	Zip Code 92325-3908	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) AINLEY ENTERPRISES LLC		Occupation (for Individual) PROPERTY MANAGEMENT	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. AINLEY, PAT, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2016
Mailing Address P O BOX 3908			Transaction ID : SA17.517140
City CRESTLINE	State CA	Zip Code 92325-3908	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) AINLEY ENTERPRISES LLC		Occupation (for Individual) PROPERTY MANAGEMENT	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 510.00		

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. AINLEY, PAT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 3908

City CRESTLINE	State CA	Zip Code 92325-3908
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) AINLEY ENTERPRISES LLC	Occupation (for Individual) PROPERTY MANAGEMENT
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2016
Transaction ID : SA17.524444

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. ALLEGRA, VINCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 449 S EVERGREEN ST

City BENSENVILLE	State IL	Zip Code 60106-2505
---------------------	-------------	------------------------

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 ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2016
Transaction ID : SA17.498690

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. ALLEGRA, VINCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 449 S EVERGREEN ST

City BENSENVILLE	State IL	Zip Code 60106-2505
---------------------	-------------	------------------------

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 ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 05 / 2016
Transaction ID : SA17.501305

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. ALLEGRA, VINCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 449 S EVERGREEN ST
 City BENSENVILLE State IL Zip Code 60106-2505
 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 ▼ 400.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.522934
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. ALLEN, HAROLD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1093 A1A BEACH BLVD
 City SAINT AUGUSTINE State FL Zip Code 32080-6733
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) ORTHOPEDIC SURGEON
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **08 / 20 / 2016**
Transaction ID : SA17.506674
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. ALLEN, HAROLD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 713 WAKEFIELD CT
 City EL PASO State TX Zip Code 79922-2127
 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 ▼ 500.00

Date of Receipt **09 / 29 / 2016**
Transaction ID : SA17.533410
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 700
<input 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 checked="" 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)
Committee to Defend the President

A. ALLEN, HAROLD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 713 WAKEFIELD CT
 City EL PASO State TX Zip Code 79922-2127
 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 ▼ 500.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA17.534513
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. ALLEN, JEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1523 LAKE SHORE DR.
 City LONG BEACH State IN Zip Code 46360-1455
 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 ▼ 345.00

Date of Receipt 07 / 05 / 2016
Transaction ID : SA17.498530
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. ALLEN, JEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1523 LAKE SHORE DR.
 City LONG BEACH State IN Zip Code 46360-1455
 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 ▼ 345.00

Date of Receipt 08 / 05 / 2016
Transaction ID : SA17.500530
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	325.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. ALLEN, JEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1523 LAKE SHORE DR.
 City LONG BEACH State IN Zip Code 46360-1455
 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 ▼ 345.00

Date of Receipt 08 / 14 / 2016
Transaction ID : SA17.501700
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. ALLEN, JEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1523 LAKE SHORE DR.
 City LONG BEACH State IN Zip Code 46360-1455
 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 ▼ 345.00

Date of Receipt 08 / 25 / 2016
Transaction ID : SA17.512591
 Amount of Each Receipt this Period 10.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. ALLEN, JEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1523 LAKE SHORE DR.
 City LONG BEACH State IN Zip Code 46360-1455
 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 ▼ 345.00

Date of Receipt 08 / 29 / 2016
Transaction ID : SA17.514387
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. ALLEN, JEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1523 LAKE SHORE DR.
 City LONG BEACH State IN Zip Code 46360-1455
 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 ▼ 345.00

Date of Receipt 09 / 05 / 2016
Transaction ID : SA17.520557
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. ALLEN, JEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1523 LAKE SHORE DR.
 City LONG BEACH State IN Zip Code 46360-1455
 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 ▼ 345.00

Date of Receipt 09 / 12 / 2016
Transaction ID : SA17.525096
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. ALLEN, W J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5163 BUFFALO FORD RD
 City RAMSEUR State NC Zip Code 27316-8009
 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 ▼ 334.00

Date of Receipt 07 / 05 / 2016
Transaction ID : SA17.498531
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ALLEN, W J, , ,

Mailing Address 5163 BUFFALO FORD RD

City RAMSEUR	State NC	Zip Code 27316-8009
-----------------	-------------	------------------------

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 ▼
334.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		05		2016

Transaction ID : SA17.501154

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ALLEN, W J, , ,

Mailing Address 5163 BUFFALO FORD RD

City RAMSEUR	State NC	Zip Code 27316-8009
-----------------	-------------	------------------------

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 ▼
334.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		19		2016

Transaction ID : SA17.503326

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ALLEN, W J, , ,

Mailing Address 5163 BUFFALO FORD RD

City RAMSEUR	State NC	Zip Code 27316-8009
-----------------	-------------	------------------------

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 ▼
334.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		01		2016

Transaction ID : SA17.516007

Amount of Each Receipt this Period
3.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	78.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. ALLEN, W J, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5163 BUFFALO FORD RD

City RAMSEUR	State NC	Zip Code 27316-8009
-----------------	-------------	------------------------

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 ▼
334.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2016

Transaction ID : SA17.522484

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. ALLEN, W J, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5163 BUFFALO FORD RD

City RAMSEUR	State NC	Zip Code 27316-8009
-----------------	-------------	------------------------

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 ▼
334.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2016

Transaction ID : SA17.525629

Amount of Each Receipt this Period
3.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. ALLEN, W J, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5163 BUFFALO FORD RD

City RAMSEUR	State NC	Zip Code 27316-8009
-----------------	-------------	------------------------

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 ▼
334.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Transaction ID : SA17.529817

Amount of Each Receipt this Period
3.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	56.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. ALVAREZ, MAXIMO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1650 NW 87 AVE
 City DORAL State FL Zip Code 33172-2614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SUNSHINE GASOLINE DISTRIBUTORS, INC Occupation (for Individual) BUSINESSS EXEC
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **09 / 12 / 2016**
Transaction ID : SA17.525367
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. AMUNDSON, CHRIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3744 VANCOUVER DRIVE
 City RENO State NV Zip Code 89511-6046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMUNDSON ROOFING Occupation (for Individual) CONTRACTOR
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **08 / 29 / 2016**
Transaction ID : SA17.514999
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. ANDERSON, EDWIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6337 GLEN HOLLOW DR.
 City LIBERTY TWP State OH Zip Code 45011-0442
 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 ▼ 837.95

Date of Receipt **07 / 06 / 2016**
Transaction ID : SA17.498839
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	1300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. ANDERSON, EDWIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6337 GLEN HOLLOW DR.
 City LIBERTY TWP State OH Zip Code 45011-0442
 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 ▼ 837.95

Date of Receipt 08 / 17 / 2016
Transaction ID : SA17.501880
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. ANDERSON, EDWIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6337 GLEN HOLLOW DR.
 City LIBERTY TWP State OH Zip Code 45011-0442
 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 ▼ 837.95

Date of Receipt 08 / 20 / 2016
Transaction ID : SA17.505738
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. ANDERSON, EDWIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6337 GLEN HOLLOW DR.
 City LIBERTY TWP State OH Zip Code 45011-0442
 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 ▼ 837.95

Date of Receipt 08 / 21 / 2016
Transaction ID : SA17.506866
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 700
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. ANDERSON, EDWIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6337 GLEN HOLLOW DR.
 City LIBERTY TWP State OH Zip Code 45011-0442
 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 ▼ 837.95

Date of Receipt **08 / 29 / 2016**
Transaction ID : SA17.514835
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. ANDERSON, EDWIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6337 GLEN HOLLOW DR.
 City LIBERTY TWP State OH Zip Code 45011-0442
 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 ▼ 837.95

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.522487
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. ANDERSON, EDWIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6337 GLEN HOLLOW DR.
 City LIBERTY TWP State OH Zip Code 45011-0442
 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 ▼ 837.95

Date of Receipt **09 / 24 / 2016**
Transaction ID : SA17.530762
 Amount of Each Receipt this Period 27.95
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	127.95
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. ANDERSON, EDWIN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6337 GLEN HOLLOW DR.

City LIBERTY TWP	State OH	Zip Code 45011-0442
---------------------	-------------	------------------------

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 ▼
837.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2016

Transaction ID : SA17.531709

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. ANDERSON, GAIL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 416 UNION AVE

City SARATOGA SPRINGS	State NY	Zip Code 12866-6422
--------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) SELF EMPLOYED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	11	/	2016

Transaction ID : SA17.499096

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. ANDREWS, WILLIAM, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1409 MORAN RD

City FRANKLIN	State TN	Zip Code 37069-6301
------------------	-------------	------------------------

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 M	/	D D D	/	Y Y Y Y Y Y
08	/	23	/	2016

Transaction ID : SA17.511312

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	375.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 33 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ANDREWS, WILLIAM, , ,

Mailing Address 1409 MORAN RD

City FRANKLIN	State TN	Zip Code 37069-6301
------------------	-------------	------------------------

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 M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2016

Transaction ID : SA17.514837

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ANDREWS, WILLIAM, , ,

Mailing Address 1409 MORAN RD

City FRANKLIN	State TN	Zip Code 37069-6301
------------------	-------------	------------------------

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 M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2016

Transaction ID : SA17.522935

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ANDREWS, WILLIAM, , ,

Mailing Address 1409 MORAN RD

City FRANKLIN	State TN	Zip Code 37069-6301
------------------	-------------	------------------------

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 M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2016

Transaction ID : SA17.527077

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 700
<input 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 checked="" 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)
Committee to Defend the President

A. ANDREWS, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1409 MORAN RD
 City FRANKLIN State TN Zip Code 37069-6301
 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 **09 / 23 / 2016**
Transaction ID : SA17.530684
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. ANGELINI, SHIRLEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12209 AVILES CIRCLE
 City PALM BEACH GARDENS State FL Zip Code 33418-8989
 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 **08 / 19 / 2016**
Transaction ID : SA17.504655
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. ANGELINI, SHIRLEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12209 AVILES CIRCLE
 City PALM BEACH GARDENS State FL Zip Code 33418-8989
 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 **09 / 05 / 2016**
Transaction ID : SA17.522489
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 35 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. ANGELINI, SHIRLEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12209 AVILES CIRCLE
 City PALM BEACH GARDENS State FL Zip Code 33418-8989
 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 09 / 05 / 2016
Transaction ID : SA17.522936
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. ANTONIO, FRANKLIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2765 CORDOBA COVE
 City DEL MAR State CA Zip Code 92014-3504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) QUALCOMM Occupation (for Individual) CHIEF SCIENTIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 05 / 2016
Transaction ID : SA17.523230
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. APRUZZESE, VINCENT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 OCEAN RD. APT 207
 City GULF HAMMOCK State FL Zip Code 32639-
 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 ▼ 575.00

Date of Receipt 07 / 05 / 2016
Transaction ID : SA17.498691
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. APRUZZESE, VINCENT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 OCEAN RD.
 APT 207
 City GULF HAMMOCK State FL Zip Code 32639-
 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 ▼ 575.00

Date of Receipt 08 / 05 / 2016
Transaction ID : SA17.501306
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. APRUZZESE, VINCENT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 OCEAN RD.
 APT 207
 City GULF HAMMOCK State FL Zip Code 32639-
 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 ▼ 575.00

Date of Receipt 08 / 19 / 2016
Transaction ID : SA17.504413
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. APRUZZESE, VINCENT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 OCEAN RD.
 APT 207
 City GULF HAMMOCK State FL Zip Code 32639-
 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 ▼ 575.00

Date of Receipt 09 / 05 / 2016
Transaction ID : SA17.522490
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 37 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. APRUZZESE, VINCENT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 OCEAN RD.
 APT 207
 City GULF HAMMOCK State FL Zip Code 32639-
 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 ▼ 575.00

Date of Receipt 09 / 05 / 2016
Transaction ID : SA17.522938
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. APRUZZESE, VINCENT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 OCEAN RD.
 APT 207
 City GULF HAMMOCK State FL Zip Code 32639-
 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 ▼ 575.00

Date of Receipt 09 / 17 / 2016
Transaction ID : SA17.527716
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. APRUZZESE, VINCENT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 OCEAN RD.
 APT 207
 City GULF HAMMOCK State FL Zip Code 32639-
 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 ▼ 575.00

Date of Receipt 09 / 29 / 2016
Transaction ID : SA17.533331
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	175.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 38 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. ARMSTRONG, RAYMOND, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 639 STRINGS DRIVE
 City SAN ANTONIO State TX Zip Code 78216-2612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEDCARE Occupation (for Individual) PHYSUCIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498534
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. ARMSTRONG, RAYMOND, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 639 STRINGS DRIVE
 City SAN ANTONIO State TX Zip Code 78216-2612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEDCARE Occupation (for Individual) PHYSUCIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **07 / 14 / 2016**
Transaction ID : SA17.499191
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. ARMSTRONG, RAYMOND, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 639 STRINGS DRIVE
 City SAN ANTONIO State TX Zip Code 78216-2612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEDCARE Occupation (for Individual) PHYSUCIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501156
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. ARMSTRONG, RAYMOND, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 639 STRINGS DRIVE
 City SAN ANTONIO State TX Zip Code 78216-2612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEDCARE Occupation (for Individual) PHYSUCIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 09 / 05 / 2016
Transaction ID : SA17.520586
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. ARMSTRONG, RAYMOND, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 639 STRINGS DRIVE
 City SAN ANTONIO State TX Zip Code 78216-2612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEDCARE Occupation (for Individual) PHYSUCIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 09 / 05 / 2016
Transaction ID : SA17.522491
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. ARTHUR, ALAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18921 GRASSY BRANCH RD
 City WESTFIELD State IN Zip Code 46074-9695
 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 ▼ 400.00

Date of Receipt 07 / 05 / 2016
Transaction ID : SA17.498535
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	125.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. ARTHUR, ALAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18921 GRASSY BRANCH RD
 City WESTFIELD State IN Zip Code 46074-9695
 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 ▼ 400.00

Date of Receipt **07 / 12 / 2016**
Transaction ID : SA17.499133
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. ARTHUR, ALAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18921 GRASSY BRANCH RD
 City WESTFIELD State IN Zip Code 46074-9695
 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 ▼ 400.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501157
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. ARTHUR, ALAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18921 GRASSY BRANCH RD
 City WESTFIELD State IN Zip Code 46074-9695
 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 ▼ 400.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.522493
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 41 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. ATWOOD, LINDSAY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3180 S 5380 W

City HURRICANE	State UT	Zip Code 84737-
-------------------	-------------	--------------------

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 ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2016
Transaction ID : SA17.532130

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. AUDE, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 145 CONGAREE PARK DRIVE

City WEST COLUMBIA	State SC	Zip Code 29169-7639
-----------------------	-------------	------------------------

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 ▼
305.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2016
Transaction ID : SA17.497226

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. AUDE, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 145 CONGAREE PARK DRIVE

City WEST COLUMBIA	State SC	Zip Code 29169-7639
-----------------------	-------------	------------------------

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 ▼
305.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2016
Transaction ID : SA17.498492

Amount of Each Receipt this Period
40.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	565.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 42 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. AUDE, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 145 CONGAREE PARK DRIVE
 City WEST COLUMBIA State SC Zip Code 29169-7639
 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 ▼ 305.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501114
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. AUDE, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 145 CONGAREE PARK DRIVE
 City WEST COLUMBIA State SC Zip Code 29169-7639
 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 ▼ 305.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.522441
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. AUDETTE, ALBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 400 MAIN ST STE 613
 City STAMFORD State CT Zip Code 06901-3073
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) CATHOLIC PRIEST & MENTAL HEALT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **08 / 30 / 2016**
Transaction ID : SA17.515677
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	180.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 43 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. AUDETTE, ALBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 400 MAIN ST STE 613
 City STAMFORD State CT Zip Code 06901-3073
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) CATHOLIC PRIEST & MENTAL HEAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 02 / 2016
Transaction ID : SA17.518439
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. AUDETTE, ALBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 400 MAIN ST STE 613
 City STAMFORD State CT Zip Code 06901-3073
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) CATHOLIC PRIEST & MENTAL HEAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 21 / 2016
Transaction ID : SA17.529535
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. B. CONKLIN, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5593 TERRA GRANADA DR. 2B
 City WALNUT CREEK State CA Zip Code 94595-4074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 05 / 2016
Transaction ID : SA17.498692
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 OF 700
<input 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 checked="" 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)
Committee to Defend the President

A. B. CONKLIN, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5593 TERRA GRANADA DR.
2B

City WALNUT CREEK	State CA	Zip Code 94595-4074
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) HOMEMAKER
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 05 / 2016

Transaction ID : SA17.501307

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. B. CONKLIN, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5593 TERRA GRANADA DR.
2B

City WALNUT CREEK	State CA	Zip Code 94595-4074
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) HOMEMAKER
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2016

Transaction ID : SA17.522940

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. BABB. R.N., KIMBERLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14138 SHELBORNE RD. CARMEL. IN

City CARMEL	State IN	Zip Code 46074-9667
----------------	-------------	------------------------

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 ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2016

Transaction ID : SA17.532131

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	700.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 700
	<input 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 checked="" 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)
Committee to Defend the President

A. BAKER, BARRETT D., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1499 BLAKE ST, SUITE 7K
 City DENVER State CO Zip Code 80202-1360
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DANIELS Occupation (for Individual) OIL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498493
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. BAKER, BARRETT D., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1499 BLAKE ST, SUITE 7K
 City DENVER State CO Zip Code 80202-1360
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DANIELS Occupation (for Individual) OIL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501115
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. BAKER, BARRETT D., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1499 BLAKE ST, SUITE 7K
 City DENVER State CO Zip Code 80202-1360
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DANIELS Occupation (for Individual) OIL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.522442
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	120.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. BAKER, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3676 WEST LONG LANE
 City DOYLESTOWN State PA Zip Code 18902-1292
 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 ▼ 300.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498693
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. BAKER, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3676 WEST LONG LANE
 City DOYLESTOWN State PA Zip Code 18902-1292
 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 ▼ 300.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501308
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. BAKER, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3676 WEST LONG LANE
 City DOYLESTOWN State PA Zip Code 18902-1292
 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 ▼ 300.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.522942
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 47 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. BARN, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 122 HEQTHER COURT
 City PALM DESERT State CA Zip Code 92260-6748
 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 ▼ 225.00

Date of Receipt **08 / 19 / 2016**
Transaction ID : SA17.504420
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. BARN, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 122 HEQTHER COURT
 City PALM DESERT State CA Zip Code 92260-6748
 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 ▼ 225.00

Date of Receipt **09 / 01 / 2016**
Transaction ID : SA17.517048
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. BARN, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 122 HEQTHER COURT
 City PALM DESERT State CA Zip Code 92260-6748
 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 ▼ 225.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.522499
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. BARNA, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 122 HEQTHER COURT
 City PALM DESERT State CA Zip Code 92260-6748
 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 ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2016
Transaction ID : SA17.529784
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. BARNA, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 122 HEQTHER COURT
 City PALM DESERT State CA Zip Code 92260-6748
 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 ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2016
Transaction ID : SA17.531714
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. BARNES, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 662 CARSON CT.
 662 CARSON CT.
 City VACAVILLE State CA Zip Code 95687-5618
 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 ▼ 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2016
Transaction ID : SA17.498694
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	175.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 49 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. BARNES, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 662 CARSON CT.
 662 CARSON CT.
 City VACAVILLE State CA Zip Code 95687-5618
 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 ▼ 310.00

Date of Receipt **07 / 16 / 2016**
Transaction ID : SA17.499200
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. BARNES, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 662 CARSON CT.
 662 CARSON CT.
 City VACAVILLE State CA Zip Code 95687-5618
 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 ▼ 310.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501309
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. BARNES, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 662 CARSON CT.
 662 CARSON CT.
 City VACAVILLE State CA Zip Code 95687-5618
 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 ▼ 310.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.522943
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	210.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. BARTH, MARTA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3521 NW 82 AVE

City MIAMI	State FL	Zip Code 33122-1027
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PULSAR	Occupation (for Individual) BUSINESS
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2016

Transaction ID : SA17.498749

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. BARTH, MARTA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3521 NW 82 AVE

City MIAMI	State FL	Zip Code 33122-1027
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PULSAR	Occupation (for Individual) BUSINESS
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

Transaction ID : SA17.501363

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. BARTH, MARTA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3521 NW 82 AVE

City MIAMI	State FL	Zip Code 33122-1027
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PULSAR	Occupation (for Individual) BUSINESS
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2016

Transaction ID : SA17.523188

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 51 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. BARTMESS, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 168 PARK PLCE DR.
 227-B
 City WADSWORTH State OH Zip Code 44281-8767
 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 ▼ 295.00

Date of Receipt 08 / 11 / 2016
Transaction ID : SA17.501636
 Amount of Each Receipt this Period 35.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. BARTMESS, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 168 PARK PLCE DR.
 227-B
 City WADSWORTH State OH Zip Code 44281-8767
 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 ▼ 295.00

Date of Receipt 08 / 28 / 2016
Transaction ID : SA17.513762
 Amount of Each Receipt this Period 35.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. BASKIN, HERBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 264 YALE AVE
 City BERKELEY State CA Zip Code 94708-1048
 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 09 / 24 / 2016
Transaction ID : SA17.530879
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	320.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 52 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. BASKIN, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 1380

City MENLO PARK	State CA	Zip Code 94026-1380
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) REAL ESTATE
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 19 / 2016
Transaction ID : SA17.504812

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. BASKIN, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 1380

City MENLO PARK	State CA	Zip Code 94026-1380
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) REAL ESTATE
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2016
Transaction ID : SA17.523182

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. BASS, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 419 E. LOCKWOOD

City COVINGTON	State LA	Zip Code 70433-2969
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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 ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2016
Transaction ID : SA17.498695

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 53 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. BASS, DONALD, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 419 E. LOCKWOOD

City COVINGTON	State LA	Zip Code 70433-2969
-------------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

Transaction ID : SA17.501310

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. BASS, DONALD, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 419 E. LOCKWOOD

City COVINGTON	State LA	Zip Code 70433-2969
-------------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2016

Transaction ID : SA17.522944

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. BAXTER, GREGORY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9885 N. TIMPANOGOS CIRCLE

City KAMAS	State UT	Zip Code 84036-5053
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) R/E DEVELOPMENT
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2016

Transaction ID : SA17.508269

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 54 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. BAXTER, GREGORY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9885 N. TIMPANOGOS CIRCLE
 City KAMAS State UT Zip Code 84036-5053
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) R/E DEVELOPMENT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.523189
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. BAXTER, GREGORY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9885 N. TIMPANOGOS CIRCLE
 City KAMAS State UT Zip Code 84036-5053
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) R/E DEVELOPMENT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt **09 / 10 / 2016**
Transaction ID : SA17.524470
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. BEATTY, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5674 OAKMONT COURT
 City DISCOVERY BAY State CA Zip Code 94505-1405
 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 **08 / 19 / 2016**
Transaction ID : SA17.504659
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 55 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. BEATTY, JOHN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5674 OAKMONT COURT

City DISCOVERY BAY	State CA	Zip Code 94505-1405
-----------------------	-------------	------------------------

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 M	/	D D D	/	Y Y Y Y Y Y
09		05		2016

Transaction ID : SA17.522945

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; REFUNDED \$100.00 ON 10/13/2016

B. BEATTY, JOHN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5674 OAKMONT COURT

City DISCOVERY BAY	State CA	Zip Code 94505-1405
-----------------------	-------------	------------------------

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 M	/	D D D	/	Y Y Y Y Y Y
09		29		2016

Transaction ID : SA17.533015

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; REFUNDED \$25.00 ON 10/13/2016

C. BEATTY, JOHN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5674 OAKMONT COURT

City DISCOVERY BAY	State CA	Zip Code 94505-1405
-----------------------	-------------	------------------------

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 M	/	D D D	/	Y Y Y Y Y Y
09		29		2016

Transaction ID : SA17.533016

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; REFUNDED \$25.00 ON 10/13/2016

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 56 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. BECKER, DALE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2615 PARK MARINA DR. # 11
 City REDDING State CA Zip Code 96001-2843
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498696
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. BECKER, DALE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2615 PARK MARINA DR. # 11
 City REDDING State CA Zip Code 96001-2843
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501311
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. BECKER, DALE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2615 PARK MARINA DR. # 11
 City REDDING State CA Zip Code 96001-2843
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.522946
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 57 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. BECKENDORF, J SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 IRONWOOD ROAD

City SAN ANTONIO	State TX	Zip Code 78212-2541
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) WINE CONSULTANTS, INC		Occupation (for Individual) EXECUTIVE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2016

Transaction ID : SA17.527728

Amount of Each Receipt this Period

25.00

 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

B. BEIN, STEVEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13 SCXARBOROUGH WAY

City RANCHO MIRAGE	State CA	Zip Code 92270-1625
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 206.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2016

Transaction ID : SA17.497921

Amount of Each Receipt this Period

25.00

 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

C. BEIN, STEVEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13 SCXARBOROUGH WAY

City RANCHO MIRAGE	State CA	Zip Code 92270-1625
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 206.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

Transaction ID : SA17.500552

Amount of Each Receipt this Period

25.00

 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 58 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. BEIN, STEVEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13 SCXARBOROUGH WAY
 City RANCHO MIRAGE State CA Zip Code 92270-1625
 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 ▼ 206.00

Date of Receipt 09 / 03 / 2016
Transaction ID : SA17.518659
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. BEIN, STEVEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13 SCXARBOROUGH WAY
 City RANCHO MIRAGE State CA Zip Code 92270-1625
 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 ▼ 206.00

Date of Receipt 09 / 05 / 2016
Transaction ID : SA17.520637
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. BELL, KAREN B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 162 KENTWOOD LN NC
 City PISGAH FOREST State NC Zip Code 28768-9567
 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 ▼ 203.00

Date of Receipt 07 / 05 / 2016
Transaction ID : SA17.497558
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 59 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. BELL, KAREN B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 162 KENTWOOD LN
 NC
 City PISGAH FOREST State NC Zip Code 28768-9567
 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 ▼ 203.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.497873
 Amount of Each Receipt this Period 20.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. BELL, KAREN B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 162 KENTWOOD LN
 NC
 City PISGAH FOREST State NC Zip Code 28768-9567
 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 ▼ 203.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.500182
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. BELL, KAREN B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 162 KENTWOOD LN
 NC
 City PISGAH FOREST State NC Zip Code 28768-9567
 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 ▼ 203.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.500504
 Amount of Each Receipt this Period 20.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 60 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. BELL, KAREN B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 162 KENTWOOD LN
 NC
 City PISGAH FOREST State NC Zip Code 28768-9567
 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 ▼ 203.00

Date of Receipt 08 / 19 / 2016
Transaction ID : SA17.502766
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. BELL, KAREN B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 162 KENTWOOD LN
 NC
 City PISGAH FOREST State NC Zip Code 28768-9567
 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 ▼ 203.00

Date of Receipt 08 / 30 / 2016
Transaction ID : SA17.515238
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. BELL, KAREN B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 162 KENTWOOD LN
 NC
 City PISGAH FOREST State NC Zip Code 28768-9567
 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 ▼ 203.00

Date of Receipt 09 / 05 / 2016
Transaction ID : SA17.519811
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 61 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. BELL, KAREN B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 162 KENTWOOD LN
 NC
 City PISGAH FOREST State NC Zip Code 28768-9567
 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 ▼ 203.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.520470
 Amount of Each Receipt this Period 20.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. BELL, KAREN B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 162 KENTWOOD LN
 NC
 City PISGAH FOREST State NC Zip Code 28768-9567
 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 ▼ 203.00

Date of Receipt **09 / 27 / 2016**
Transaction ID : SA17.531359
 Amount of Each Receipt this Period 3.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. BENNETT, LYNNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 581 BUCKEYE COURT
 City SANTA ROSA State CA Zip Code 95409-5926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MYSELF Occupation (for Individual) BUSINESS OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **08 / 23 / 2016**
Transaction ID : SA17.511499
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	273.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 62 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. BENNETT, LYNNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 581 BUCKEYE COURT
 City SANTA ROSA State CA Zip Code 95409-5926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MYSELF Occupation (for Individual) BUSINESS OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.523190
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. BENSON, KENNETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1100 WILLS PL
 City MINNEAPOLIS State MN Zip Code 55422-4742
 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 **08 / 05 / 2016**
Transaction ID : SA17.500560
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. BENSON, KENNETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1100 WILLS PL
 City MINNEAPOLIS State MN Zip Code 55422-4742
 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 **08 / 23 / 2016**
Transaction ID : SA17.511318
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	375.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 63 OF 700
<input 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 checked="" 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)
Committee to Defend the President

A. BENSON, KENNETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1100 WILLS PL
 City MINNEAPOLIS State MN Zip Code 55422-4742
 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 **08 / 23 / 2016**
Transaction ID : SA17.511319
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. BENSON, KENNETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1100 WILLS PL
 City MINNEAPOLIS State MN Zip Code 55422-4742
 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 **09 / 05 / 2016**
Transaction ID : SA17.520657
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. BERGEN, FRANCIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4876 VALKYRIE DRIVE
 City BOULDER State CO Zip Code 80301-4355
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AKAMAI TECHNOLOGIES Occupation (for Individual) BUSINESS DEVELOPMENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498495
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	165.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 64 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. BERGEN, FRANCIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4876 VALKYRIE DRIVE
 City BOULDER State CO Zip Code 80301-4355
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AKAMAI TECHNOLOGIES Occupation (for Individual) BUSINESS DEVELOPMENT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501117
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. BERGEN, FRANCIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4876 VALKYRIE DRIVE
 City BOULDER State CO Zip Code 80301-4355
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AKAMAI TECHNOLOGIES Occupation (for Individual) BUSINESS DEVELOPMENT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.522444
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. BIDART, MARIANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 3427
 City HAILEY State ID Zip Code 83333-3427
 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 **08 / 25 / 2016**
Transaction ID : SA17.512989
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	130.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 65 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BIDART, MARIANNE, , ,

Mailing Address P.O. BOX 3427

City HAILEY	State ID	Zip Code 83333-3427
-----------------------	----------	-------------------------------

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
08 / 30 / 2016

Transaction ID : SA17.515609

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BIDART, MARIANNE, , ,

Mailing Address P.O. BOX 3427

City HAILEY	State ID	Zip Code 83333-3427
-----------------------	----------	-------------------------------

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
09 / 01 / 2016

Transaction ID : SA17.517050

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BIDART, MARIANNE, , ,

Mailing Address P.O. BOX 3427

City HAILEY	State ID	Zip Code 83333-3427
-----------------------	----------	-------------------------------

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
09 / 15 / 2016

Transaction ID : SA17.526992

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 66 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. BIELIK, MARGARET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1144 BULEVAR DE PALMAS
 City MARATHON State FL Zip Code 33050-2529
 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 ▼ 300.00

Date of Receipt **08 / 30 / 2016**
Transaction ID : SA17.515679
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. BIELIK, MARGARET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1144 BULEVAR DE PALMAS
 City MARATHON State FL Zip Code 33050-2529
 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 ▼ 300.00

Date of Receipt **09 / 15 / 2016**
Transaction ID : SA17.527079
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. BIGGS, JUDITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11975 LOST TREE WAY
 City NORTH PALM BEACH State FL Zip Code 33408-2916
 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 ▼ 1000.00

Date of Receipt **08 / 23 / 2016**
Transaction ID : SA17.511535
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 67 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. BINDER, ADELE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 SOUTH LAKE ST
 SUITE 300
 City PASADENA State CA Zip Code 91101-3009
 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 08 / 23 / 2016
Transaction ID : SA17.511500
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. BLACKWELL, SONDR A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 613 MAXWELL AVENUE
 City DAPHNE State AL Zip Code 36526-4053
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BLACKWELL REALTY, INC. Occupation (for Individual) REALTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 25 / 2016
Transaction ID : SA17.513090
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. BLEVINS, KEITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1934 BYRNES ROAD
 City NORTH AUGUSTA State SC Zip Code 29841-2090
 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 ▼ 375.00

Date of Receipt 07 / 05 / 2016
Transaction ID : SA17.498539
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 68 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. BLEVINS, KEITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1934 BYRNES ROAD
 City NORTH AUGUSTA State SC Zip Code 29841-2090
 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 ▼ 375.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501159
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. BLEVINS, KEITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1934 BYRNES ROAD
 City NORTH AUGUSTA State SC Zip Code 29841-2090
 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 ▼ 375.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.522509
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. BOGGS, FLO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 443 MEADOWLARK ACRES DRIVE
 City KEYSER State WV Zip Code 26726-7279
 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 ▼ 210.00

Date of Receipt **07 / 11 / 2016**
Transaction ID : SA17.499011
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	125.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 69 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. BOGGS, FLO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 443 MEADOWLARK ACRES DRIVE
 City KEYSER State WV Zip Code 26726-7279
 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 ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 03 / 2016
Transaction ID : SA17.518663
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. BOGGS, FLO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 443 MEADOWLARK ACRES DRIVE
 City KEYSER State WV Zip Code 26726-7279
 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 ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2016
Transaction ID : SA17.525484
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. BOGGS, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6622 STATE ROUTE 361
 City KINGSTON State OH Zip Code 45644-9637
 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 ▼ 263.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 19 / 2016
Transaction ID : SA17.503240
 Amount of Each Receipt this Period 20.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	55.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 70 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. BOGGS, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6622 STATE ROUTE 361

City KINGSTON	State OH	Zip Code 45644-9637
------------------	-------------	------------------------

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 ▼
263.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 23 / 2016
Transaction ID : SA17.509761

Amount of Each Receipt this Period
21.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. BOGGS, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6622 STATE ROUTE 361

City KINGSTON	State OH	Zip Code 45644-9637
------------------	-------------	------------------------

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 ▼
263.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2016
Transaction ID : SA17.524570

Amount of Each Receipt this Period
21.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. BOGGS, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6622 STATE ROUTE 361

City KINGSTON	State OH	Zip Code 45644-9637
------------------	-------------	------------------------

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 ▼
263.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2016
Transaction ID : SA17.525095

Amount of Each Receipt this Period
21.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	63.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 71 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. BOHANNON, GARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1500 MIWOK CT
 City BRENTWOOD State CA Zip Code 94513-4343
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HONDA Occupation (for Individual) MANAGER
 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
 09 / 23 / 2016
Transaction ID : SA17.530690
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. BOISTURE, STEPHANIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 HOLLY GROVE ROAD
 City BLUFFTON State SC Zip Code 29909-3101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) BUSINESS OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2016
Transaction ID : SA17.532133
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. BOSWELL, MIKE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4721 CHEROKEE TRAIL
 City DALLAS State TX Zip Code 75209-1917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BRIARPATCH PARTNERS Occupation (for Individual) BUSINESSD ATTORNEY
 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
 07 / 05 / 2016
Transaction ID : SA17.498697
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	1350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 72 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. BOSWELL, MIKE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4721 CHEROKEE TRAIL
 City DALLAS State TX Zip Code 75209-1917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BRIARPATCH PARTNERS Occupation (for Individual) BUSINESSD ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 30 / 2016
Transaction ID : SA17.499750
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. BOSWELL, MIKE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4721 CHEROKEE TRAIL
 City DALLAS State TX Zip Code 75209-1917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BRIARPATCH PARTNERS Occupation (for Individual) BUSINESSD ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 30 / 2016
Transaction ID : SA17.499751
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. BOSWELL, MIKE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4721 CHEROKEE TRAIL
 City DALLAS State TX Zip Code 75209-1917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BRIARPATCH PARTNERS Occupation (for Individual) BUSINESSD ATTORNEY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 05 / 2016
Transaction ID : SA17.501312
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 73 OF 700
<input 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 checked="" 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)
Committee to Defend the President

A. BOSWELL, MIKE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4721 CHEROKEE TRAIL
 City DALLAS State TX Zip Code 75209-1917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BRIARPATCH PARTNERS Occupation (for Individual) BUSINESSD ATTORNEY
 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
 09 / 05 / 2016
Transaction ID : SA17.522953
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. BOWERS, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 390283
 City MINNEAPOLIS State MN Zip Code 55439-0283
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FINANCIAL RECOVERY SERVICES, INC. Occupation (for Individual) EXECUTIVE MANAGEMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2016
Transaction ID : SA17.523221
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. BOWERS, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 390283
 City MINNEAPOLIS State MN Zip Code 55439-0283
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FINANCIAL RECOVERY SERVICES, INC. Occupation (for Individual) EXECUTIVE MANAGEMENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2016
Transaction ID : SA17.529815
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	1100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 74 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. BOWERS, GUY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 8090

City RUIDOSO	State NM	Zip Code 88355-8090
-----------------	-------------	------------------------

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2016

Transaction ID : SA17.504664

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. BOWERS, GUY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 8090

City RUIDOSO	State NM	Zip Code 88355-8090
-----------------	-------------	------------------------

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2016

Transaction ID : SA17.514940

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. BOWERS, GUY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 8090

City RUIDOSO	State NM	Zip Code 88355-8090
-----------------	-------------	------------------------

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2016

Transaction ID : SA17.528192

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 75 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. BOWER, WILLIAM, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 42470 SANDY BAY RD

City INDIO	State CA	Zip Code 92203-1363
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BOWER EVENTS INC.	Occupation (for Individual) SELF EMPLOYED SECURITY CONSU
--	---

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
09	/	27	/	2016

Transaction ID : SA17.532125

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. BOWLING, NANCY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 597

City POND CREEK	State OK	Zip Code 73766-0597
--------------------	-------------	------------------------

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 ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	05	/	2016

Transaction ID : SA17.498496

Amount of Each Receipt this Period
40.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. BOWLING, NANCY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 597

City POND CREEK	State OK	Zip Code 73766-0597
--------------------	-------------	------------------------

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 ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	05	/	2016

Transaction ID : SA17.501118

Amount of Each Receipt this Period
40.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	330.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 76 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. BOWLING, NANCY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 597

City POND CREEK	State OK	Zip Code 73766-0597
--------------------	-------------	------------------------

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 ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2016

Transaction ID : SA17.522445

Amount of Each Receipt this Period
40.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. BRADSHAW, SANDY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1305 E LONE PEAK DRIVE

City ALPINE	State UT	Zip Code 84004-1962
----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2016

Transaction ID : SA17.498750

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. BRAND, BARBARA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 400

City HOLMDEL	State NJ	Zip Code 07733-0400
-----------------	-------------	------------------------

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2016

Transaction ID : SA17.506675

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	540.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 77 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. BRAND, BARBARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 400
 City HOLMDEL State NJ Zip Code 07733-0400
 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 ▼ 500.00

Date of Receipt 09 / 02 / 2016
Transaction ID : SA17.518476
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. BREAU, BARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4945 FOLSE DR
 City METAIRIE State LA Zip Code 70006-1118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BREAU MART SUPERMARKETS Occupation (for Individual) GROCER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 19 / 2016
Transaction ID : SA17.504827
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. BREAU, WARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 888
 City LOREAUVILLE State LA Zip Code 70552-0888
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BREAU BROTHERS Occupation (for Individual) SHIPBUILDER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA17.534468
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	850.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 78 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BRESNIK, ALBERT R., , ,

Mailing Address 2224 24TH STREET

City SANTA MONICA	State CA	Zip Code 90405-1811
----------------------	-------------	------------------------

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 ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2016

Transaction ID : SA17.498542

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BRESNIK, ALBERT R., , ,

Mailing Address 2224 24TH STREET

City SANTA MONICA	State CA	Zip Code 90405-1811
----------------------	-------------	------------------------

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 ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

Transaction ID : SA17.501162

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BRIGGS, WILMER, , ,

Mailing Address 4150 N SUTTLE RD

City PORTLAND	State OR	Zip Code 97217-7717
------------------	-------------	------------------------

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 ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2016

Transaction ID : SA17.498698

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 79 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. BRIGGS, WILMER, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4150 N SUTTLE RD

City PORTLAND	State OR	Zip Code 97217-7717
------------------	-------------	------------------------

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 ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		11		2016

Transaction ID : SA17.499089

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. BRIGGS, WILMER, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4150 N SUTTLE RD

City PORTLAND	State OR	Zip Code 97217-7717
------------------	-------------	------------------------

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 ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		16		2016

Transaction ID : SA17.501841

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. BROOKS, JERRY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7149 LAS VENTANAS

City AUSTIN	State TX	Zip Code 78731-1813
----------------	-------------	------------------------

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 ▼
486.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2016

Transaction ID : SA17.497948

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 80 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. BROOKS, JERRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7149 LAS VENTANAS
 City AUSTIN State TX Zip Code 78731-1813
 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 ▼ 486.00

Date of Receipt **07 / 11 / 2016**
Transaction ID : SA17.499015
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. BROOKS, JERRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7149 LAS VENTANAS
 City AUSTIN State TX Zip Code 78731-1813
 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 ▼ 486.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.500579
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. BROOKS, JERRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7149 LAS VENTANAS
 City AUSTIN State TX Zip Code 78731-1813
 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 ▼ 486.00

Date of Receipt **08 / 16 / 2016**
Transaction ID : SA17.501816
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 81 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. BROOKS, JERRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7149 LAS VENTANAS
 City AUSTIN State TX Zip Code 78731-1813
 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 ▼ 486.00

Date of Receipt 08 / 19 / 2016
Transaction ID : SA17.503432
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. BROOKS, JERRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7149 LAS VENTANAS
 City AUSTIN State TX Zip Code 78731-1813
 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 ▼ 486.00

Date of Receipt 08 / 21 / 2016
Transaction ID : SA17.507013
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. BROOKS, JERRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7149 LAS VENTANAS
 City AUSTIN State TX Zip Code 78731-1813
 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 ▼ 486.00

Date of Receipt 08 / 29 / 2016
Transaction ID : SA17.514436
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 82 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. BROOKS, JERRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7149 LAS VENTANAS
 City AUSTIN State TX Zip Code 78731-1813
 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 ▼ 486.00

Date of Receipt 09 / 02 / 2016
Transaction ID : SA17.517916
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. BROOKS, JERRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7149 LAS VENTANAS
 City AUSTIN State TX Zip Code 78731-1813
 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 ▼ 486.00

Date of Receipt 09 / 05 / 2016
Transaction ID : SA17.520737
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. BROOKS, JERRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7149 LAS VENTANAS
 City AUSTIN State TX Zip Code 78731-1813
 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 ▼ 486.00

Date of Receipt 09 / 08 / 2016
Transaction ID : SA17.523702
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 83 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. BROOKS, JERRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7149 LAS VENTANAS
 City AUSTIN State TX Zip Code 78731-1813
 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 ▼ 486.00

Date of Receipt 09 / 12 / 2016
Transaction ID : SA17.524701
 Amount of Each Receipt this Period 3.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. BROOKS, JERRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7149 LAS VENTANAS
 City AUSTIN State TX Zip Code 78731-1813
 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 ▼ 486.00

Date of Receipt 09 / 17 / 2016
Transaction ID : SA17.527747
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. BROOKS, JERRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7149 LAS VENTANAS
 City AUSTIN State TX Zip Code 78731-1813
 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 ▼ 486.00

Date of Receipt 09 / 22 / 2016
Transaction ID : SA17.529835
 Amount of Each Receipt this Period 3.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	31.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 84 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. BROOKS, JERRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7149 LAS VENTANAS
 City AUSTIN State TX Zip Code 78731-1813
 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 ▼ 486.00

Date of Receipt 09 / 27 / 2016
Transaction ID : SA17.531736
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. BROOKHART, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 514 LIMERICK CIRCLE 301
 City LUTHERVILLE TIMONI State MD Zip Code 21093-7719
 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 ▼ 225.00

Date of Receipt 07 / 05 / 2016
Transaction ID : SA17.498543
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. BROUSSARD, CECIL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 13031
 City NEW IBERIA State LA Zip Code 70562-3031
 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 ▼ 500.00

Date of Receipt 08 / 22 / 2016
Transaction ID : SA17.508270
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	325.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 85 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. BROUSSARD, CECIL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 13031

City NEW IBERIA	State LA	Zip Code 70562-3031
--------------------	-------------	------------------------

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 ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2016
Transaction ID : SA17.523191

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. BROWN, KATHLEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1024 E HOPKINS ST

City MEXIA	State TX	Zip Code 76667-8406
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) LAKES REGIONAL COMMUNITY CENTER	Occupation (for Individual) REG DIR
--	--

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
 09 / 01 / 2016
Transaction ID : SA17.517198

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. BROWN, LILLIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4100 JACKSON AVE
419

City AUSTIN	State TX	Zip Code 78731-6056
----------------	-------------	------------------------

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 M / D D D / Y Y Y Y Y Y
 08 / 19 / 2016
Transaction ID : SA17.504669

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 86 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BROWN, LILLIAN, , ,

Mailing Address 4100 JACKSON AVE
419

City AUSTIN State TX Zip Code 78731-6056

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
MM / DD / YYYY
08 / 20 / 2016

Transaction ID : SA17.505794

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BROWN, LILLIAN, , ,

Mailing Address 4100 JACKSON AVE
419

City AUSTIN State TX Zip Code 78731-6056

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
MM / DD / YYYY
08 / 20 / 2016

Transaction ID : SA17.505795

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BROWN, LILLIAN, , ,

Mailing Address 4100 JACKSON AVE
419

City AUSTIN State TX Zip Code 78731-6056

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
MM / DD / YYYY
09 / 05 / 2016

Transaction ID : SA17.522955

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 87 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. BROWN, LINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1093 N. WIDE OPEN TRAIL
 City PRESCOTT VALLEY State AZ Zip Code 86314-1480
 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 **07 / 31 / 2016**
Transaction ID : SA17.499786
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. BROWN, LINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1093 N. WIDE OPEN TRAIL
 City PRESCOTT VALLEY State AZ Zip Code 86314-1480
 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 **08 / 05 / 2016**
Transaction ID : SA17.501164
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. BROWN, LINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1093 N. WIDE OPEN TRAIL
 City PRESCOTT VALLEY State AZ Zip Code 86314-1480
 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 **08 / 10 / 2016**
Transaction ID : SA17.501540
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	125.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 88 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. BROWN, LINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1093 N. WIDE OPEN TRAIL
 City PRESCOTT VALLEY State AZ Zip Code 86314-1480
 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 09 / 08 / 2016
Transaction ID : SA17.523703
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. BROWN, TED, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3074 LINDALE AVE.
 City ORLANDO State FL Zip Code 32814-6769
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOLLAND & KNIGHT Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 23 / 2016
Transaction ID : SA17.511501
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. BUCHWALD WRIGHT, KAREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1240 GAMBIER ROAD
 City MOUNT VERNON State OH Zip Code 43050-3842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PRESIDENT & CEO Occupation (for Individual) ARIEL CORPORATION
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 09 / 26 / 2016
Transaction ID : SA17.497189
 Amount of Each Receipt this Period 10000.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	10275.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 89 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. BUCK, CAROL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 1307

City CRYSTAL BAY	State NV	Zip Code 89402-1307
---------------------	-------------	------------------------

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 M	/	D D D	/	Y Y Y Y Y Y
07		28		2016

Transaction ID : SA17.499619

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. BUITRON, PASTOR, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 919 N. CENTRAL AVENUE

City CHICAGO	State IL	Zip Code 60651-2740
-----------------	-------------	------------------------

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 ▼
223.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2016

Transaction ID : SA17.497955

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. BUITRON, PASTOR, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 919 N. CENTRAL AVENUE

City CHICAGO	State IL	Zip Code 60651-2740
-----------------	-------------	------------------------

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 ▼
223.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2016

Transaction ID : SA17.509909

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 90 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. BUITRON, PASTOR, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 919 N. CENTRAL AVENUE

City CHICAGO	State IL	Zip Code 60651-2740
-----------------	-------------	------------------------

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 ▼
223.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2016

Transaction ID : SA17.520757

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. BUITRON, PASTOR, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 919 N. CENTRAL AVENUE

City CHICAGO	State IL	Zip Code 60651-2740
-----------------	-------------	------------------------

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 ▼
223.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2016

Transaction ID : SA17.525819

Amount of Each Receipt this Period
35.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. BUITRON, PASTOR, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 919 N. CENTRAL AVENUE

City CHICAGO	State IL	Zip Code 60651-2740
-----------------	-------------	------------------------

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 ▼
223.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2016

Transaction ID : SA17.525931

Amount of Each Receipt this Period
3.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	63.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 91 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. BUITRON, PASTOR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 919 N. CENTRAL AVENUE
 City CHICAGO State IL Zip Code 60651-2740
 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 ▼ 223.00

Date of Receipt 09 / 21 / 2016
Transaction ID : SA17.529441
 Amount of Each Receipt this Period 10.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. BURKETT, TIMOTHY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1625 GRACELAND DRIVE
 City FAIRBORN State OH Zip Code 45324-4381
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA17.534517
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. BURNER, SANDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 594 BUNKHOUSE RD
 City DARBY State MT Zip Code 59829-9504
 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 09 / 26 / 2016
Transaction ID : SA17.531338
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	760.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 92 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. BURTON, ANDREW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 304281 E. 1800 RD
 City RATLIFF CITY State OK Zip Code 73481-5831
 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 **07 / 05 / 2016**
Transaction ID : SA17.498687
 Amount of Each Receipt this Period 75.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. BURTON, ANDREW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 304281 E. 1800 RD
 City RATLIFF CITY State OK Zip Code 73481-5831
 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 **08 / 05 / 2016**
Transaction ID : SA17.501302
 Amount of Each Receipt this Period 75.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. BURTON, ANDREW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 304281 E. 1800 RD
 City RATLIFF CITY State OK Zip Code 73481-5831
 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 **09 / 05 / 2016**
Transaction ID : SA17.522922
 Amount of Each Receipt this Period 75.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 93 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. BUSHEY, HAROLD, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5025 HILL DR.

City HOUSE SPRINGS	State MO	Zip Code 63051-2212
-----------------------	-------------	------------------------

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2016

Transaction ID : SA17.498699

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. BUSHEY, HAROLD, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5025 HILL DR.

City HOUSE SPRINGS	State MO	Zip Code 63051-2212
-----------------------	-------------	------------------------

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

Transaction ID : SA17.501313

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. BUSHEY, HAROLD, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5025 HILL DR.

City HOUSE SPRINGS	State MO	Zip Code 63051-2212
-----------------------	-------------	------------------------

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2016

Transaction ID : SA17.522959

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 94 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. BUTLER, STEPHEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 517DERRY DOWN RD
 City ORLANDO State FL Zip Code 32806-7005
 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 **08 / 31 / 2016**
Transaction ID : SA17.516000
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. BUTTERFIELD, ELAINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14595 ROLLER COASTER ROAD
 City COLORADO SPRINGS State CO Zip Code 80921-2037
 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 **09 / 15 / 2016**
Transaction ID : SA17.527119
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. BYERS, REX, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 123 TANGLEWOOD DR
 City SHARPSVILLE State IN Zip Code 46068-9296
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) REX BYERS HEATING & COOLING INC Occupation (for Individual) HVAC, PLUMBING & ELECTRICAL
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **08 / 23 / 2016**
Transaction ID : SA17.511502
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 95 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. CADELLE, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address BOX 327
 City STATEN ISLAND State NY Zip Code 10310-0327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CADELLE DRY DOCK Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 08 / 01 / 2016
Transaction ID : SA17.499883
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. CADELLE, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address BOX 327
 City STATEN ISLAND State NY Zip Code 10310-0327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CADELLE DRY DOCK Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 08 / 22 / 2016
Transaction ID : SA17.508225
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. CADELLE, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address BOX 327
 City STATEN ISLAND State NY Zip Code 10310-0327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CADELLE DRY DOCK Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 08 / 30 / 2016
Transaction ID : SA17.515401
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 96 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. CADDELL, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address **BOX 327**
 City **STATEN ISLAND** State **NY** Zip Code **10310-0327**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **CADDELL DRY DOCK** Occupation (for Individual) **CEO**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.522963
 Amount of Each Receipt this Period **100.00**
 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

B. CAIL, RONNIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address **2850 MAIN STREET W**
 City **SNELLVILLE** State **GA** Zip Code **30078-3156**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **STATE FARM INS. COS.** Occupation (for Individual) **AGENT, INSURANCE**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498700
 Amount of Each Receipt this Period **100.00**
 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

C. CAIL, RONNIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address **2850 MAIN STREET W**
 City **SNELLVILLE** State **GA** Zip Code **30078-3156**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **STATE FARM INS. COS.** Occupation (for Individual) **AGENT, INSURANCE**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501314
 Amount of Each Receipt this Period **100.00**
 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 97 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. CAIL, RONNIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2850 MAIN STREET W
 City SNELLVILLE State GA Zip Code 30078-3156
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) STATE FARM INS. COS. Occupation (for Individual) AGENT, INSURANCE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.522964
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. CALLAHAN, GLORIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 229 SHAKERAG ROAD
 City AIKEN State SC Zip Code 29803-6262
 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 ▼ 550.00

Date of Receipt **07 / 11 / 2016**
Transaction ID : SA17.499090
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. CALLAHAN, GLORIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 229 SHAKERAG ROAD
 City AIKEN State SC Zip Code 29803-6262
 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 ▼ 550.00

Date of Receipt **09 / 26 / 2016**
Transaction ID : SA17.531309
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 98 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. CALLAHAN, LEONORA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 625 ISLAND DR.
 City PALM BEACH State FL Zip Code 33480-4744
 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 ▼ 280.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.497959
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. CALLAHAN, LEONORA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 625 ISLAND DR.
 City PALM BEACH State FL Zip Code 33480-4744
 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 ▼ 280.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.500587
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. CALLAHAN, LEONORA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 625 ISLAND DR.
 City PALM BEACH State FL Zip Code 33480-4744
 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 ▼ 280.00

Date of Receipt **08 / 20 / 2016**
Transaction ID : SA17.505818
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 99 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. CALLAHAN, LEONORA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 625 ISLAND DR.
 City PALM BEACH State FL Zip Code 33480-4744
 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 ▼ 280.00

Date of Receipt **08 / 30 / 2016**
Transaction ID : SA17.515248
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. CALLAHAN, LEONORA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 625 ISLAND DR.
 City PALM BEACH State FL Zip Code 33480-4744
 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 ▼ 280.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.520780
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. CALLAHAN, LEONORA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 625 ISLAND DR.
 City PALM BEACH State FL Zip Code 33480-4744
 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 ▼ 280.00

Date of Receipt **09 / 29 / 2016**
Transaction ID : SA17.532836
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	45.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 100 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. CALLAHAN, LEONORA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 625 ISLAND DR.
 City PALM BEACH State FL Zip Code 33480-4744
 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 ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : SA17.533797
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. CALNON, NANCY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 THORNBLADE BLVD.
 City GREER State SC Zip Code 29650-4442
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 19 / 2016
Transaction ID : SA17.504828
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. CARMICHAEL, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4901 WORNALL ROAD 902
 City KANSAS CITY State MO Zip Code 64112-2499
 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 M / D D D / Y Y Y Y Y Y
 08 / 26 / 2016
Transaction ID : SA17.513543
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	610.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 101 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. CARMICHAEL, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4901 WORNALL ROAD
 902
 City KANSAS CITY State MO Zip Code 64112-2499
 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 **09 / 10 / 2016**
Transaction ID : SA17.524446
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. CARMICHAEL, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4901 WORNALL ROAD
 902
 City KANSAS CITY State MO Zip Code 64112-2499
 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 **09 / 30 / 2016**
Transaction ID : SA17.534397
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. CARROLL, MARTHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 336 RED CEDAR WAY
 City SANTA ROSA BEACH State FL Zip Code 32459-5984
 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 **09 / 05 / 2016**
Transaction ID : SA17.523192
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 700
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. CARSON, TOD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1260 N WETHERLY DRIVE
 City LOS ANGELES State CA Zip Code 90069-1816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) MERCHANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 18 / 2016
Transaction ID : SA17.499346
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. CARTER, PATRICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8540 E PINCHOT AVE
 City SCOTTSDALE State AZ Zip Code 85251-7312
 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 ▼ 510.00

Date of Receipt 07 / 05 / 2016
Transaction ID : SA17.498479
 Amount of Each Receipt this Period 35.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. CARTER, PATRICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8540 E PINCHOT AVE
 City SCOTTSDALE State AZ Zip Code 85251-7312
 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 ▼ 510.00

Date of Receipt 07 / 11 / 2016
Transaction ID : SA17.499018
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	310.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 103 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. CARTER, PATRICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8540 E PINCHOT AVE
 City SCOTTSDALE State AZ Zip Code 85251-7312
 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 ▼ 510.00

Date of Receipt 08 / 05 / 2016
Transaction ID : SA17.501095
 Amount of Each Receipt this Period 35.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. CARTER, PATRICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8540 E PINCHOT AVE
 City SCOTTSDALE State AZ Zip Code 85251-7312
 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 ▼ 510.00

Date of Receipt 08 / 16 / 2016
Transaction ID : SA17.501759
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. CARTER, PATRICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8540 E PINCHOT AVE
 City SCOTTSDALE State AZ Zip Code 85251-7312
 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 ▼ 510.00

Date of Receipt 08 / 19 / 2016
Transaction ID : SA17.503478
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	85.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 104 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. CARTER, PATRICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8540 E PINCHOT AVE
 City SCOTTSDALE State AZ Zip Code 85251-7312
 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 ▼ 510.00

Date of Receipt **08 / 23 / 2016**
Transaction ID : SA17.508969
 Amount of Each Receipt this Period 5.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. CARTER, PATRICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8540 E PINCHOT AVE
 City SCOTTSDALE State AZ Zip Code 85251-7312
 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 ▼ 510.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.522399
 Amount of Each Receipt this Period 35.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. CARTER, PATRICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8540 E PINCHOT AVE
 City SCOTTSDALE State AZ Zip Code 85251-7312
 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 ▼ 510.00

Date of Receipt **09 / 28 / 2016**
Transaction ID : SA17.532373
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	65.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 105 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. CARVIN, DARLENE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12400 HUNTERS GLEN BLVD.
 CONDO # 28
 City LITTLE ROCK State AR Zip Code 72211-2232
 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 ▼ 400.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498548
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. CARVIN, DARLENE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12400 HUNTERS GLEN BLVD.
 CONDO # 28
 City LITTLE ROCK State AR Zip Code 72211-2232
 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 ▼ 400.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501166
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. CARVIN, DARLENE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12400 HUNTERS GLEN BLVD.
 CONDO # 28
 City LITTLE ROCK State AR Zip Code 72211-2232
 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 ▼ 400.00

Date of Receipt **08 / 29 / 2016**
Transaction ID : SA17.514452
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	125.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 106 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. CARVIN, DARLENE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12400 HUNTERS GLEN BLVD.
 CONDO # 28
 City LITTLE ROCK State AR Zip Code 72211-2232
 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 ▼ 400.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.522538
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. CARVIN, DARLENE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12400 HUNTERS GLEN BLVD.
 CONDO # 28
 City LITTLE ROCK State AR Zip Code 72211-2232
 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 ▼ 400.00

Date of Receipt **09 / 12 / 2016**
Transaction ID : SA17.525119
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. CASELNOVA, RALPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 479
 City ORIENT State NY Zip Code 11957-0479
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NASSAU NEPHROLOGY GROUP Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 06 / 2016**
Transaction ID : SA17.498854
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	325.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 107 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. CAVANAUGH, JOSPEH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1022 ASPEN DRIVE
 City MOUNTAIN TOP State PA Zip Code 18707-9102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CAVANAUGH ELECTRICAL CONTRACTING, INC. Occupation (for Individual) ELECTRICAL CONTRACTOR
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 17 / 2016**
Transaction ID : SA17.528105
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. CHAMBERS, DAWN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 187 SOUTH TOAD
 City BRENTWOOD State NH Zip Code 03833-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DAWN CHAMBERS AGENCY Occupation (for Individual) BUSINEDD OWNER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 267.95

Date of Receipt **08 / 30 / 2016**
Transaction ID : SA17.515405
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. CHAMBERS, DAWN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 187 SOUTH TOAD
 City BRENTWOOD State NH Zip Code 03833-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DAWN CHAMBERS AGENCY Occupation (for Individual) BUSINEDD OWNER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 267.95

Date of Receipt **09 / 08 / 2016**
Transaction ID : SA17.523752
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	315.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 108 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. CHAMBERS, DAWN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 187 SOUTH TOAD
 City BRENTWOOD State NH Zip Code 03833-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DAWN CHAMBERS AGENCY Occupation (for Individual) BUSINEDD OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 267.95

Date of Receipt 09 / 15 / 2016
Transaction ID : SA17.526636
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. CHAMBERS, DAWN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 187 SOUTH TOAD
 City BRENTWOOD State NH Zip Code 03833-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DAWN CHAMBERS AGENCY Occupation (for Individual) BUSINEDD OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 267.95

Date of Receipt 09 / 19 / 2016
Transaction ID : SA17.528311
 Amount of Each Receipt this Period 27.95
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. CHAMBERS, DAWN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 187 SOUTH TOAD
 City BRENTWOOD State NH Zip Code 03833-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DAWN CHAMBERS AGENCY Occupation (for Individual) BUSINEDD OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 267.95

Date of Receipt 09 / 21 / 2016
Transaction ID : SA17.529786
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	102.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 109 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. CHAMBERS, DAWN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 187 SOUTH TOAD
 City BRENTWOOD State NH Zip Code 03833-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DAWN CHAMBERS AGENCY Occupation (for Individual) BUSINEDD OWNER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 267.95

Date of Receipt **09 / 27 / 2016**
Transaction ID : SA17.532093
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. CHAMBERS, SHARI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 805 CARLETON AVE
 City CARUTHERSVILLE State MO Zip Code 63830-1838
 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 ▼ 500.00

Date of Receipt **08 / 20 / 2016**
Transaction ID : SA17.506686
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. CHAPA, DAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4350 OCEAN DR 40;
 City CORPUS CHRISTI State TX Zip Code 78412-2593
 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 ▼ 225.00

Date of Receipt **08 / 23 / 2016**
Transaction ID : SA17.511333
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	700.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 110 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. CHAPA, DAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4350 OCEAN DR
 40;
 City CORPUS CHRISTI State TX Zip Code 78412-2593
 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 ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2016
Transaction ID : SA17.522971
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. CHAPA, DAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4350 OCEAN DR
 40;
 City CORPUS CHRISTI State TX Zip Code 78412-2593
 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 ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2016
Transaction ID : SA17.529556
 Amount of Each Receipt this Period
 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. CHAPPELL, RUSSELL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1218 DANBURY DR MANSFIELD, TX
 City MANSFIELD State TX Zip Code 76063-3809
 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 M / D D D / Y Y Y Y Y Y
 09 / 08 / 2016
Transaction ID : SA17.523792
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	375.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 111 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. CHEEK, DAVID, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O BOX 13048

City LAS CRUCES	State NM	Zip Code 88013-3048
--------------------	-------------	------------------------

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2016

Transaction ID : SA17.511334

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. CHEEK, DAVID, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O BOX 13048

City LAS CRUCES	State NM	Zip Code 88013-3048
--------------------	-------------	------------------------

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2016

Transaction ID : SA17.514844

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. CHEEK, DAVID, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O BOX 13048

City LAS CRUCES	State NM	Zip Code 88013-3048
--------------------	-------------	------------------------

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2016

Transaction ID : SA17.522972

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 112 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. CHEEK, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 13048
 City LAS CRUCES State NM Zip Code 88013-3048
 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 ▼ 300.00

Date of Receipt **09 / 29 / 2016**
Transaction ID : SA17.533340
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. CHESEBRO JR., ROBERT E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 216 EUCLID AVE
 City SHEBOYGAN State WI Zip Code 53083-5052
 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 **07 / 06 / 2016**
Transaction ID : SA17.498855
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. CHISMAR, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1618 ARLINGTON STREETT
 City HOUSTON State TX Zip Code 77008-4306
 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 **08 / 21 / 2016**
Transaction ID : SA17.507290
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 113 OF 700
<input 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 checked="" 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)
Committee to Defend the President

A. CHOUINARD, WILLIAM, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20519 CRESCENT POINTE PLACE

City ASHBURN	State VA	Zip Code 20147-5536
-----------------	-------------	------------------------

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 ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2016

Transaction ID : SA17.498551

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. CHOUINARD, WILLIAM, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20519 CRESCENT POINTE PLACE

City ASHBURN	State VA	Zip Code 20147-5536
-----------------	-------------	------------------------

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 ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

Transaction ID : SA17.501168

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. CHOUINARD, WILLIAM, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20519 CRESCENT POINTE PLACE

City ASHBURN	State VA	Zip Code 20147-5536
-----------------	-------------	------------------------

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 ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2016

Transaction ID : SA17.515407

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	125.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 114 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. CHOUINARD, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20519 CRESCENT POINTE PLACE
 City ASHBURN State VA Zip Code 20147-5536
 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 ▼ 275.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.522545
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. CHRISTOPHER, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27891 N. 100TH WAY
 City SCOTTSDALE State AZ Zip Code 85262-8929
 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 ▼ 300.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498552
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. CHRISTOPHER, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27891 N. 100TH WAY
 City SCOTTSDALE State AZ Zip Code 85262-8929
 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 ▼ 300.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501169
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 115 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. CHRISTOPHER, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27891 N. 100TH WAY
 City SCOTTSDALE State AZ Zip Code 85262-8929
 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 ▼ 300.00

Date of Receipt **08 / 19 / 2016**
Transaction ID : SA17.504678
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. CHRISTOPHER, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27891 N. 100TH WAY
 City SCOTTSDALE State AZ Zip Code 85262-8929
 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 ▼ 300.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.522546
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. CICERO, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1126 STEEPLECHASE DRIVE
 City MORGANTOWN State WV Zip Code 26508-9173
 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 **09 / 26 / 2016**
Transaction ID : SA17.531339
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 116 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. CLARK, ERNIE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1012 SOUTH CHURCH STREET

City BROOKHAVEN	State MS	Zip Code 39601-4006
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) COMMERCIAL REAL ESTATE SALES
---	---

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
08		23		2016

Transaction ID : SA17.511503

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. CLARK, JANICE M, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9251 S W 94TH LOOP

City OCALA	State FL	Zip Code 34481-4606
---------------	-------------	------------------------

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 M	/	D D D	/	Y Y Y Y Y Y
09		05		2016

Transaction ID : SA17.523193

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. CLARK, ROBERT J, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 27250 CRAIG LN

City GOLDEN	State CO	Zip Code 80401-9760
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) 3 BEAR ENERGY, LLC	Occupation (for Individual) CEO
---	------------------------------------

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
08		23		2016

Transaction ID : SA17.511504

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 117 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CLAYTON, RONALD, , ,

Mailing Address P.O. BOX 1448

City HAMILTON	State AL	Zip Code 35570-1448
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CHURCH OF CHRIST INDIA MISSIONS	Occupation (for Individual) MISSIONARY
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2016

Transaction ID : SA17.498701

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CLAYTON, RONALD, , ,

Mailing Address P.O. BOX 1448

City HAMILTON	State AL	Zip Code 35570-1448
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CHURCH OF CHRIST INDIA MISSIONS	Occupation (for Individual) MISSIONARY
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

Transaction ID : SA17.501315

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CLAYTON, RONALD, , ,

Mailing Address P.O. BOX 1448

City HAMILTON	State AL	Zip Code 35570-1448
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CHURCH OF CHRIST INDIA MISSIONS	Occupation (for Individual) MISSIONARY
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2016

Transaction ID : SA17.522976

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 118 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. CLUM, JEFFREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5325 OX ROAD
 City FAIRFAX State VA Zip Code 22030-4605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GT CONTRACTING CORPORATION Occupation (for Individual) EXECUTIVE VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 19 / 2016
Transaction ID : SA17.504815
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. COATS, YVONNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 622 N FLAGLER DR. APT 703
 City WEST PALM BEACH State FL Zip Code 33401-4031
 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 ▼ 500.00

Date of Receipt 08 / 19 / 2016
Transaction ID : SA17.504816
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. COATS, YVONNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 622 N FLAGLER DR. APT 703
 City WEST PALM BEACH State FL Zip Code 33401-4031
 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 ▼ 500.00

Date of Receipt 08 / 24 / 2016
Transaction ID : SA17.512382
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 119 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. COBB, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2206 OVERLOOK CREST

City BIRMINGHAM	State AL	Zip Code 35226-3270
--------------------	-------------	------------------------

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 ▼
525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2016

Transaction ID : SA17.498702

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. COBB, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2206 OVERLOOK CREST

City BIRMINGHAM	State AL	Zip Code 35226-3270
--------------------	-------------	------------------------

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 ▼
525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2016

Transaction ID : SA17.499019

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. COBB, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2206 OVERLOOK CREST

City BIRMINGHAM	State AL	Zip Code 35226-3270
--------------------	-------------	------------------------

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 ▼
525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 05 / 2016

Transaction ID : SA17.501316

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 120 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. COFER, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 125 DEEP SPRINGS CT.
 City LINCOLN State CA Zip Code 95648-8786
 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 ▼ 225.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498554
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. COFER, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 125 DEEP SPRINGS CT.
 City LINCOLN State CA Zip Code 95648-8786
 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 ▼ 225.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501171
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. COFER, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 125 DEEP SPRINGS CT.
 City LINCOLN State CA Zip Code 95648-8786
 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 ▼ 225.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.522551
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 121 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. COLLIER, HOWARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 581 JOLLY ROGERS RD
 ADDRESS 2
 City ABILENE State TX Zip Code 79601-2709
 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 ▼ 625.00

Date of Receipt **08 / 20 / 2016**
Transaction ID : SA17.505849
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. COLLIER, HOWARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 581 JOLLY ROGERS RD
 ADDRESS 2
 City ABILENE State TX Zip Code 79601-2709
 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 ▼ 625.00

Date of Receipt **09 / 02 / 2016**
Transaction ID : SA17.518446
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. COLVIN, RUSSELL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12284 WILKINS AVENUE
 City ROCKVILLE State MD Zip Code 20852-1834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MARYLAND FIRE EQUIPMENT Occupation (for Individual) VICE PRESIDENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498703
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 122 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. COLVIN, RUSSELL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12284 WILKINS AVENUE

City ROCKVILLE	State MD	Zip Code 20852-1834
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MARYLAND FIRE EQUIPMENT	Occupation (for Individual) VICE PRESIDENT
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	05	/	2016

Transaction ID : SA17.501317

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. COLVIN, RUSSELL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12284 WILKINS AVENUE

City ROCKVILLE	State MD	Zip Code 20852-1834
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MARYLAND FIRE EQUIPMENT	Occupation (for Individual) VICE PRESIDENT
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2016

Transaction ID : SA17.515683

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. COLVIN, RUSSELL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12284 WILKINS AVENUE

City ROCKVILLE	State MD	Zip Code 20852-1834
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MARYLAND FIRE EQUIPMENT	Occupation (for Individual) VICE PRESIDENT
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2016

Transaction ID : SA17.522978

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 123 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. CONDER, MARC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3927 BRIAR HOLLOW ST.
 City SAN ANTONIO State TX Zip Code 78247-2721
 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 ▼ 500.00

Date of Receipt 08 / 24 / 2016
Transaction ID : SA17.512387
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. COOL, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 232 CEDAR LANE
 City NEWPORT State WA Zip Code 99156-9180
 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 ▼ 1000.00

Date of Receipt 09 / 06 / 2016
Transaction ID : SA17.523416
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. COOPER, CURT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2460 WHITE OAK PLACE
 City DANVILLE State CA Zip Code 94506-2040
 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 ▼ 400.00

Date of Receipt 07 / 05 / 2016
Transaction ID : SA17.498704
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT; REFUNDED \$100.00 ON 08/22/2016

SUBTOTAL of Receipts This Page (optional).....	1600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 124 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. COOPER, CURT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2460 WHITE OAK PLACE
 City DANVILLE State CA Zip Code 94506-2040
 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 ▼ 400.00

Date of Receipt 08 / 05 / 2016
Transaction ID : SA17.501318
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT; REFUNDED \$100.00 ON 11/10/2016

B. COOPER, CURT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2460 WHITE OAK PLACE
 City DANVILLE State CA Zip Code 94506-2040
 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 ▼ 400.00

Date of Receipt 09 / 05 / 2016
Transaction ID : SA17.522979
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT; REFUNDED \$100.00 ON 11/10/2016

C. CORRAO, LUD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 12907
 City RENO State NV Zip Code 89510-2907
 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 ▼ 300.00

Date of Receipt 08 / 19 / 2016
Transaction ID : SA17.504683
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 125 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. CORRAO, LUD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 12907

City RENO	State NV	Zip Code 89510-2907
--------------	-------------	------------------------

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 ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2016
Transaction ID : SA17.522980

Amount of Each Receipt this Period
 100.00

Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. CORRAO, LUD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 12907

City RENO	State NV	Zip Code 89510-2907
--------------	-------------	------------------------

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 ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2016
Transaction ID : SA17.524448

Amount of Each Receipt this Period
 100.00

Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. CORRODI, HCORRODI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31281 CANTERBURY CT.

City TEMECULA	State CA	Zip Code 92591-3902
------------------	-------------	------------------------

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 ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2016
Transaction ID : SA17.498480

Amount of Each Receipt this Period
 35.00

Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	235.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 126 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. CORRODI, HCORRODI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31281 CANTERBURY CT.
 City TEMECULA State CA Zip Code 92591-3902
 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 ▼ 225.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501096
 Amount of Each Receipt this Period 35.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. CORRODI, HCORRODI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31281 CANTERBURY CT.
 City TEMECULA State CA Zip Code 92591-3902
 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 ▼ 225.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.522400
 Amount of Each Receipt this Period 35.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. COX, EDWIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 LEWIS MOUNTAIN LN
 City DURANGO State CO Zip Code 81301-6531
 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 **08 / 25 / 2016**
Transaction ID : SA17.513091
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	320.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 127 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. COX, EDWON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 LEWIS MOUNTAIN LN
 City DURANGO State CO Zip Code 81301-6531
 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 08 / 25 / 2016
Transaction ID : SA17.513092
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. CRANDALL, GARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W 3932 CRANDALL LANE
 City SPOKANE State WA Zip Code 99208-8275
 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 ▼ 500.00

Date of Receipt 08 / 29 / 2016
Transaction ID : SA17.515000
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. CRANDALL, GARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W 3932 CRANDALL LANE
 City SPOKANE State WA Zip Code 99208-8275
 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 ▼ 500.00

Date of Receipt 09 / 05 / 2016
Transaction ID : SA17.523194
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 128 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. CREECH, FRED, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3335 SE 18TH AVE
 City CAPE CORAL State FL Zip Code 33904-4470
 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 ▼ 600.00

Date of Receipt 08 / 23 / 2016
Transaction ID : SA17.511530
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. CREECH, FRED, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3335 SE 18TH AVE
 City CAPE CORAL State FL Zip Code 33904-4470
 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 ▼ 600.00

Date of Receipt 08 / 29 / 2016
Transaction ID : SA17.514850
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. CREECH, FRED, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3335 SE 18TH AVE
 City CAPE CORAL State FL Zip Code 33904-4470
 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 ▼ 600.00

Date of Receipt 09 / 14 / 2016
Transaction ID : SA17.525842
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 129 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. CROSSLAND JR, R H, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address BOX 1149
 City CARBONDALE State CO Zip Code 81623-1149
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CROSSLAND INSURANCE LLC Occupation (for Individual) EXEC
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **09 / 26 / 2016**
Transaction ID : SA17.531342
 Amount of Each Receipt this Period 1000.00
 Memo Item
CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. CROWE, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1107 SNOOOW BERRY ST
 1107 SNOW BERRY ST
 City PARK CITY State UT Zip Code 84098-5549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NUVIEW LIFE SCIENCES Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00

Date of Receipt **08 / 20 / 2016**
Transaction ID : SA17.506597
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. CULBERTSON, ALEXANDER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3195 NW 139TH PL., PORTLAND, OREGO
 City PORTLAND State OR Zip Code 97229-7010
 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 ▼ 900.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498005
 Amount of Each Receipt this Period 25.00
 Memo Item
CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	1125.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 130 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. CULBERTSON, ALEXANDER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3195 NW 139TH PL., PORTLAND, OREGO

City PORTLAND	State OR	Zip Code 97229-7010
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2016

Transaction ID : SA17.498559

Amount of Each Receipt this Period

50.00

 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

B. CULBERTSON, ALEXANDER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3195 NW 139TH PL., PORTLAND, OREGO

City PORTLAND	State OR	Zip Code 97229-7010
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2016

Transaction ID : SA17.498705

Amount of Each Receipt this Period

100.00

 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

C. CULBERTSON, ALEXANDER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3195 NW 139TH PL., PORTLAND, OREGO

City PORTLAND	State OR	Zip Code 97229-7010
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

Transaction ID : SA17.500633

Amount of Each Receipt this Period

25.00

 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	175.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 131 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. CULBERTSON, ALEXANDER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3195 NW 139TH PL., PORTLAND, OREGO

City PORTLAND	State OR	Zip Code 97229-7010
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	05	/	2016

Transaction ID : SA17.501176

Amount of Each Receipt this Period

50.00

 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

B. CULBERTSON, ALEXANDER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3195 NW 139TH PL., PORTLAND, OREGO

City PORTLAND	State OR	Zip Code 97229-7010
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	05	/	2016

Transaction ID : SA17.501319

Amount of Each Receipt this Period

100.00

 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

C. CULBERTSON, ALEXANDER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3195 NW 139TH PL., PORTLAND, OREGO

City PORTLAND	State OR	Zip Code 97229-7010
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2016

Transaction ID : SA17.507784

Amount of Each Receipt this Period

25.00

 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	175.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 132 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. CULBERTSON, ALEXANDER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3195 NW 139TH PL., PORTLAND, OREGO

City PORTLAND	State OR	Zip Code 97229-7010
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2016

Transaction ID : SA17.520895

Amount of Each Receipt this Period

25.00

 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

B. CULBERTSON, ALEXANDER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3195 NW 139TH PL., PORTLAND, OREGO

City PORTLAND	State OR	Zip Code 97229-7010
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2016

Transaction ID : SA17.520896

Amount of Each Receipt this Period

25.00

 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

C. CULBERTSON, ALEXANDER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3195 NW 139TH PL., PORTLAND, OREGO

City PORTLAND	State OR	Zip Code 97229-7010
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2016

Transaction ID : SA17.522563

Amount of Each Receipt this Period

50.00

 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 133 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. CULBERTSON, ALEXANDER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3195 NW 139TH PL., PORTLAND, OREGO

City PORTLAND	State OR	Zip Code 97229-7010
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00

Date of Receipt
09 / 05 / 2016
Transaction ID : SA17.522984

Amount of Each Receipt this Period
100.00

Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. CULBERSON, FRANK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2680 MISTY MEADOW DRIVE
 2680 MISTY MEADOW DRIVE

City PROSPER	State TX	Zip Code 75078-9745
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RIMKUS CONSULTING GROUP		Occupation (for Individual) EXECUTIVE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00

Date of Receipt
07 / 31 / 2016
Transaction ID : SA17.499813

Amount of Each Receipt this Period
100.00

Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. CULBERSON, FRANK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2680 MISTY MEADOW DRIVE
 2680 MISTY MEADOW DRIVE

City PROSPER	State TX	Zip Code 75078-9745
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RIMKUS CONSULTING GROUP		Occupation (for Individual) EXECUTIVE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 650.00

Date of Receipt
08 / 19 / 2016
Transaction ID : SA17.504829

Amount of Each Receipt this Period
500.00

Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	700.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 134 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. CUMMING, LOUIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5440 WESTKNOLL DRIVE
 City LA JOLLA State CA Zip Code 92037-7143
 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 ▼ 306.08

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498491
 Amount of Each Receipt this Period 35.79
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. CUMMING, LOUIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5440 WESTKNOLL DRIVE
 City LA JOLLA State CA Zip Code 92037-7143
 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 ▼ 306.08

Date of Receipt **08 / 01 / 2016**
Transaction ID : SA17.499869
 Amount of Each Receipt this Period 34.56
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. CUMMING, LOUIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5440 WESTKNOLL DRIVE
 City LA JOLLA State CA Zip Code 92037-7143
 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 ▼ 306.08

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501113
 Amount of Each Receipt this Period 35.79
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	106.14
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 135 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. CUMMING, LOUIS, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5440 WESTKNOLL DRIVE

City LA JOLLA	State CA	Zip Code 92037-7143
------------------	-------------	------------------------

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 ▼
306.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2016

Transaction ID : SA17.503309

Amount of Each Receipt this Period
24.68

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. CUMMING, LOUIS, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5440 WESTKNOLL DRIVE

City LA JOLLA	State CA	Zip Code 92037-7143
------------------	-------------	------------------------

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 ▼
306.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2016

Transaction ID : SA17.522439

Amount of Each Receipt this Period
35.79

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. CUNNINGHAM, RALPH, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5128 TANGLE LANE

City HOUSTON	State TX	Zip Code 77056-2116
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ENTERPRISE PRODUCTS COMPANY	Occupation (for Individual) ENERGY EXECUTIVE
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2016

Transaction ID : SA17.504834

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	1060.47
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 136 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. CURTIS, JOHN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 513 MARGO DR.

City PEARSALL	State TX	Zip Code 78061-3915
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF FRIO IRRIGATION	Occupation (for Individual) WATER WELL PUMPS SALES & SER
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2016

Transaction ID : SA17.498706

Amount of Each Receipt this Period

100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. CURTIS, JOHN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 513 MARGO DR.

City PEARSALL	State TX	Zip Code 78061-3915
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF FRIO IRRIGATION	Occupation (for Individual) WATER WELL PUMPS SALES & SER
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

Transaction ID : SA17.501320

Amount of Each Receipt this Period

100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. CURTIS, JOHN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 513 MARGO DR.

City PEARSALL	State TX	Zip Code 78061-3915
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF FRIO IRRIGATION	Occupation (for Individual) WATER WELL PUMPS SALES & SERV
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2016

Transaction ID : SA17.522986

Amount of Each Receipt this Period

100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 137 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. CUTSHALL, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7903 EASTN AVE . KALAMAZOO MI.
 City KALAMAZOO State MI Zip Code 49048-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OMEGA CASTINGS INC. Occupation (for Individual) PRESIDENT-OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **08 / 23 / 2016**
Transaction ID : SA17.511505
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. CUTSHALL, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7903 EASTN AVE . KALAMAZOO MI.
 City KALAMAZOO State MI Zip Code 49048-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OMEGA CASTINGS INC. Occupation (for Individual) PRESIDENT-OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.523195
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. DANGELO, DIANE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1235 N GLENHURST DR
 City BIRMINGHAM State MI Zip Code 48009-1086
 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 ▼ 205.00

Date of Receipt **07 / 26 / 2016**
Transaction ID : SA17.499500
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 138 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. DANGELO, DIANE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1235 N GLENHURST DR
 City BIRMINGHAM State MI Zip Code 48009-1086
 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 ▼ 205.00

Date of Receipt 09 / 02 / 2016
Transaction ID : SA17.517549
 Amount of Each Receipt this Period 5.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. DANGELO, DIANE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1235 N GLENHURST DR
 City BIRMINGHAM State MI Zip Code 48009-1086
 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 ▼ 205.00

Date of Receipt 09 / 13 / 2016
Transaction ID : SA17.525618
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. DAVIES, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2984 SCENIC VALLEY WAY
 City HENDERSON State NV Zip Code 89052-4045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) SELF
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 05 / 2016
Transaction ID : SA17.498561
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	155.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 139 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. DAVIES, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2984 SCENIC VALLEY WAY
 City HENDERSON State NV Zip Code 89052-4045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) SELF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501178
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. DAVIES, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2984 SCENIC VALLEY WAY
 City HENDERSON State NV Zip Code 89052-4045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) SELF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.522568
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. DAVIES, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2984 SCENIC VALLEY WAY
 City HENDERSON State NV Zip Code 89052-4045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) SELF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **09 / 29 / 2016**
Transaction ID : SA17.533075
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	125.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 140 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. DEAN, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 COLONIAL ST
 City SIOUX CENTER State IA Zip Code 51250-2950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VERSOVA MANAGEMENT COMPANY Occupation (for Individual) AGRICULTURE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 12 / 2016**
Transaction ID : SA17.525365
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. DEARING, JOHM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7823 CTY RD 39 NW
 City ANNANDALE State MN Zip Code 55302-2315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) FARMER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498497
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. DEARING, JOHM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7823 CTY RD 39 NW
 City ANNANDALE State MN Zip Code 55302-2315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) FARMER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501120
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	330.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 141 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. DEARING, JOHM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7823 CTY RD 39 NW
 City ANNANDALE State MN Zip Code 55302-2315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) FARMER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 05 / 2016
Transaction ID : SA17.522447
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. DEINDORFER, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41-36 51ST ST D-3
 City WOODSIDE State NY Zip Code 11377-4467
 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 ▼ 228.00

Date of Receipt 07 / 05 / 2016
Transaction ID : SA17.498011
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. DEINDORFER, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41-36 51ST ST D-3
 City WOODSIDE State NY Zip Code 11377-4467
 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 ▼ 228.00

Date of Receipt 08 / 05 / 2016
Transaction ID : SA17.500637
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	90.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 142 OF 700
<input 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 checked="" 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)
Committee to Defend the President

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DEINDORFER, JOHN, , ,

Mailing Address 41-36 51ST ST
D-3

City WOODSIDE	State NY	Zip Code 11377-4467
------------------	-------------	------------------------

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 ▼
228.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2016

Transaction ID : SA17.503557

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DEINDORFER, JOHN, , ,

Mailing Address 41-36 51ST ST
D-3

City WOODSIDE	State NY	Zip Code 11377-4467
------------------	-------------	------------------------

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 ▼
228.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	23	/	2016

Transaction ID : SA17.508424

Amount of Each Receipt this Period
3.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DEINDORFER, JOHN, , ,

Mailing Address 41-36 51ST ST
D-3

City WOODSIDE	State NY	Zip Code 11377-4467
------------------	-------------	------------------------

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 ▼
228.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2016

Transaction ID : SA17.520930

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	53.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 143 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DEINDORFER, JOHN, , ,

Mailing Address 41-36 51ST ST
D-3

City WOODSIDE	State NY	Zip Code 11377-4467
------------------	-------------	------------------------

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 ▼
228.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2016

Transaction ID : SA17.526658

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DEINDORFER, JOHN, , ,

Mailing Address 41-36 51ST ST
D-3

City WOODSIDE	State NY	Zip Code 11377-4467
------------------	-------------	------------------------

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 ▼
228.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : SA17.534052

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DEMPSEY, ROBERT, , ,

Mailing Address 80 EAST MORRIS ST PHILA PA

City PHILADELPHIA	State PA	Zip Code 19148-1411
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CCT	Occupation (for Individual) SALES
--	--------------------------------------

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
09		19		2016

Transaction ID : SA17.528632

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 144 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. DERR, BEVERLEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39 BITLER ROAD
 39 BITLER ROAD
 City MILLVILLE State PA Zip Code 17846-9265
 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 ▼ 350.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498563
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. DERR, BEVERLEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39 BITLER ROAD
 39 BITLER ROAD
 City MILLVILLE State PA Zip Code 17846-9265
 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 ▼ 350.00

Date of Receipt **07 / 06 / 2016**
Transaction ID : SA17.498841
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. DERR, BEVERLEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39 BITLER ROAD
 39 BITLER ROAD
 City MILLVILLE State PA Zip Code 17846-9265
 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 ▼ 350.00

Date of Receipt **07 / 06 / 2016**
Transaction ID : SA17.498842
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 145 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. DERR, BEVERLEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39 BITLER ROAD
 39 BITLER ROAD
 City MILLVILLE State PA Zip Code 17846-9265
 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 ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 05 / 2016
Transaction ID : SA17.501179
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. DERR, BEVERLEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39 BITLER ROAD
 39 BITLER ROAD
 City MILLVILLE State PA Zip Code 17846-9265
 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 ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2016
Transaction ID : SA17.522577
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. DESLAURIERS, ROGER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13 4TH STREET
 City BARRINGTON State RI Zip Code 02806-1811
 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 M / D D D / Y Y Y Y Y Y
 08 / 24 / 2016
Transaction ID : SA17.512383
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 146 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. DILL, JOYCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3725 WEST CENTER ST
 City CINCINNATI State OH Zip Code 45227-4446
 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 ▼ 900.00

Date of Receipt **09 / 29 / 2016**
Transaction ID : SA17.533411
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. DOAN, DALE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4658 AMOROSA WAY
 City SAN ANTONIO State TX Zip Code 78261-2912
 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 **09 / 30 / 2016**
Transaction ID : SA17.534514
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. DODD, GARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 LAKE LOUISE DRIVE
 City BELLINGHAM State WA Zip Code 98229-2781
 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 ▼ 500.00

Date of Receipt **08 / 20 / 2016**
Transaction ID : SA17.506687
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 147 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. DOLAN, JOHN J., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32 MARTA DRIVE
 City WILMINGTON State DE Zip Code 19808-4854
 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 ▼ 425.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498688
 Amount of Each Receipt this Period 75.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. DOLAN, JOHN J., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32 MARTA DRIVE
 City WILMINGTON State DE Zip Code 19808-4854
 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 ▼ 425.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501303
 Amount of Each Receipt this Period 75.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. DONAHOWER, M ROSELA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 CHESTON AVE
 City ANNAPOLIS State MD Zip Code 21401-2706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) BUSINESS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 227.95

Date of Receipt **08 / 23 / 2016**
Transaction ID : SA17.511348
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 148 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. DONAHOWER, M ROSELA, , ,		Date of Receipt
Mailing Address 2 CHESTON AVE		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2016"/>
City ANNAPOLIS	State MD	Zip Code 21401-2706
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.522995
Name of Employer (for Individual) SELF-EMPLOYED		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation (for Individual) BUSINESS		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="227.95"/>	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. DONAHOWER, M ROSELA, , ,		Date of Receipt
Mailing Address 2 CHESTON AVE		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2016"/>
City ANNAPOLIS	State MD	Zip Code 21401-2706
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.531224
Name of Employer (for Individual) SELF-EMPLOYED		Amount of Each Receipt this Period <input type="text" value="27.95"/>
Occupation (for Individual) BUSINESS		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="227.95"/>	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. DORAU, MARY, , ,		Date of Receipt
Mailing Address 579 SOUTHERN OAK CIR.		<input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2016"/>
City HARTLAND	State WI	Zip Code 53029-8005
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.506676
Name of Employer (for Individual) RETIRED		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Occupation (for Individual) RETIRED		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="377.95"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 149 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. DORAU, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 579 SOUTHERN OAK CIR.
 City HARTLAND State WI Zip Code 53029-8005
 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 ▼ 500.00

Date of Receipt 09 / 16 / 2016
Transaction ID : SA17.527381
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. DOWD, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1529 CROWELL ROAD
 City VIENNA State VA Zip Code 22182-1514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) LAWYER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 20 / 2016
Transaction ID : SA17.506688
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. DUBOSE, ALEXANDER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8394 DURNEL DR.
 City DURHAM State CA Zip Code 95938-9735
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) BUSINESS OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 21 / 2016
Transaction ID : SA17.507292
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 150 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. DURAND, STEVE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 SUMMER SKY CIRCLE
 City RANCHO MIRAGE State CA Zip Code 92270-1979
 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 ▼ 350.00

Date of Receipt 08 / 26 / 2016
Transaction ID : SA17.513547
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. DURAND, STEVE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 SUMMER SKY CIRCLE
 City RANCHO MIRAGE State CA Zip Code 92270-1979
 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 ▼ 350.00

Date of Receipt 09 / 05 / 2016
Transaction ID : SA17.522999
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. DURAND, STEVE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 SUMMER SKY CIRCLE
 City RANCHO MIRAGE State CA Zip Code 92270-1979
 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 ▼ 350.00

Date of Receipt 09 / 15 / 2016
Transaction ID : SA17.527010
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 151 OF 700
<input 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 checked="" 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)
Committee to Defend the President

A. DURAND, STEVE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 SUMMER SKY CIRCLE

City RANCHO MIRAGE	State CA	Zip Code 92270-1979
-----------------------	-------------	------------------------

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 ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : SA17.527085

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. EAKEN, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1412 BURNING BUSH CT.

City SPRINGFIELD	State IL	Zip Code 62712-7530
---------------------	-------------	------------------------

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 M / D D D / Y Y Y Y Y Y
 08 / 23 / 2016
Transaction ID : SA17.511506

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. ECKELKAMP, PATSY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5515 BUFFALO RD

City JEFFERSON CITY	State MO	Zip Code 65101-8507
------------------------	-------------	------------------------

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 ▼
603.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2016
Transaction ID : SA17.497257

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	375.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 152 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. ECKELKAMP, PATSY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5515 BUFFALO RD

City JEFFERSON CITY	State MO	Zip Code 65101-8507
------------------------	-------------	------------------------

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 ▼
603.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2016
Transaction ID : SA17.498567

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. ECKELKAMP, PATSY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5515 BUFFALO RD

City JEFFERSON CITY	State MO	Zip Code 65101-8507
------------------------	-------------	------------------------

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 ▼
603.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2016
Transaction ID : SA17.498898

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. ECKELKAMP, PATSY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5515 BUFFALO RD

City JEFFERSON CITY	State MO	Zip Code 65101-8507
------------------------	-------------	------------------------

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 ▼
603.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2016
Transaction ID : SA17.499023

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 153 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. ECKELKAMP, PATSY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5515 BUFFALO RD

City JEFFERSON CITY	State MO	Zip Code 65101-8507
------------------------	-------------	------------------------

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 ▼
603.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2016
Transaction ID : SA17.499120

Amount of Each Receipt this Period
 25.00

Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. ECKELKAMP, PATSY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5515 BUFFALO RD

City JEFFERSON CITY	State MO	Zip Code 65101-8507
------------------------	-------------	------------------------

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 ▼
603.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2016
Transaction ID : SA17.499334

Amount of Each Receipt this Period
 10.00

Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. ECKELKAMP, PATSY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5515 BUFFALO RD

City JEFFERSON CITY	State MO	Zip Code 65101-8507
------------------------	-------------	------------------------

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 ▼
603.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2016
Transaction ID : SA17.499399

Amount of Each Receipt this Period
 25.00

Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 154 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. ECKELKAMP, PATSY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5515 BUFFALO RD
 City JEFFERSON CITY State MO Zip Code 65101-8507
 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 ▼ 603.00

Date of Receipt **07 / 27 / 2016**
Transaction ID : SA17.499563
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. ECKELKAMP, PATSY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5515 BUFFALO RD
 City JEFFERSON CITY State MO Zip Code 65101-8507
 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 ▼ 603.00

Date of Receipt **07 / 28 / 2016**
Transaction ID : SA17.499597
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. ECKELKAMP, PATSY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5515 BUFFALO RD
 City JEFFERSON CITY State MO Zip Code 65101-8507
 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 ▼ 603.00

Date of Receipt **08 / 07 / 2016**
Transaction ID : SA17.501392
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶ 100.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 155 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. ECKELKAMP, PATSY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5515 BUFFALO RD
 City JEFFERSON CITY State MO Zip Code 65101-8507
 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 ▼ 603.00

Date of Receipt 08 / 13 / 2016
Transaction ID : SA17.501692
 Amount of Each Receipt this Period 15.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. ECKELKAMP, PATSY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5515 BUFFALO RD
 City JEFFERSON CITY State MO Zip Code 65101-8507
 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 ▼ 603.00

Date of Receipt 08 / 16 / 2016
Transaction ID : SA17.501818
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. ECKELKAMP, PATSY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5515 BUFFALO RD
 City JEFFERSON CITY State MO Zip Code 65101-8507
 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 ▼ 603.00

Date of Receipt 08 / 24 / 2016
Transaction ID : SA17.512029
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 156 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. ECKELKAMP, PATSY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5515 BUFFALO RD

City JEFFERSON CITY	State MO	Zip Code 65101-8507
------------------------	-------------	------------------------

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 ▼
603.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2016
Transaction ID : SA17.514087

Amount of Each Receipt this Period
 5.00

Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. ECKELKAMP, PATSY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5515 BUFFALO RD

City JEFFERSON CITY	State MO	Zip Code 65101-8507
------------------------	-------------	------------------------

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 ▼
603.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2016
Transaction ID : SA17.515620

Amount of Each Receipt this Period
 50.00

Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. ECKELKAMP, PATSY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5515 BUFFALO RD

City JEFFERSON CITY	State MO	Zip Code 65101-8507
------------------------	-------------	------------------------

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 ▼
603.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2016
Transaction ID : SA17.516720

Amount of Each Receipt this Period
 25.00

Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	80.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 157 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. ECKELKAMP, PATSY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5515 BUFFALO RD

City JEFFERSON CITY	State MO	Zip Code 65101-8507
------------------------	-------------	------------------------

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 ▼
603.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2016
Transaction ID : SA17.519541

Amount of Each Receipt this Period
5.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. ECKELKAMP, PATSY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5515 BUFFALO RD

City JEFFERSON CITY	State MO	Zip Code 65101-8507
------------------------	-------------	------------------------

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 ▼
603.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2016
Transaction ID : SA17.523776

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. ECKELKAMP, PATSY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5515 BUFFALO RD

City JEFFERSON CITY	State MO	Zip Code 65101-8507
------------------------	-------------	------------------------

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 ▼
603.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2016
Transaction ID : SA17.525394

Amount of Each Receipt this Period
3.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	58.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 158 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. ECKELKAMP, PATSY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5515 BUFFALO RD
 City JEFFERSON CITY State MO Zip Code 65101-8507
 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 ▼ 603.00

Date of Receipt 09 / 15 / 2016
Transaction ID : SA17.526672
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. ECKENHAUSEN, SISSEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 519 COLUMBINE
 City DENVER State CO Zip Code 80206-4226
 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 ▼ 500.00

Date of Receipt 09 / 02 / 2016
Transaction ID : SA17.518482
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. EDWARDS, BARBARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 509 THOMPkins LANE
 City EVANS State GA Zip Code 30809-4304
 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 09 / 02 / 2016
Transaction ID : SA17.518477
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	775.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 159 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. EISENHOWER, PERRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2400 GLACIER DRIVE
 City PAPILLION State NE Zip Code 68046-3255
 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 ▼ 275.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498039
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. EISENHOWER, PERRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2400 GLACIER DRIVE
 City PAPILLION State NE Zip Code 68046-3255
 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 ▼ 275.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.500661
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. EISENHOWER, PERRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2400 GLACIER DRIVE
 City PAPILLION State NE Zip Code 68046-3255
 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 ▼ 275.00

Date of Receipt **08 / 22 / 2016**
Transaction ID : SA17.507817
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 160 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. EISENHOWER, PERRY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2400 GLACIER DRIVE

City PAPILLION	State NE	Zip Code 68046-3255
-------------------	-------------	------------------------

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 ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2016

Transaction ID : SA17.514506

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. EISENHOWER, PERRY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2400 GLACIER DRIVE

City PAPILLION	State NE	Zip Code 68046-3255
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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 ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2016

Transaction ID : SA17.517976

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. EISENHOWER, PERRY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2400 GLACIER DRIVE

City PAPILLION	State NE	Zip Code 68046-3255
-------------------	-------------	------------------------

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 ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2016

Transaction ID : SA17.521009

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 161 OF 700
<input 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 checked="" 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)
Committee to Defend the President

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ELLIOTT, DONALD G, , ,

Mailing Address 104 BENT OAK DR.

City SAN ANTONIO	State TX	Zip Code 78231-1503
---------------------	-------------	------------------------

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 ▼
1003.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2016

Transaction ID : SA17.498707

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ELLIOTT, DONALD G, , ,

Mailing Address 104 BENT OAK DR.

City SAN ANTONIO	State TX	Zip Code 78231-1503
---------------------	-------------	------------------------

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 ▼
1003.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2016

Transaction ID : SA17.511354

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ELLIOTT, DONALD G, , ,

Mailing Address 104 BENT OAK DR.

City SAN ANTONIO	State TX	Zip Code 78231-1503
---------------------	-------------	------------------------

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 ▼
1003.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2016

Transaction ID : SA17.523002

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 162 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ELLIOTT, DONALD G, , ,

Mailing Address 104 BENT OAK DR.

City SAN ANTONIO	State TX	Zip Code 78231-1503
---------------------	-------------	------------------------

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 ▼
1003.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2016

Transaction ID : SA17.529861

Amount of Each Receipt this Period
3.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ELLIOTT, DONALD G, , ,

Mailing Address 104 BENT OAK DR.

City SAN ANTONIO	State TX	Zip Code 78231-1503
---------------------	-------------	------------------------

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 ▼
1003.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2016

Transaction ID : SA17.530407

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ELLIOTT, DONALD G, , ,

Mailing Address 104 BENT OAK DR.

City SAN ANTONIO	State TX	Zip Code 78231-1503
---------------------	-------------	------------------------

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 ▼
1003.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2016

Transaction ID : SA17.532510

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	203.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 163 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. ELMORE, ED, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1408 HALCYON LANE
 City WIMINGTON State NC Zip Code 28411-9262
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MUTUAL OF OMAHA Occupation (for Individual) GENERAL MANAGER INSURANCE AC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 14 / 2016**
Transaction ID : SA17.525882
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. EMERSON, WALTER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4255 BRENDAN LANE
 City NORTH OLMSTED State OH Zip Code 44070-2923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WESTINGHOUSE Occupation (for Individual) MECHANICAL ENGINEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 11 / 2016**
Transaction ID : SA17.499076
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. EMERSON, WALTER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4255 BRENDAN LANE
 City NORTH OLMSTED State OH Zip Code 44070-2923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WESTINGHOUSE Occupation (for Individual) MECHANICAL ENGINEER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 02 / 2016**
Transaction ID : SA17.518367
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 164 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. EMERSON, WALTER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4255 BRENDAN LANE
 City NORTH OLMSTED State OH Zip Code 44070-2923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WESTINGHOUSE Occupation (for Individual) MECHANICAL ENGINEER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 15 / 2016**
Transaction ID : SA17.527087
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. EMERSON, WALTER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4255 BRENDAN LANE
 City NORTH OLMSTED State OH Zip Code 44070-2923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WESTINGHOUSE Occupation (for Individual) MECHANICAL ENGINEER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 30 / 2016**
Transaction ID : SA17.534405
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. ENEY, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12116 DOUBLE TREE LANE
 City LUSBY State MD Zip Code 20657-3647
 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 ▼ 295.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.500663
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	175.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 165 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. ENEY, JOHN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12116 DOUBLE TREE LANE

City LUSBY	State MD	Zip Code 20657-3647
---------------	-------------	------------------------

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 ▼
295.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2016

Transaction ID : SA17.503607

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. ENEY, JOHN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12116 DOUBLE TREE LANE

City LUSBY	State MD	Zip Code 20657-3647
---------------	-------------	------------------------

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 ▼
295.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2016

Transaction ID : SA17.514508

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. ENEY, JOHN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12116 DOUBLE TREE LANE

City LUSBY	State MD	Zip Code 20657-3647
---------------	-------------	------------------------

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 ▼
295.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2016

Transaction ID : SA17.515259

Amount of Each Receipt this Period
10.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 166 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. ENEY, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12116 DOUBLE TREE LANE
 City LUSBY State MD Zip Code 20657-3647
 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 ▼ 295.00

Date of Receipt **09 / 15 / 2016**
Transaction ID : SA17.526676
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. ENEY, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12116 DOUBLE TREE LANE
 City LUSBY State MD Zip Code 20657-3647
 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 ▼ 295.00

Date of Receipt **09 / 22 / 2016**
Transaction ID : SA17.530170
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. ENEY, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12116 DOUBLE TREE LANE
 City LUSBY State MD Zip Code 20657-3647
 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 ▼ 295.00

Date of Receipt **09 / 29 / 2016**
Transaction ID : SA17.533091
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 167 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. ENEY, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12116 DOUBLE TREE LANE
 City LUSBY State MD Zip Code 20657-3647
 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 ▼ 295.00

Date of Receipt 09 / 29 / 2016
Transaction ID : SA17.533092
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. ENEY, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12116 DOUBLE TREE LANE
 City LUSBY State MD Zip Code 20657-3647
 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 ▼ 295.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA17.534065
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. ERIKS, SUSAN, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10101 STATE HWY 31 EAST
 City MURCHISON State TX Zip Code 75778-3427
 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 ▼ 243.00

Date of Receipt 07 / 05 / 2016
Transaction ID : SA17.498499
 Amount of Each Receipt this Period 40.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	90.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 168 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. ERIKS, SUSAN, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10101 STATE HWY 31 EAST
 City MURCHISON State TX Zip Code 75778-3427
 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 ▼ 243.00

Date of Receipt 08 / 05 / 2016
Transaction ID : SA17.501122
 Amount of Each Receipt this Period 40.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. ERIKS, SUSAN, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10101 STATE HWY 31 EAST
 City MURCHISON State TX Zip Code 75778-3427
 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 ▼ 243.00

Date of Receipt 08 / 22 / 2016
Transaction ID : SA17.507359
 Amount of Each Receipt this Period 3.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. EVEANS, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10620 SOUTH HIGHLAND LANE
 City OLATHE State KS Zip Code 66061-7432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MERITAGEPORTFOLIO MANAGEMENT Occupation (for Individual) PORTFOLIO MANAGER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 10 / 2016
Transaction ID : SA17.501542
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	93.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 169 OF 700
<input 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 checked="" 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)
Committee to Defend the President

A. EVEANS, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10620 SOUTH HIGHLAND LANE

City OLATHE	State KS	Zip Code 66061-7432
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MERITAGEPORTFOLIO MANAGEMENT	Occupation (for Individual) PORTFOLIO MANAGER
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 08 / 16 / 2016
Transaction ID : SA17.501842

Amount of Each Receipt this Period
 100.00

Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. EVEANS, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10620 SOUTH HIGHLAND LANE

City OLATHE	State KS	Zip Code 66061-7432
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MERITAGEPORTFOLIO MANAGEMENT	Occupation (for Individual) PORTFOLIO MANAGER
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 08 / 29 / 2016
Transaction ID : SA17.514858

Amount of Each Receipt this Period
 50.00

Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. EYMARD, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4910 BOULDER TRACE LANE

City KATY	State TX	Zip Code 77449-7706
--------------	-------------	------------------------

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 ▼
 300.00

Date of Receipt
 07 / 05 / 2016
Transaction ID : SA17.498043

Amount of Each Receipt this Period
 25.00

Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	175.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 170 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. EYMARD, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4910 BOULDER TRACE LANE
 City KATY State TX Zip Code 77449-7706
 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 ▼ 300.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498568
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. EYMARD, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4910 BOULDER TRACE LANE
 City KATY State TX Zip Code 77449-7706
 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 ▼ 300.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.500665
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. EYMARD, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4910 BOULDER TRACE LANE
 City KATY State TX Zip Code 77449-7706
 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 ▼ 300.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501182
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	125.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 171 OF 700
	<input 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 checked="" 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)
Committee to Defend the President

A. EYMARD, PAUL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4910 BOULDER TRACE LANE

City KATY	State TX	Zip Code 77449-7706
--------------	-------------	------------------------

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2016

Transaction ID : SA17.521027

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. EYMARD, PAUL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4910 BOULDER TRACE LANE

City KATY	State TX	Zip Code 77449-7706
--------------	-------------	------------------------

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2016

Transaction ID : SA17.522590

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. EZELL, KELLEY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16318 HEATHER BEND COURT

City HOUSTON	State TX	Zip Code 77059-5579
-----------------	-------------	------------------------

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 M	/	D D D	/	Y Y Y Y Y Y
08		23		2016

Transaction ID : SA17.511358

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	175.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 172 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. EZELL, KELLEY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16318 HEATHER BEND COURT

City HOUSTON	State TX	Zip Code 77059-5579
-----------------	-------------	------------------------

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 M	/	D D D	/	Y Y Y Y Y Y
09		05		2016

Transaction ID : SA17.523004

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. EZELL, KELLEY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16318 HEATHER BEND COURT

City HOUSTON	State TX	Zip Code 77059-5579
-----------------	-------------	------------------------

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 M	/	D D D	/	Y Y Y Y Y Y
09		10		2016

Transaction ID : SA17.524415

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. FAIRALL, RUTH, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 527

City HAINES	State AK	Zip Code 99827-0527
----------------	-------------	------------------------

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 ▼
205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2016

Transaction ID : SA17.498044

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	175.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 173 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. FAIRALL, RUTH, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address P.O. BOX 527

City HAINES	State AK	Zip Code 99827-0527
----------------	-------------	------------------------

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 ▼
205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

Transaction ID : SA17.500666

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. FAIRALL, RUTH, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address P.O. BOX 527

City HAINES	State AK	Zip Code 99827-0527
----------------	-------------	------------------------

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 ▼
205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2016

Transaction ID : SA17.503619

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. FAIRALL, RUTH, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address P.O. BOX 527

City HAINES	State AK	Zip Code 99827-0527
----------------	-------------	------------------------

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 ▼
205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2016

Transaction ID : SA17.521030

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 174 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. FALK, HOLGER, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 132 KENT LANE, KENTS STORE
KENTS STORE

City KENTS STORE State VA Zip Code 23084-2268

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FIELDSTONE HOMES INC. Occupation (for Individual) CONTRSCTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 05 / 2016**

Transaction ID : SA17.498045

Amount of Each Receipt this Period 25.00

Memo Item CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. FALK, HOLGER, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 132 KENT LANE, KENTS STORE
KENTS STORE

City KENTS STORE State VA Zip Code 23084-2268

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FIELDSTONE HOMES INC. Occupation (for Individual) CONTRSCTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt **08 / 05 / 2016**

Transaction ID : SA17.500667

Amount of Each Receipt this Period 25.00

Memo Item CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. FALK, HOLGER, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 132 KENT LANE, KENTS STORE
KENTS STORE

City KENTS STORE State VA Zip Code 23084-2268

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FIELDSTONE HOMES INC. Occupation (for Individual) CONTRSCTOR

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 05 / 2016**

Transaction ID : SA17.521033

Amount of Each Receipt this Period 25.00

Memo Item CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 175 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. FARIES, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12535 SW IRON MTN. BLVD.
 City PORTLAND State OR Zip Code 97219-8303
 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 **07 / 11 / 2016**
Transaction ID : SA17.499077
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. FARIES, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12535 SW IRON MTN. BLVD.
 City PORTLAND State OR Zip Code 97219-8303
 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 **08 / 19 / 2016**
Transaction ID : SA17.504695
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. FARIES, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12535 SW IRON MTN. BLVD.
 City PORTLAND State OR Zip Code 97219-8303
 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 **09 / 02 / 2016**
Transaction ID : SA17.518450
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 176 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. FARRELL, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 57D ALDER ST
 D
 City WEST BABYLON State NY Zip Code 11704-1037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JOHN FARRELL AUTO PARTS Occupation (for Individual) SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 203.00

Date of Receipt **08 / 29 / 2016**
Transaction ID : SA17.514859
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. FARRELL, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 57D ALDER ST
 D
 City WEST BABYLON State NY Zip Code 11704-1037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JOHN FARRELL AUTO PARTS Occupation (for Individual) SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 203.00

Date of Receipt **09 / 02 / 2016**
Transaction ID : SA17.518369
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. FARRELL, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 57D ALDER ST
 D
 City WEST BABYLON State NY Zip Code 11704-1037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JOHN FARRELL AUTO PARTS Occupation (for Individual) SELF EMPLOYED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 203.00

Date of Receipt **09 / 02 / 2016**
Transaction ID : SA17.518370
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 177 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. FARRELL, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 57D ALDER ST
 D
 City WEST BABYLON State NY Zip Code 11704-1037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JOHN FARRELL AUTO PARTS Occupation (for Individual) SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 203.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2016
Transaction ID : SA17.522593
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. FARRELL, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 57D ALDER ST
 D
 City WEST BABYLON State NY Zip Code 11704-1037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JOHN FARRELL AUTO PARTS Occupation (for Individual) SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 203.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2016
Transaction ID : SA17.531397
 Amount of Each Receipt this Period
 3.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. FELDERMAN, DENISE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 146 N. E. 30TH ST
 146 N. E. 30TH ST
 City TRENTON State MO Zip Code 64683-8164
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JAMESPORT MERCANTILE Occupation (for Individual) SELF EMPLOYED RETAIL
 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
 07 / 05 / 2016
Transaction ID : SA17.498570
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	103.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 178 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. FLANAGAN, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1879 JIM SIMMONS
 City FLAGSTAFF State AZ Zip Code 86005-4236
 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 ▼ 1000.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498751
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. FLANAGAN, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1879 JIM SIMMONS
 City FLAGSTAFF State AZ Zip Code 86005-4236
 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 ▼ 1000.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501364
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. FLANAGAN, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1879 JIM SIMMONS
 City FLAGSTAFF State AZ Zip Code 86005-4236
 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 ▼ 1000.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.523196
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 179 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. FLEGENHEIMER, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 308 LEMONWOOD

City FALLBROOK	State CA	Zip Code 92028-7904
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) FLEGENHEIMER INT'L INC		Occupation (for Individual) CEO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2016
Transaction ID : SA17.498053

Amount of Each Receipt this Period
 25.00

Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. FLEGENHEIMER, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 308 LEMONWOOD

City FALLBROOK	State CA	Zip Code 92028-7904
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) FLEGENHEIMER INT'L INC		Occupation (for Individual) CEO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 05 / 2016
Transaction ID : SA17.500675

Amount of Each Receipt this Period
 25.00

Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. FLEGENHEIMER, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 308 LEMONWOOD

City FALLBROOK	State CA	Zip Code 92028-7904
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) FLEGENHEIMER INT'L INC		Occupation (for Individual) CEO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 20 / 2016
Transaction ID : SA17.505921

Amount of Each Receipt this Period
 25.00

Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 180 OF 700
<input 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 checked="" 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)
Committee to Defend the President

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
FLEGENHEIMER, WILLIAM, , ,

Mailing Address **308 LEMONWOOD**

City FALLBROOK	State CA	Zip Code 92028-7904
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FLEGENHEIMER INT'L INC	Occupation (for Individual) CEO
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
09 / 05 / 2016

Transaction ID : SA17.521073

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
FLEGENHEIMER, WILLIAM, , ,

Mailing Address **308 LEMONWOOD**

City FALLBROOK	State CA	Zip Code 92028-7904
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FLEGENHEIMER INT'L INC	Occupation (for Individual) CEO
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
09 / 19 / 2016

Transaction ID : SA17.528260

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
FODOR, BARBARA, , ,

Mailing Address **10100 GALAXY WAY
2280**

City LOS ANGELES	State CA	Zip Code 90067-3528
----------------------------	--------------------	-------------------------------

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 ▼
1000.00

Date of Receipt
08 / 23 / 2016

Transaction ID : SA17.511531

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 181 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. FODOR, BARBARA, , ,		Date of Receipt MM / DD / YYYY 09 / 05 / 2016
Mailing Address 10100 GALAXY WAY 2280		Transaction ID : SA17.523222
City LOS ANGELES	State CA	Zip Code 90067-3528
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. FOGEL, GUY, , ,		Date of Receipt MM / DD / YYYY 07 / 05 / 2016
Mailing Address 142 CANDELARIA		Transaction ID : SA17.498572
City HELOTES	State TX	Zip Code 78023-4711
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) SPINEPAINBEGONE	Occupation (for Individual) SURGEON	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. FOGEL, GUY, , ,		Date of Receipt MM / DD / YYYY 07 / 05 / 2016
Mailing Address 142 CANDELARIA		Transaction ID : SA17.498709
City HELOTES	State TX	Zip Code 78023-4711
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) SPINEPAINBEGONE	Occupation (for Individual) SURGEON	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 500.00	NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	650.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 182 OF 700
<input 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 checked="" 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)
Committee to Defend the President

A. FOGEL, GUY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 142 CANDELARIA

City HELOTES	State TX	Zip Code 78023-4711
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SPINEPAINBEGONE	Occupation (for Individual) SURGEON
--	--

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
08		05		2016

Transaction ID : SA17.501184

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. FOGEL, GUY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 142 CANDELARIA

City HELOTES	State TX	Zip Code 78023-4711
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SPINEPAINBEGONE	Occupation (for Individual) SURGEON
--	--

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
08		05		2016

Transaction ID : SA17.501322

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. FOGEL, GUY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 142 CANDELARIA

City HELOTES	State TX	Zip Code 78023-4711
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SPINEPAINBEGONE	Occupation (for Individual) SURGEON
--	--

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
09		05		2016

Transaction ID : SA17.522601

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 183 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. FOGEL, GUY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 142 CANDELARIA
 City HELOTES State TX Zip Code 78023-4711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SPINEPAINBEGONE Occupation (for Individual) SURGEON
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.523011
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. FORD, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 611 ANTON BLVD SUITE 700
 City COSTA MESA State CA Zip Code 92626-7050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501365
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. FORD, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 611 ANTON BLVD SUITE 700
 City COSTA MESA State CA Zip Code 92626-7050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.523197
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 184 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. FOSTER, CARL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6970 N LEONARDO DA VINCI WAY

City TUCSON	State AZ	Zip Code 85704-3023
----------------	-------------	------------------------

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 M	/	D D D	/	Y Y Y Y Y Y
08	/	05	/	2016

Transaction ID : SA17.501185

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. FOSTER, CARL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6970 N LEONARDO DA VINCI WAY

City TUCSON	State AZ	Zip Code 85704-3023
----------------	-------------	------------------------

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 M	/	D D D	/	Y Y Y Y Y Y
08	/	20	/	2016

Transaction ID : SA17.505931

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. FOSTER, CARL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6970 N LEONARDO DA VINCI WAY

City TUCSON	State AZ	Zip Code 85704-3023
----------------	-------------	------------------------

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 M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2016

Transaction ID : SA17.525150

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 185 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. FOSTER, CARL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6970 N LEONARDO DA VINCI WAY

City TUCSON	State AZ	Zip Code 85704-3023
----------------	-------------	------------------------

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 M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2016

Transaction ID : SA17.526689

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. FOSTER, CARL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6970 N LEONARDO DA VINCI WAY

City TUCSON	State AZ	Zip Code 85704-3023
----------------	-------------	------------------------

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 M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2016

Transaction ID : SA17.531128

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. FRANCE, SHERROD, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 607

City RAWLINS	State WY	Zip Code 82301-0607
-----------------	-------------	------------------------

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 ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2016

Transaction ID : SA17.503640

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 186 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. FRANCE, SHERROD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 607

City RAWLINS	State WY	Zip Code 82301-0607
-----------------	-------------	------------------------

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 ▼
275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 23 / 2016

Transaction ID : SA17.511113

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. FRANCE, SHERROD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 607

City RAWLINS	State WY	Zip Code 82301-0607
-----------------	-------------	------------------------

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 ▼
275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2016

Transaction ID : SA17.517067

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. FRANCE, SHERROD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 607

City RAWLINS	State WY	Zip Code 82301-0607
-----------------	-------------	------------------------

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 ▼
275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2016

Transaction ID : SA17.522602

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 187 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. FREEMAN, BRICE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2500 E 19TH ST
 City RUSSELLVILLE State AR Zip Code 72802-2626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) LOCKSMITH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 17 / 2016**
Transaction ID : SA17.528106
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. FRENCH, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2102 LAKERIDGE CIRCLE
 City ENNIS State TX Zip Code 75119-8026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JUDGE FITE COMPANY, INC. Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 227.95

Date of Receipt **08 / 25 / 2016**
Transaction ID : SA17.513055
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. FRENCH, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2102 LAKERIDGE CIRCLE
 City ENNIS State TX Zip Code 75119-8026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JUDGE FITE COMPANY, INC. Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 227.95

Date of Receipt **09 / 12 / 2016**
Transaction ID : SA17.525314
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 188 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. FRENCH, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2102 LAKERIDGE CIRCLE
 City ENNIS State TX Zip Code 75119-8026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JUDGE FITE COMPANY, INC. Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 227.95

Date of Receipt 09 / 15 / 2016
Transaction ID : SA17.526695
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. FRENCH, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2102 LAKERIDGE CIRCLE
 City ENNIS State TX Zip Code 75119-8026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JUDGE FITE COMPANY, INC. Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 227.95

Date of Receipt 09 / 19 / 2016
Transaction ID : SA17.528362
 Amount of Each Receipt this Period 27.95
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. FRENCH, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2102 LAKERIDGE CIRCLE
 City ENNIS State TX Zip Code 75119-8026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JUDGE FITE COMPANY, INC. Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 227.95

Date of Receipt 09 / 21 / 2016
Transaction ID : SA17.529585
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	77.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 189 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. FRUSHON, RONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1001 OTTER MILL WAY
 City SUN CITY CENTER State FL Zip Code 33573-7045
 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 ▼ 260.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498481
 Amount of Each Receipt this Period 35.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. FRUSHON, RONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1001 OTTER MILL WAY
 City SUN CITY CENTER State FL Zip Code 33573-7045
 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 ▼ 260.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501097
 Amount of Each Receipt this Period 35.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. FRUSHON, RONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1001 OTTER MILL WAY
 City SUN CITY CENTER State FL Zip Code 33573-7045
 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 ▼ 260.00

Date of Receipt **08 / 20 / 2016**
Transaction ID : SA17.506479
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	120.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 190 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. FRUSHON, RONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1001 OTTER MILL WAY
 City SUN CITY CENTER State FL Zip Code 33573-7045
 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 ▼ 260.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.522404
 Amount of Each Receipt this Period 35.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. FULDNER, CHRIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5035 STONGATE CT
 City SPRINGFIELD State MO Zip Code 65809-4013
 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 ▼ 700.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498710
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. FULDNER, CHRIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5035 STONGATE CT
 City SPRINGFIELD State MO Zip Code 65809-4013
 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 ▼ 700.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.500684
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	160.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 191 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. FULDNER, CHRIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5035 STONGATE CT
 City SPRINGFIELD State MO Zip Code 65809-4013
 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 ▼ 700.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501323
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. FULDNER, CHRIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5035 STONGATE CT
 City SPRINGFIELD State MO Zip Code 65809-4013
 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 ▼ 700.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.521106
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. FULDNER, CHRIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5035 STONGATE CT
 City SPRINGFIELD State MO Zip Code 65809-4013
 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 ▼ 700.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.523017
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 192 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. GAMBLE, KENNETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 175 HUGUENOT ST
 PH501
 City NEW ROCHELLE State NY Zip Code 10801-7767
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) INS BROKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt **09 / 30 / 2016**
Transaction ID : SA17.534519
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. GARCIA, GUILLERMO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9401 SW 103 STREET
 City MIAMI State FL Zip Code 33176-3057
 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 **07 / 05 / 2016**
Transaction ID : SA17.498576
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. GARCIA, GUILLERMO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9401 SW 103 STREET
 City MIAMI State FL Zip Code 33176-3057
 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 **08 / 05 / 2016**
Transaction ID : SA17.501190
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	1100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 193 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. GARCIA, GUILLERMO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9401 SW 103 STREET
 City MIAMI State FL Zip Code 33176-3057
 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 08 / 08 / 2016
Transaction ID : SA17.501398
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. GARCIA, MANNY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 941 TUSKAWILLA TRAIL
 City WINTER SPRINGS State FL Zip Code 32708-4023
 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 ▼ 227.95

Date of Receipt 08 / 20 / 2016
Transaction ID : SA17.506613
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. GARCIA, MANNY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 941 TUSKAWILLA TRAIL
 City WINTER SPRINGS State FL Zip Code 32708-4023
 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 ▼ 227.95

Date of Receipt 09 / 21 / 2016
Transaction ID : SA17.529700
 Amount of Each Receipt this Period 27.95
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	227.95
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 194 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. GARCIA, MANNY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 941 TUSKAWILLA TRAIL
 City WINTER SPRINGS State FL Zip Code 32708-4023
 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 ▼ 227.95

Date of Receipt **09 / 26 / 2016**
Transaction ID : SA17.531328
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. GARDENHOUR, CHARLES AND ANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3019 PARKWAY
 City CHEVERLY State MD Zip Code 20785-3154
 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 ▼ 350.00

Date of Receipt **08 / 23 / 2016**
Transaction ID : SA17.511370
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. GARDENHOUR, CHARLES AND ANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3019 PARKWAY
 City CHEVERLY State MD Zip Code 20785-3154
 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 ▼ 350.00

Date of Receipt **09 / 10 / 2016**
Transaction ID : SA17.524471
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 195 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. GARNTO, PHILLIP S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 413 HILLCREST DRIVE
 City WATERLOO State IL Zip Code 62298-1713
 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 ▼ 350.00

Date of Receipt 08 / 22 / 2016
Transaction ID : SA17.508271
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. GARNTO, PHILLIP S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 413 HILLCREST DRIVE
 City WATERLOO State IL Zip Code 62298-1713
 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 ▼ 350.00

Date of Receipt 09 / 01 / 2016
Transaction ID : SA17.517155
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. GARTHWAIT, JR., BOB, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 1367
 City WATERBURY State CT Zip Code 06721-1367
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CLY-DEL Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1047.95

Date of Receipt 09 / 26 / 2016
Transaction ID : SA17.497187
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	1350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 196 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. GARTHWAIT, JR., BOB, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 1367

City WATERBURY	State CT	Zip Code 06721-1367
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CLY-DEL	Occupation (for Individual) EXECUTIVE
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1047.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2016
Transaction ID : SA17.529149

Amount of Each Receipt this Period
 47.95

Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. GATTO, PAMELA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 339 COCOA AVE

City INDIALANTIC	State FL	Zip Code 32903-3407
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MIKE GATTO INC	Occupation (for Individual) BUSINESS OWNER- TIRE DEALER
---	--

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
 08 / 20 / 2016
Transaction ID : SA17.506689

Amount of Each Receipt this Period
 500.00

Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. GAULT, GRACE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2354 WILDERNESS HL

City SAN ANTONIO	State TX	Zip Code 78231-1826
---------------------	-------------	------------------------

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 M / D D D / Y Y Y Y Y Y
 09 / 14 / 2016
Transaction ID : SA17.525883

Amount of Each Receipt this Period
 250.00

Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	797.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 197 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. GAVIN, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 BHOIREANN LANE
 City YORK State ME Zip Code 03909-5435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) - NONE - Occupation (for Individual) 1951
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 17 / 2016**
Transaction ID : SA17.528107
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

B. GAVIN, NORMAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 364 EAGLE DR.
 City JUPITER State FL Zip Code 33477-4066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RET Occupation (for Individual) RET
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498500
 Amount of Each Receipt this Period 40.00
 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

C. GAVIN, NORMAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 364 EAGLE DR.
 City JUPITER State FL Zip Code 33477-4066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RET Occupation (for Individual) RET
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **07 / 16 / 2016**
Transaction ID : SA17.499221
 Amount of Each Receipt this Period 10.00
 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 198 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. GAVIN, NORMAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 364 EAGLE DR.
 City JUPITER State FL Zip Code 33477-4066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RET Occupation (for Individual) RET
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501124
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. GEARHART, DANNY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17804 NICK DRIVE
 17804 NICK DRIVE
 City MACOMB State MI Zip Code 48044-1658
 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 ▼ 230.00

Date of Receipt **07 / 30 / 2016**
Transaction ID : SA17.499723
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. GEARHART, DANNY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17804 NICK DRIVE
 17804 NICK DRIVE
 City MACOMB State MI Zip Code 48044-1658
 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 ▼ 230.00

Date of Receipt **08 / 30 / 2016**
Transaction ID : SA17.515439
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	90.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 199 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
GEDDES, JAMES, , ,

Mailing Address **6670 LAMBERT RANCH CROSSING**

City SEDALIA	State CO	Zip Code 80135-8865
------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) SURGEON
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
327.95

Date of Receipt
08 / 19 / 2016

Transaction ID : SA17.504701

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
GEDDES, JAMES, , ,

Mailing Address **6670 LAMBERT RANCH CROSSING**

City SEDALIA	State CO	Zip Code 80135-8865
------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) SURGEON
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
327.95

Date of Receipt
08 / 23 / 2016

Transaction ID : SA17.511373

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
GEDDES, JAMES, , ,

Mailing Address **6670 LAMBERT RANCH CROSSING**

City SEDALIA	State CO	Zip Code 80135-8865
------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) SURGEON
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
327.95

Date of Receipt
09 / 05 / 2016

Transaction ID : SA17.523023

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 200 OF 700
<input 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 checked="" 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)
Committee to Defend the President

A. GEDDES, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6670 LAMBERT RANCH CROSSING
 City SEDALIA State CO Zip Code 80135-8865
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) SURGEON
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 327.95

Date of Receipt **09 / 20 / 2016**
Transaction ID : SA17.528837
 Amount of Each Receipt this Period 27.95
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. GERALDS, EMILY SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2224KIEV CT.
 City WEST BLOOMFIELD State MI Zip Code 48324-1338
 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 ▼ 206.00

Date of Receipt **08 / 19 / 2016**
Transaction ID : SA17.504486
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. GERALDS, EMILY SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2224KIEV CT.
 City WEST BLOOMFIELD State MI Zip Code 48324-1338
 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 ▼ 206.00

Date of Receipt **08 / 23 / 2016**
Transaction ID : SA17.510143
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	102.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 201 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. GERALDS, EMILY SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2224KIEV CT.
 City WEST BLOOMFIELD State MI Zip Code 48324-1338
 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 ▼ 206.00

Date of Receipt 08 / 29 / 2016
Transaction ID : SA17.514532
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. GERALDS, EMILY SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2224KIEV CT.
 City WEST BLOOMFIELD State MI Zip Code 48324-1338
 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 ▼ 206.00

Date of Receipt 08 / 29 / 2016
Transaction ID : SA17.514533
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. GERALDS, EMILY SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2224KIEV CT.
 City WEST BLOOMFIELD State MI Zip Code 48324-1338
 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 ▼ 206.00

Date of Receipt 09 / 01 / 2016
Transaction ID : SA17.516744
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 202 OF 700
<input 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 checked="" 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)
Committee to Defend the President

A. GERALDS, EMILY SUSAN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2224KIEV CT.

City WEST BLOOMFIELD	State MI	Zip Code 48324-1338
-------------------------	-------------	------------------------

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 ▼
206.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2016

Transaction ID : SA17.524255

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. GERALDS, EMILY SUSAN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2224KIEV CT.

City WEST BLOOMFIELD	State MI	Zip Code 48324-1338
-------------------------	-------------	------------------------

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 ▼
206.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2016

Transaction ID : SA17.526021

Amount of Each Receipt this Period
3.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. GERALDS, EMILY SUSAN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2224KIEV CT.

City WEST BLOOMFIELD	State MI	Zip Code 48324-1338
-------------------------	-------------	------------------------

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 ▼
206.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2016

Transaction ID : SA17.530451

Amount of Each Receipt this Period
3.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	31.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 203 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. GERHARDT, WALTER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9503 GULFSTREAM RD
 City FRANKFORT State IL Zip Code 60423-2536
 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 ▼ 325.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498075
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. GERHARDT, WALTER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9503 GULFSTREAM RD
 City FRANKFORT State IL Zip Code 60423-2536
 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 ▼ 325.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.500697
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. GERHARDT, WALTER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9503 GULFSTREAM RD
 City FRANKFORT State IL Zip Code 60423-2536
 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 ▼ 325.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.521138
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 204 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. GHANDHI, KHUSHRO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2168 ESTES RD
 City LOS ANGELES State CA Zip Code 90041-1227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) ACCOUNTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA17.534520
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. GILDEA, TERRI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6200 PARKVIEW AVE 3
 City KALAMAZOO State MI Zip Code 49009-9403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BRONSON METHODIST HOSPITAL Occupation (for Individual) IMAGING SERVICES ASSISTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 07 / 05 / 2016
Transaction ID : SA17.498078
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. GILDEA, TERRI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6200 PARKVIEW AVE 3
 City KALAMAZOO State MI Zip Code 49009-9403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BRONSON METHODIST HOSPITAL Occupation (for Individual) IMAGING SERVICES ASSISTANT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 08 / 11 / 2016
Transaction ID : SA17.501645
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	1075.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 205 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. GILDEA, TERRI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6200 PARKVIEW AVE
 3
 City KALAMAZOO State MI Zip Code 49009-9403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BRONSON METHODIST HOSPITAL Occupation (for Individual) IMAGING SERVICES ASSISTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 08 / 21 / 2016
Transaction ID : SA17.507065
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. GILL, STEVE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5000 W SHRELINE TERRACE
 City MUNCIE State IN Zip Code 47304-6092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GILL BROTHERS FURNITURE Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 26 / 2016
Transaction ID : SA17.513563
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. GLAS, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 150 HATTER DRIVE, PONTE VEDRA, FL,
 City PONTE VEDRA State FL Zip Code 32081-8340
 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 ▼ 350.00

Date of Receipt 08 / 24 / 2016
Transaction ID : SA17.512384
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	775.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 206 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. GLENDINNING, ANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 340 SOUTH US HIGHWAY ONE
 408
 City JUPITER State FL Zip Code 33477-5928
 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 ▼ 700.00

Date of Receipt 08 / 19 / 2016
Transaction ID : SA17.504703
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. GLENDINNING, ANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 340 SOUTH US HIGHWAY ONE
 408
 City JUPITER State FL Zip Code 33477-5928
 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 ▼ 700.00

Date of Receipt 08 / 20 / 2016
Transaction ID : SA17.506484
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. GLENDINNING, ANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 340 SOUTH US HIGHWAY ONE
 408
 City JUPITER State FL Zip Code 33477-5928
 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 ▼ 700.00

Date of Receipt 08 / 23 / 2016
Transaction ID : SA17.511115
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 207 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. GLENDINNING, ANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 340 SOUTH US HIGHWAY ONE
 408
 City JUPITER State FL Zip Code 33477-5928
 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 ▼ 700.00

Date of Receipt **08 / 29 / 2016**
Transaction ID : SA17.514864
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. GLENDINNING, ANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 340 SOUTH US HIGHWAY ONE
 408
 City JUPITER State FL Zip Code 33477-5928
 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 ▼ 700.00

Date of Receipt **09 / 01 / 2016**
Transaction ID : SA17.517157
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. GLENDINNING, ANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 340 SOUTH US HIGHWAY ONE
 408
 City JUPITER State FL Zip Code 33477-5928
 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 ▼ 700.00

Date of Receipt **09 / 14 / 2016**
Transaction ID : SA17.525873
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 208 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. GLENDINNING, ANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 340 SOUTH US HIGHWAY ONE
 408
 City JUPITER State FL Zip Code 33477-5928
 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 ▼ 700.00

Date of Receipt **09 / 16 / 2016**
Transaction ID : SA17.527371
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. GLENDINNING, ANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 340 SOUTH US HIGHWAY ONE
 408
 City JUPITER State FL Zip Code 33477-5928
 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 ▼ 700.00

Date of Receipt **09 / 21 / 2016**
Transaction ID : SA17.529805
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. GLENDINNING, ANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 340 SOUTH US HIGHWAY ONE
 408
 City JUPITER State FL Zip Code 33477-5928
 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 ▼ 700.00

Date of Receipt **09 / 23 / 2016**
Transaction ID : SA17.530666
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 209 OF 700
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. GLIDEWELL, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 641 WINDSOR DRIVE
 City BENICIA State CA Zip Code 94510-3748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) ACCOUNTANT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498501
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. GLIDEWELL, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 641 WINDSOR DRIVE
 City BENICIA State CA Zip Code 94510-3748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) ACCOUNTANT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501125
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. GLIDEWELL, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 641 WINDSOR DRIVE
 City BENICIA State CA Zip Code 94510-3748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) ACCOUNTANT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.522450
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 210 OF 700
<input 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 checked="" 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)
Committee to Defend the President

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
GORDON, ELIZABETH, , ,

Mailing Address **705 MORRISON LANE**

City LAURINBURG	State NC	Zip Code 28352-4220
---------------------------	--------------------	-------------------------------

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 ▼
500.00

Date of Receipt
08 / 20 / 2016

Transaction ID : SA17.506677

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
GORDON, ELIZABETH, , ,

Mailing Address **705 MORRISON LANE**

City LAURINBURG	State NC	Zip Code 28352-4220
---------------------------	--------------------	-------------------------------

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 ▼
500.00

Date of Receipt
08 / 20 / 2016

Transaction ID : SA17.506678

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
GOUGEON, FRANCK, , ,

Mailing Address **4729 ANNAWAY DRIVE**

City MINNEAPOLIS	State MN	Zip Code 55436-1303
----------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GIVERNY INVESTMENTS LLC	Occupation (for Individual) SELF-EMPLOYED
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
08 / 19 / 2016

Transaction ID : SA17.504841

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	5500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 211 OF 700
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. GRABANSKI, EILEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 721 2ND AVE NE
 22
 City HILLSBORO State ND Zip Code 58045-4638
 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 ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2016
Transaction ID : SA17.498579
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. GRABANSKI, EILEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 721 2ND AVE NE
 22
 City HILLSBORO State ND Zip Code 58045-4638
 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 ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 05 / 2016
Transaction ID : SA17.501193
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. GRABANSKI, EILEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 721 2ND AVE NE
 22
 City HILLSBORO State ND Zip Code 58045-4638
 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 ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2016
Transaction ID : SA17.522621
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 212 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. GRAHAM, ANDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 53 N STURBRIDGE RD
 City CHARLTON State MA Zip Code 01507-1239
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) R A GRAHAM CO Occupation (for Individual) SALES MANAGER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498711
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. GRAHAM, ANDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 53 N STURBRIDGE RD
 City CHARLTON State MA Zip Code 01507-1239
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) R A GRAHAM CO Occupation (for Individual) SALES MANAGER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501324
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. GRAHAM, ANDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 53 N STURBRIDGE RD
 City CHARLTON State MA Zip Code 01507-1239
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) R A GRAHAM CO Occupation (for Individual) SALES MANAGER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.523027
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 213 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. GRAHAM, ANDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 53 N STURBRIDGE RD
 City CHARLTON State MA Zip Code 01507-1239
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) R A GRAHAM CO Occupation (for Individual) SALES MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt **09 / 07 / 2016**
Transaction ID : SA17.523551
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. GRAVEN, JIM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19610 RATHBONE CIR
 City MONUMENT State CO Zip Code 80132-2892
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) BUSINESS OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **08 / 23 / 2016**
Transaction ID : SA17.511507
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. GRAY, WINIFRED, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 195 LARCH ROW
 City WENHAM State MA Zip Code 01984-1608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) PORTRAIT ARTIST AGENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498712
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	390.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 214 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. GRAY, WINIFRED, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 195 LARCH ROW
 City WENHAM State MA Zip Code 01984-1608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) PORTRAIT ARTIST AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 05 / 2016
Transaction ID : SA17.501325
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. GRAY, WINIFRED, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 195 LARCH ROW
 City WENHAM State MA Zip Code 01984-1608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) PORTRAIT ARTIST AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 05 / 2016
Transaction ID : SA17.523028
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. GREEN, CHRISTY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 506 CHRISTINE DRIVE
 City VACAVILLE State CA Zip Code 95687-4339
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SOLANO COMMUNITY COLLEGE Occupation (for Individual) CHEMISTRY LAB TECHNICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 05 / 2016
Transaction ID : SA17.498580
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 215 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. GREEN, CHRISTY, , ,		Date of Receipt MM / DD / YYYY 08 / 05 / 2016
Mailing Address 506 CHRISTINE DRIVE		Transaction ID : SA17.501194
City VACAVILLE	State CA	Zip Code 95687-4339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) SOLANO COMMUNITY COLLEGE	Occupation (for Individual) CHEMISTRY LAB TECHNICIAN	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. GREEN, CHRISTY, , ,		Date of Receipt MM / DD / YYYY 09 / 05 / 2016
Mailing Address 506 CHRISTINE DRIVE		Transaction ID : SA17.522623
City VACAVILLE	State CA	Zip Code 95687-4339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) SOLANO COMMUNITY COLLEGE	Occupation (for Individual) CHEMISTRY LAB TECHNICIAN	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. GREENO, MALCOLM, , ,		Date of Receipt MM / DD / YYYY 07 / 05 / 2016
Mailing Address 333 OSPREY POINT DRIVE		Transaction ID : SA17.498582
City OSPREY	State FL	Zip Code 34229-9252
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 350.00	NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 216 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. GREENO, MALCOLM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 333 OSPREY POINT DRIVE
 City OSPREY State FL Zip Code 34229-9252
 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 ▼ 350.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501195
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. GREENO, MALCOLM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 333 OSPREY POINT DRIVE
 City OSPREY State FL Zip Code 34229-9252
 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 ▼ 350.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.522626
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. GRELE, SALLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1620 PUGET ST NE
 City OLYMPIA State WA Zip Code 98506-3361
 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 ▼ 225.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498091
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	125.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 217 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. GRELE, SALLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1620 PUGET ST NE
 City OLYMPIA State WA Zip Code 98506-3361
 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 ▼ 225.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.500715
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. GRELE, SALLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1620 PUGET ST NE
 City OLYMPIA State WA Zip Code 98506-3361
 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 ▼ 225.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.521194
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. GRIDLEY, TRAVIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O.BOX 1744
 City LAWRENCEVILLE State GA Zip Code 30046-1744
 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 ▼ 236.00

Date of Receipt **09 / 22 / 2016**
Transaction ID : SA17.530431
 Amount of Each Receipt this Period 236.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	286.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 218 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. GRIFFITH, THERESA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1830 TOYON WAY

City VIENNA	State VA	Zip Code 22182-3355
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENRTAL DYNAMICS	Occupation (for Individual) SYSTEMS ADMINISTRATOR
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
746.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2016

Transaction ID : SA17.498583

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. GRIFFITH, THERESA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1830 TOYON WAY

City VIENNA	State VA	Zip Code 22182-3355
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENRTAL DYNAMICS	Occupation (for Individual) SYSTEMS ADMINISTRATOR
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
746.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		11		2016

Transaction ID : SA17.499079

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. GRIFFITH, THERESA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1830 TOYON WAY

City VIENNA	State VA	Zip Code 22182-3355
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENRTAL DYNAMICS	Occupation (for Individual) SYSTEMS ADMINISTRATOR
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
746.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2016

Transaction ID : SA17.499276

Amount of Each Receipt this Period
40.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	140.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 219 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. GRIFFITH, THERESA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1830 TOYON WAY
 City VIENNA State VA Zip Code 22182-3355
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GENRTAL DYNAMICS Occupation (for Individual) SYSTEMS ADMINISTRATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 746.00

Date of Receipt 07 / 26 / 2016
Transaction ID : SA17.499502
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. GRIFFITH, THERESA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1830 TOYON WAY
 City VIENNA State VA Zip Code 22182-3355
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GENRTAL DYNAMICS Occupation (for Individual) SYSTEMS ADMINISTRATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 746.00

Date of Receipt 07 / 27 / 2016
Transaction ID : SA17.499536
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. GRIFFITH, THERESA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1830 TOYON WAY
 City VIENNA State VA Zip Code 22182-3355
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GENRTAL DYNAMICS Occupation (for Individual) SYSTEMS ADMINISTRATOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 746.00

Date of Receipt 07 / 28 / 2016
Transaction ID : SA17.499613
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	175.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 220 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. GRIFFITH, THERESA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1830 TOYON WAY

City VIENNA	State VA	Zip Code 22182-3355
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENRTAL DYNAMICS	Occupation (for Individual) SYSTEMS ADMINISTRATOR
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
746.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2016

Transaction ID : SA17.499849

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. GRIFFITH, THERESA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1830 TOYON WAY

City VIENNA	State VA	Zip Code 22182-3355
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENRTAL DYNAMICS	Occupation (for Individual) SYSTEMS ADMINISTRATOR
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
746.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	05	/	2016

Transaction ID : SA17.500717

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. GRIFFITH, THERESA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1830 TOYON WAY

City VIENNA	State VA	Zip Code 22182-3355
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENRTAL DYNAMICS	Occupation (for Individual) SYSTEMS ADMINISTRATOR
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
746.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2016

Transaction ID : SA17.501545

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 221 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. GRIFFITH, THERESA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1830 TOYON WAY

City VIENNA	State VA	Zip Code 22182-3355
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENRTAL DYNAMICS	Occupation (for Individual) SYSTEMS ADMINISTRATOR
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
746.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2016

Transaction ID : SA17.503698

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. GRIFFITH, THERESA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1830 TOYON WAY

City VIENNA	State VA	Zip Code 22182-3355
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENRTAL DYNAMICS	Occupation (for Individual) SYSTEMS ADMINISTRATOR
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
746.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2016

Transaction ID : SA17.513882

Amount of Each Receipt this Period
3.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. GRIFFITH, THERESA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1830 TOYON WAY

City VIENNA	State VA	Zip Code 22182-3355
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENRTAL DYNAMICS	Occupation (for Individual) SYSTEMS ADMINISTRATOR
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
746.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2016

Transaction ID : SA17.517074

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	78.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 222 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. GRIFFITH, THERESA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1830 TOYON WAY
 City VIENNA State VA Zip Code 22182-3355
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GENRTAL DYNAMICS Occupation (for Individual) SYSTEMS ADMINISTRATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 746.00

Date of Receipt **09 / 22 / 2016**
Transaction ID : SA17.529882
 Amount of Each Receipt this Period 3.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. GRIFFITH, THERESA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1830 TOYON WAY
 City VIENNA State VA Zip Code 22182-3355
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GENRTAL DYNAMICS Occupation (for Individual) SYSTEMS ADMINISTRATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 746.00

Date of Receipt **09 / 27 / 2016**
Transaction ID : SA17.531796
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. GRIFFITH, THERESA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1830 TOYON WAY
 City VIENNA State VA Zip Code 22182-3355
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GENRTAL DYNAMICS Occupation (for Individual) SYSTEMS ADMINISTRATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 746.00

Date of Receipt **09 / 30 / 2016**
Transaction ID : SA17.534100
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	53.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 223 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. GRUNDWERG, SAUNDRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 69 PENN BLVD
 City SCARSDALE State NY Zip Code 10583-7513
 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 ▼ 415.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498585
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. GRUNDWERG, SAUNDRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 69 PENN BLVD
 City SCARSDALE State NY Zip Code 10583-7513
 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 ▼ 415.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501196
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. GRUNDWERG, SAUNDRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 69 PENN BLVD
 City SCARSDALE State NY Zip Code 10583-7513
 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 ▼ 415.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.522628
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 224 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
GRUNDWERG, SAUNDRA, , ,

Mailing Address **69 PENN BLVD**

City SCARSDALE	State NY	Zip Code 10583-7513
--------------------------	--------------------	-------------------------------

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 ▼
415.00

Date of Receipt
09 / 30 / 2016

Transaction ID : SA17.534478

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
GRUNDWERG, SAUNDRA, , ,

Mailing Address **69 PENN BLVD**

City SCARSDALE	State NY	Zip Code 10583-7513
--------------------------	--------------------	-------------------------------

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 ▼
415.00

Date of Receipt
09 / 30 / 2016

Transaction ID : SA17.534479

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
GULLY, MICHAEL, , ,

Mailing Address **1406 NORTH 54TH STREET**

City QUINCY	State IL	Zip Code 62305-7912
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GULLY TRANSPORTATION, INC	Occupation (for Individual) TRUCK LINE EXECUTIVE
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
08 / 21 / 2016

Transaction ID : SA17.507293

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 225 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. GURLEY, MARSHALL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 90997

City RALEIGH	State NC	Zip Code 27675-0997
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
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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
08	/	20	/	2016

Transaction ID : SA17.506679

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. HABER, PAMELA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1998 RUSTIC TIMBERS LANE

City PRESCOTT	State AZ	Zip Code 86303-4936
------------------	-------------	------------------------

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2016

Transaction ID : SA17.532132

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. HADDOCK, ROB, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8655 TABLE BUTTE ROAD

City COLORADO SPRINGS	State CO	Zip Code 80908-1224
--------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) METAL ROOF INNOVATIONS, LTD.	Occupation (for Individual) CEO
---	------------------------------------

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
08	/	23	/	2016

Transaction ID : SA17.511508

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 226 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. HAGBERG, ROY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1605 MICHAEL CT
 City BEDFORD State TX Zip Code 76022-7242
 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 ▼ 235.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498098
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. HAGBERG, ROY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1605 MICHAEL CT
 City BEDFORD State TX Zip Code 76022-7242
 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 ▼ 235.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.500721
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. HAGBERG, ROY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1605 MICHAEL CT
 City BEDFORD State TX Zip Code 76022-7242
 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 ▼ 235.00

Date of Receipt **08 / 09 / 2016**
Transaction ID : SA17.501421
 Amount of Each Receipt this Period 35.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	85.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 227 OF 700
<input 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 checked="" 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)
Committee to Defend the President

A. HAGBERG, ROY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1605 MICHAEL CT
 City BEDFORD State TX Zip Code 76022-7242
 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 ▼ 235.00

Date of Receipt 08 / 11 / 2016
Transaction ID : SA17.501624
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. HAGBERG, ROY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1605 MICHAEL CT
 City BEDFORD State TX Zip Code 76022-7242
 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 ▼ 235.00

Date of Receipt 08 / 19 / 2016
Transaction ID : SA17.503708
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. HAGBERG, ROY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1605 MICHAEL CT
 City BEDFORD State TX Zip Code 76022-7242
 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 ▼ 235.00

Date of Receipt 08 / 19 / 2016
Transaction ID : SA17.503709
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 228 OF 700
<input 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 checked="" 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)
Committee to Defend the President

A. HAIK, LAWRENCE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1539 ROYAL PALM DR.

City SLIDELL	State LA	Zip Code 70458-6215
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) DALE STRAM AND ASSOCIATES, LLC	Occupation (for Individual) COMMERCIAL REAL ESTATE
---	---

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
09		02		2016

Transaction ID : SA17.518478

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. HALL, CRAIG, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 37895 SW HOL DRIVE

City ROCHERT	State MN	Zip Code 56578-
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MANUFACTURING SOLUTIONS OF MN INC.	Occupation (for Individual) BUSINESS OWNER
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2016

Transaction ID : SA17.498502

Amount of Each Receipt this Period
40.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. HALL, CRAIG, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 37895 SW HOL DRIVE

City ROCHERT	State MN	Zip Code 56578-
-----------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MANUFACTURING SOLUTIONS OF MN INC.	Occupation (for Individual) BUSINESS OWNER
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

Transaction ID : SA17.501127

Amount of Each Receipt this Period
40.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	330.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 229 OF 700
<input 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 checked="" 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)
Committee to Defend the President

A. HALL, CRAIG, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 37895 SW HOL DRIVE

City ROCHERT	State MN	Zip Code 56578-
-----------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MANUFACTURING SOLUTIONS OF MN INC.	Occupation (for Individual) BUSINESS OWNER
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2016

Transaction ID : SA17.522452

Amount of Each Receipt this Period
40.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. HANSEN, QUE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 806 OLD ENGLISH ROAD

City DRAPER	State UT	Zip Code 84020-7946
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) TALL TREE ADMINISTRATORS	Occupation (for Individual) HEALTH INSURANCE
---	---

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
09		10		2016

Transaction ID : SA17.524472

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. HARGIS, DARIN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1734 ANGIE CT

City BAKERSFIELD	State CA	Zip Code 93314-9271
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) SELF EMPLOYED
---	--

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
08		23		2016

Transaction ID : SA17.511509

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	540.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 230 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. HARLFINGER, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7830 MANASOTA KEY RD
 City ENGLEWOOD State FL Zip Code 34223-9359
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FBM Occupation (for Individual) BUSINESSMAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt **08 / 10 / 2016**
Transaction ID : SA17.501567
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. HARLFINGER, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7830 MANASOTA KEY RD
 City ENGLEWOOD State FL Zip Code 34223-9359
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FBM Occupation (for Individual) BUSINESSMAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt **09 / 12 / 2016**
Transaction ID : SA17.525347
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. HARLFINGER, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7830 MANASOTA KEY RD
 City ENGLEWOOD State FL Zip Code 34223-9359
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FBM Occupation (for Individual) BUSINESSMAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt **09 / 12 / 2016**
Transaction ID : SA17.525368
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	1600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 231 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. HARTUNG, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 708 HEARTLAND TRAIL
 City MADISON State WI Zip Code 53717-2172
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HARTUNG BROTHERS INC Occupation (for Individual) HARTUNG BROTHERS INC
 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
 09 / 27 / 2016
Transaction ID : SA17.532126
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. HAUSMANN, JURGEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1003 WETHERBY WAY
 City DULUTH State GA Zip Code 30096-
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 23 / 2016
Transaction ID : SA17.511510
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. HAUSMANN, JURGEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1003 WETHERBY WAY
 City DULUTH State GA Zip Code 30096-
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2016
Transaction ID : SA17.523198
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 232 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. HAVEN, MARIE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9060 ASHVILLE DR.

City PENSACOLA	State FL	Zip Code 32514-5691
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CAMP FIRE GULF WIND, INC.	Occupation (for Individual) YOUTH DEVELOPMENT
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
303.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2016

Transaction ID : SA17.498112

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. HAVEN, MARIE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9060 ASHVILLE DR.

City PENSACOLA	State FL	Zip Code 32514-5691
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CAMP FIRE GULF WIND, INC.	Occupation (for Individual) YOUTH DEVELOPMENT
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
303.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		11		2016

Transaction ID : SA17.499030

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. HAVEN, MARIE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9060 ASHVILLE DR.

City PENSACOLA	State FL	Zip Code 32514-5691
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CAMP FIRE GULF WIND, INC.	Occupation (for Individual) YOUTH DEVELOPMENT
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
303.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

Transaction ID : SA17.500736

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 233 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. HAVEN, MARIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9060 ASHVILLE DR.
 City PENSACOLA State FL Zip Code 32514-5691
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 CAMP FIRE GULF WIND, INC. YOUTH DEVELOPMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 303.00

Date of Receipt
 08 / 16 / 2016
Transaction ID : SA17.501774
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. HAVEN, MARIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9060 ASHVILLE DR.
 City PENSACOLA State FL Zip Code 32514-5691
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 CAMP FIRE GULF WIND, INC. YOUTH DEVELOPMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 303.00

Date of Receipt
 08 / 29 / 2016
Transaction ID : SA17.514548
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. HAVEN, MARIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9060 ASHVILLE DR.
 City PENSACOLA State FL Zip Code 32514-5691
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 CAMP FIRE GULF WIND, INC. YOUTH DEVELOPMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 303.00

Date of Receipt
 09 / 05 / 2016
Transaction ID : SA17.521248
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 234 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. HERMANN, SIGWULF, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3000 W. HAYES ST
 City SEATTLE State WA Zip Code 98199-4250
 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 ▼ 460.00

Date of Receipt 08 / 01 / 2016
Transaction ID : SA17.499876
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. HERMANN, SIGWULF, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3000 W. HAYES ST
 City SEATTLE State WA Zip Code 98199-4250
 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 ▼ 460.00

Date of Receipt 08 / 05 / 2016
Transaction ID : SA17.501204
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. HERMANN, SIGWULF, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3000 W. HAYES ST
 City SEATTLE State WA Zip Code 98199-4250
 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 ▼ 460.00

Date of Receipt 08 / 10 / 2016
Transaction ID : SA17.501548
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 235 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. HERMANN, SIGWULF, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3000 W. HAYES ST
 City SEATTLE State WA Zip Code 98199-4250
 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 ▼ 460.00

Date of Receipt 08 / 31 / 2016
Transaction ID : SA17.515957
 Amount of Each Receipt this Period 35.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. HERMANN, SIGWULF, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3000 W. HAYES ST
 City SEATTLE State WA Zip Code 98199-4250
 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 ▼ 460.00

Date of Receipt 09 / 12 / 2016
Transaction ID : SA17.525317
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. HERMANN, SIGWULF, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3000 W. HAYES ST
 City SEATTLE State WA Zip Code 98199-4250
 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 ▼ 460.00

Date of Receipt 09 / 28 / 2016
Transaction ID : SA17.532476
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	135.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 236 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. HERNANDEZ, FEDERICO, , ,		Date of Receipt MM / DD / YYYY 07 / 05 / 2016
Mailing Address 6050 STETSON HILLS BLVD. #113		Transaction ID : SA17.498119
City COLORADO SPRINGS	State CO	Zip Code 80923-3571
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. HERNANDEZ, FEDERICO, , ,		Date of Receipt MM / DD / YYYY 08 / 05 / 2016
Mailing Address 6050 STETSON HILLS BLVD. #113		Transaction ID : SA17.500744
City COLORADO SPRINGS	State CO	Zip Code 80923-3571
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. HERNANDEZ, FEDERICO, , ,		Date of Receipt MM / DD / YYYY 08 / 29 / 2016
Mailing Address 6050 STETSON HILLS BLVD. #113		Transaction ID : SA17.514560
City COLORADO SPRINGS	State CO	Zip Code 80923-3571
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 300.00	NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 237 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. HERNANDEZ, FEDERICO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6050 STETSON HILLS BLVD.
 #113
 City COLORADO SPRINGS State CO Zip Code 80923-3571
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2016
Transaction ID : SA17.521264
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. HERNANDEZ, FEDERICO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6050 STETSON HILLS BLVD.
 #113
 City COLORADO SPRINGS State CO Zip Code 80923-3571
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2016
Transaction ID : SA17.521265
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. HERNANDEZ, FEDERICO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6050 STETSON HILLS BLVD.
 #113
 City COLORADO SPRINGS State CO Zip Code 80923-3571
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2016
Transaction ID : SA17.527810
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 238 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. HERNANDEZ, FEDERICO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6050 STETSON HILLS BLVD.
 #113
 City COLORADO SPRINGS State CO Zip Code 80923-3571
 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 ▼ 300.00

Date of Receipt **09 / 29 / 2016**
Transaction ID : SA17.533127
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. HERNDON, WILLIAM T., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6324 E MONTEROSA ST.
 City SCOTTSDALE State AZ Zip Code 85251-3050
 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 ▼ 300.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498713
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. HERNDON, WILLIAM T., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6324 E MONTEROSA ST.
 City SCOTTSDALE State AZ Zip Code 85251-3050
 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 ▼ 300.00

Date of Receipt **07 / 13 / 2016**
Transaction ID : SA17.499176
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 239 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. HIGGINBOTHAM, LOU, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4304 WESTWAY
 City DALLAS State TX Zip Code 75205-3728
 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 ▼ 525.00

Date of Receipt 08 / 23 / 2016
Transaction ID : SA17.511384
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. HIGGINBOTHAM, LOU, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4304 WESTWAY
 City DALLAS State TX Zip Code 75205-3728
 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 ▼ 525.00

Date of Receipt 08 / 29 / 2016
Transaction ID : SA17.514868
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. HIGGINBOTHAM, LOU, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4304 WESTWAY
 City DALLAS State TX Zip Code 75205-3728
 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 ▼ 525.00

Date of Receipt 09 / 13 / 2016
Transaction ID : SA17.525620
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 240 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. HIGGINBOTHAM, LOU, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4304 WESTWAY

City DALLAS	State TX	Zip Code 75205-3728
----------------	-------------	------------------------

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 ▼
525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016

Transaction ID : SA17.527090

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. HIGGINBOTHAM, LOU, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4304 WESTWAY

City DALLAS	State TX	Zip Code 75205-3728
----------------	-------------	------------------------

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 ▼
525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2016

Transaction ID : SA17.530412

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. HIGGINBOTHAM, LOU, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4304 WESTWAY

City DALLAS	State TX	Zip Code 75205-3728
----------------	-------------	------------------------

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 ▼
525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2016

Transaction ID : SA17.533382

Amount of Each Receipt this Period
75.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	275.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 241 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. HILL, JANET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5914 QUAIL RIDGE AVE.
 City HASTINGS State NE Zip Code 68901-9101
 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 08 / 23 / 2016
Transaction ID : SA17.511511
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. HILLENBRAND, GUS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 WINDING WAY DR
 City BATESVILLE State IN Zip Code 47006-7611
 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 ▼ 300.00

Date of Receipt 08 / 23 / 2016
Transaction ID : SA17.511387
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. HILLENBRAND, GUS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 WINDING WAY DR
 City BATESVILLE State IN Zip Code 47006-7611
 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 ▼ 300.00

Date of Receipt 09 / 05 / 2016
Transaction ID : SA17.523039
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 242 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. HILLENBRAND, GUS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 WINDING WAY DR
 City BATESVILLE State IN Zip Code 47006-7611
 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 ▼ 300.00

Date of Receipt **09 / 27 / 2016**
Transaction ID : SA17.532105
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. HIPPLEWITZ, RUSSELL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 OAK PINES BLVD
 City PEMBERTON State NJ Zip Code 08068-1905
 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 ▼ 210.00

Date of Receipt **08 / 22 / 2016**
Transaction ID : SA17.508238
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. HIPPLEWITZ, RUSSELL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 OAK PINES BLVD
 City PEMBERTON State NJ Zip Code 08068-1905
 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 ▼ 210.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.523041
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 243 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. HIPPLEWITZ, RUSSELL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 OAK PINES BLVD
 City PEMBERTON State NJ Zip Code 08068-1905
 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 ▼ 210.00

Date of Receipt **09 / 14 / 2016**
Transaction ID : SA17.525727
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. HIRD, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 2770
 City YELM State WA Zip Code 98597-2770
 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 ▼ 280.00

Date of Receipt **07 / 03 / 2016**
Transaction ID : SA17.497269
 Amount of Each Receipt this Period 200.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. HOFGAARDEN, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 891 FLINTRIDGE AVE
 891 FLINTRIDGE AVE.
 City LA CANADA FLINTRID State CA Zip Code 91011-4064
 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 ▼ 425.00

Date of Receipt **07 / 13 / 2016**
Transaction ID : SA17.499173
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	260.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 244 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. HOFGAARDEN, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 891 FLINTRIDGE AVE
 891 FLINTRIDGE AVE.
 City LA CANADA FLINTRID State CA Zip Code 91011-4064
 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 ▼ 425.00

Date of Receipt **07 / 30 / 2016**
Transaction ID : SA17.499754
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. HOFGAARDEN, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 891 FLINTRIDGE AVE
 891 FLINTRIDGE AVE.
 City LA CANADA FLINTRID State CA Zip Code 91011-4064
 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 ▼ 425.00

Date of Receipt **08 / 09 / 2016**
Transaction ID : SA17.501426
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. HOFGAARDEN, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 891 FLINTRIDGE AVE
 891 FLINTRIDGE AVE.
 City LA CANADA FLINTRID State CA Zip Code 91011-4064
 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 ▼ 425.00

Date of Receipt **08 / 28 / 2016**
Transaction ID : SA17.513767
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 245 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HOLLABAUGH, JON, , ,

Mailing Address 9908 FOLSOM DRIVE

City LAS VEGAS	State NV	Zip Code 89134-7502
-------------------	-------------	------------------------

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 ▼
325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	05	/	2016

Transaction ID : SA17.498125

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HOLLABAUGH, JON, , ,

Mailing Address 9908 FOLSOM DRIVE

City LAS VEGAS	State NV	Zip Code 89134-7502
-------------------	-------------	------------------------

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 ▼
325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	05	/	2016

Transaction ID : SA17.500754

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HOLLABAUGH, JON, , ,

Mailing Address 9908 FOLSOM DRIVE

City LAS VEGAS	State NV	Zip Code 89134-7502
-------------------	-------------	------------------------

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 ▼
325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2016

Transaction ID : SA17.521292

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 246 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. HOLLIS, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2525 BAY AREA BLVD
 135
 City HOUSTON State TX Zip Code 77058-1558
 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 ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2016
Transaction ID : SA17.498503
 Amount of Each Receipt this Period
 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. HOLLIS, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2525 BAY AREA BLVD
 135
 City HOUSTON State TX Zip Code 77058-1558
 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 ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 05 / 2016
Transaction ID : SA17.501129
 Amount of Each Receipt this Period
 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. HOLLIS, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2525 BAY AREA BLVD
 135
 City HOUSTON State TX Zip Code 77058-1558
 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 ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2016
Transaction ID : SA17.522454
 Amount of Each Receipt this Period
 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	120.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 247 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. HOLLY, EUGENE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1131 PINE POINT RD
 City RIVIERA BEACH State FL Zip Code 33404-2751
 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 ▼ 203.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498127
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. HOLLY, EUGENE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1131 PINE POINT RD
 City RIVIERA BEACH State FL Zip Code 33404-2751
 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 ▼ 203.00

Date of Receipt **07 / 30 / 2016**
Transaction ID : SA17.499660
 Amount of Each Receipt this Period 3.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. HOLLY, EUGENE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1131 PINE POINT RD
 City RIVIERA BEACH State FL Zip Code 33404-2751
 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 ▼ 203.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.500756
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	53.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 248 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. HOLLY, EUGENE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1131 PINE POINT RD
 City RIVIERA BEACH State FL Zip Code 33404-2751
 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 ▼ 203.00

Date of Receipt **08 / 23 / 2016**
Transaction ID : SA17.509019
 Amount of Each Receipt this Period 5.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. HOLLY, EUGENE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1131 PINE POINT RD
 City RIVIERA BEACH State FL Zip Code 33404-2751
 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 ▼ 203.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.521295
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. HOLMAN, WAYNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 EAST PEARSON STREET 5006
 City CHICAGO State IL Zip Code 60611-2535
 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 ▼ 500.00

Date of Receipt **07 / 11 / 2016**
Transaction ID : SA17.499097
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	530.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 249 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. HOLMES, LEE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX AR
 City HAGATNA State GU Zip Code 96932-7564
 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 ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2016
Transaction ID : SA17.498752
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. HOLUB, NOEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5805 INDIANWOOD LANE
 City FORT WORTH State TX Zip Code 76132-4490
 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 ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2016
Transaction ID : SA17.517199
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. HOLUB, NOEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5805 INDIANWOOD LANE
 City FORT WORTH State TX Zip Code 76132-4490
 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 ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2016
Transaction ID : SA17.533136
 Amount of Each Receipt this Period
 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	525.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 250 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. HOMES, MADELEINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 157 PERUVIAN AVE
 City PALM BEACH State FL Zip Code 33480-4426
 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 ▼ 210.00

Date of Receipt 07 / 05 / 2016
Transaction ID : SA17.497419
 Amount of Each Receipt this Period 5.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. HOMES, MADELEINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 157 PERUVIAN AVE
 City PALM BEACH State FL Zip Code 33480-4426
 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 ▼ 210.00

Date of Receipt 07 / 05 / 2016
Transaction ID : SA17.497420
 Amount of Each Receipt this Period 5.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. HOMES, MADELEINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 157 PERUVIAN AVE
 City PALM BEACH State FL Zip Code 33480-4426
 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 ▼ 210.00

Date of Receipt 07 / 05 / 2016
Transaction ID : SA17.498129
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	35.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 251 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. HOMES, MADELEINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 157 PERUVIAN AVE
 City PALM BEACH State FL Zip Code 33480-4426
 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 ▼ 210.00

Date of Receipt **07 / 30 / 2016**
Transaction ID : SA17.499727
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. HOMES, MADELEINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 157 PERUVIAN AVE
 City PALM BEACH State FL Zip Code 33480-4426
 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 ▼ 210.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.500758
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. HOMES, MADELEINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 157 PERUVIAN AVE
 City PALM BEACH State FL Zip Code 33480-4426
 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 ▼ 210.00

Date of Receipt **08 / 20 / 2016**
Transaction ID : SA17.506008
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 252 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. HOMES, MADELEINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 157 PERUVIAN AVE
 City PALM BEACH State FL Zip Code 33480-4426
 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 ▼ 210.00

Date of Receipt **08 / 29 / 2016**
Transaction ID : SA17.514871
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. HOMES, MADELEINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 157 PERUVIAN AVE
 City PALM BEACH State FL Zip Code 33480-4426
 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 ▼ 210.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.521301
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. HUANG, DAVID LK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1462 25TH AVE
 City SAN FRANCISCO State CA Zip Code 94122-3318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) YU TONG KWONG. Occupation (for Individual) PROPERTY SALES
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1162.55

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.497877
 Amount of Each Receipt this Period 20.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	95.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 253 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. HUANG, DAVID LK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1462 25TH AVE

City SAN FRANCISCO	State CA	Zip Code 94122-3318
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) YU TONG KWONG.	Occupation (for Individual) PROPERTY SALES
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1162.55

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2016

Transaction ID : SA17.499194

Amount of Each Receipt this Period
 35.00

Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. HUANG, DAVID LK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1462 25TH AVE

City SAN FRANCISCO	State CA	Zip Code 94122-3318
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) YU TONG KWONG.	Occupation (for Individual) PROPERTY SALES
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1162.55

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 26 / 2016

Transaction ID : SA17.499434

Amount of Each Receipt this Period
 20.00

Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. HUANG, DAVID LK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1462 25TH AVE

City SAN FRANCISCO	State CA	Zip Code 94122-3318
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) YU TONG KWONG.	Occupation (for Individual) PROPERTY SALES
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1162.55

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2016

Transaction ID : SA17.499585

Amount of Each Receipt this Period
 10.00

Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	65.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 254 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. HUANG, DAVID LK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1462 25TH AVE
 City SAN FRANCISCO State CA Zip Code 94122-3318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) YU TONG KWONG. Occupation (for Individual) PROPERTY SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1162.55

Date of Receipt **07 / 28 / 2016**
Transaction ID : SA17.499593
 Amount of Each Receipt this Period 15.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. HUANG, DAVID LK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1462 25TH AVE
 City SAN FRANCISCO State CA Zip Code 94122-3318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) YU TONG KWONG. Occupation (for Individual) PROPERTY SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1162.55

Date of Receipt **08 / 27 / 2016**
Transaction ID : SA17.513647
 Amount of Each Receipt this Period 20.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. HUANG, DAVID LK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1462 25TH AVE
 City SAN FRANCISCO State CA Zip Code 94122-3318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) YU TONG KWONG. Occupation (for Individual) PROPERTY SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1162.55

Date of Receipt **08 / 29 / 2016**
Transaction ID : SA17.514097
 Amount of Each Receipt this Period 5.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	40.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 255 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. HUANG, DAVID LK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1462 25TH AVE
 City SAN FRANCISCO State CA Zip Code 94122-3318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) YU TONG KWONG. Occupation (for Individual) PROPERTY SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1162.55

Date of Receipt **09 / 12 / 2016**
Transaction ID : SA17.525078
 Amount of Each Receipt this Period 19.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. HUANG, DAVID LK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1462 25TH AVE
 City SAN FRANCISCO State CA Zip Code 94122-3318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) YU TONG KWONG. Occupation (for Individual) PROPERTY SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1162.55

Date of Receipt **09 / 13 / 2016**
Transaction ID : SA17.525461
 Amount of Each Receipt this Period 5.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. HUBBACH, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4588 MIRA DEL SOL CT
 City CASTLE ROCK State CO Zip Code 80104-7677
 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 **07 / 05 / 2016**
Transaction ID : SA17.498592
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	74.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 256 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. HUBBACH, JOHN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4588 MIRA DEL SOL CT

City CASTLE ROCK	State CO	Zip Code 80104-7677
---------------------	-------------	------------------------

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 M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

Transaction ID : SA17.501206

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. HUBBACH, JOHN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4588 MIRA DEL SOL CT

City CASTLE ROCK	State CO	Zip Code 80104-7677
---------------------	-------------	------------------------

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 M	/	D D D	/	Y Y Y Y Y Y
09		01		2016

Transaction ID : SA17.517200

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. HUBBACH, JOHN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4588 MIRA DEL SOL CT

City CASTLE ROCK	State CO	Zip Code 80104-7677
---------------------	-------------	------------------------

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 M	/	D D D	/	Y Y Y Y Y Y
09		05		2016

Transaction ID : SA17.522656

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 257 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. HUNTER ASHLEY, ELIZABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 RED ALDER COURT
 City DANVILLE State CA Zip Code 94506-4548
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PROFESSIONAL SINGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 14 / 2016**
Transaction ID : SA17.525884
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. INGRAM, REX, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9520 ROGERS DRIVE P.O. BOX12
 City NASSAWADOX State VA Zip Code 23413-
 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 ▼ 350.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498594
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. INGRAM, REX, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9520 ROGERS DRIVE P.O. BOX12
 City NASSAWADOX State VA Zip Code 23413-
 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 ▼ 350.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501208
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 258 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. INGRAM, REX, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9520 ROGERS DRIVE
 P.O. BOX12
 City NASSAWADOX State VA Zip Code 23413-
 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 ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2016
Transaction ID : SA17.522658
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. IVEY, JIM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3707 APPLE GROVE CIRCLE
 City KINGSPORT State TN Zip Code 37664-3901
 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 ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2016
Transaction ID : SA17.498595
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. IVEY, JIM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3707 APPLE GROVE CIRCLE
 City KINGSPORT State TN Zip Code 37664-3901
 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 ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 05 / 2016
Transaction ID : SA17.501209
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 259 OF 700
<input 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 checked="" 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)
Committee to Defend the President

A. IVEY, JIM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3707 APPLE GROVE CIRCLE
 City KINGSPORT State TN Zip Code 37664-3901
 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 ▼ 325.00

Date of Receipt 09 / 05 / 2016
Transaction ID : SA17.522660
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. JACKSON, J R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 233
 City CLIFTON State TX Zip Code 76634-0233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) J&H INSURANCE SERVICES Occupation (for Individual) INSURANCE BROKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 22 / 2016
Transaction ID : SA17.508272
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. JACOBSON, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 5839
 City BLUE JAY State CA Zip Code 92317-5839
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) SALES
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 01 / 2016
Transaction ID : SA17.517201
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 260 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. JAMES, NITA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6703 CORINTH DR.

City PASADENA	State TX	Zip Code 77505-3337
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) EHE INTERNATIONAL	Occupation (for Individual) RN CLINIC DIRECTOR
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2016

Transaction ID : SA17.508241

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. JAMES, NITA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6703 CORINTH DR.

City PASADENA	State TX	Zip Code 77505-3337
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) EHE INTERNATIONAL	Occupation (for Individual) RN CLINIC DIRECTOR
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2016

Transaction ID : SA17.514874

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. JAMES, NITA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6703 CORINTH DR.

City PASADENA	State TX	Zip Code 77505-3337
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) EHE INTERNATIONAL	Occupation (for Individual) RN CLINIC DIRECTOR
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2016

Transaction ID : SA17.523050

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 261 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. JAMES, NITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6703 CORINTH DR.
 City PASADENA State TX Zip Code 77505-3337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EHE INTERNATIONAL Occupation (for Individual) RN CLINIC DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **09 / 13 / 2016**
Transaction ID : SA17.525565
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. JAMIESON, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8600 SKYLINE DR. 1225
 City DALLAS State TX Zip Code 75243-4198
 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 ▼ 800.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498714
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. JAMIESON, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8600 SKYLINE DR. 1225
 City DALLAS State TX Zip Code 75243-4198
 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 ▼ 800.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501326
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 262 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. JAMISON, TERRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20407 HIGHWAY 62
 City SHADY COVE State OR Zip Code 97539-7703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) MACHINIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.95

Date of Receipt **09 / 20 / 2016**
Transaction ID : SA17.529161
 Amount of Each Receipt this Period 47.95
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. JENNINGS, EDWIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 55487
 City HOUSTON State TX Zip Code 77255-5487
 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 ▼ 400.00

Date of Receipt **08 / 16 / 2016**
Transaction ID : SA17.501846
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. JENNINGS, EDWIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 55487
 City HOUSTON State TX Zip Code 77255-5487
 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 ▼ 400.00

Date of Receipt **08 / 19 / 2016**
Transaction ID : SA17.504722
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	247.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 263 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. JENNINGS, EDWIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 55487

City HOUSTON	State TX	Zip Code 77255-5487
-----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 20 / 2016
Transaction ID : SA17.506622

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. JENNINGS, EDWIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 55487

City HOUSTON	State TX	Zip Code 77255-5487
-----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2016
Transaction ID : SA17.523053

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. JENSEN, GARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 420 EAST GLACIER VIEW DRIVE

City SEQUIM	State WA	Zip Code 98382-3127
----------------	-------------	------------------------

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 M / D D D / Y Y Y Y Y Y
 09 / 18 / 2016
Transaction ID : SA17.528195

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 264 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. JONES, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1542 CR 451

City COUPLAND	State TX	Zip Code 78615-4935
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) DALLAS BAPTIST UNIVERSITY	Occupation (for Individual) PROFESSOR
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2016

Transaction ID : SA17.498483

Amount of Each Receipt this Period
35.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. JONES, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1542 CR 451

City COUPLAND	State TX	Zip Code 78615-4935
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) DALLAS BAPTIST UNIVERSITY	Occupation (for Individual) PROFESSOR
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 05 / 2016

Transaction ID : SA17.501099

Amount of Each Receipt this Period
35.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. JONES, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1542 CR 451

City COUPLAND	State TX	Zip Code 78615-4935
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) DALLAS BAPTIST UNIVERSITY	Occupation (for Individual) PROFESSOR
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2016

Transaction ID : SA17.522411

Amount of Each Receipt this Period
35.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	105.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 265 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. JONES, IRVIN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address BOX 491

City LOVINGSTON	State VA	Zip Code 22949-0491
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) DATASOLUTIONSCORP (DSC) DSCINV.COM	Occupation (for Individual) CORPORATE CEO
---	--

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
08	/	23	/	2016

Transaction ID : SA17.511512

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. JONES, IRVIN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address BOX 491

City LOVINGSTON	State VA	Zip Code 22949-0491
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) DATASOLUTIONSCORP (DSC) DSCINV.COM	Occupation (for Individual) CORPORATE CEO
---	--

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
09	/	05	/	2016

Transaction ID : SA17.523199

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. JONES, LINDSEY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11911 HWY 80 WEST

City SHORTER	State AL	Zip Code 36075-3337
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) BROKET
---	---------------------------------------

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
08	/	19	/	2016

Transaction ID : SA17.504817

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 266 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. JORDAN, JACK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 106 MT VERNON, TX

City MOUNT VERNON	State TX	Zip Code 75457-0106
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00

Date of Receipt
08 / 25 / 2016
Transaction ID : SA17.513060

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. JORDAN, JACK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 106 MT VERNON, TX

City MOUNT VERNON	State TX	Zip Code 75457-0106
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00

Date of Receipt
09 / 17 / 2016
Transaction ID : SA17.528086

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. JORDAN, JACK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 106 MT VERNON, TX

City MOUNT VERNON	State TX	Zip Code 75457-0106
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 300.00

Date of Receipt
09 / 27 / 2016
Transaction ID : SA17.532106

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 267 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. JULIAN, DENISE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15711 SE RIVERSHORE DR
 City VANCOUVER State WA Zip Code 98683-5372
 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 08 / 19 / 2016
Transaction ID : SA17.504818
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. KASHOU, BOB, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 978 VESTAL AVE
 City BINGHAMTON State NY Zip Code 13903-1440
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) BUSINESS OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 20 / 2016
Transaction ID : SA17.506680
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. KATTERMANN, WILLIAM A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 SALERNO WAY
 City HOWELL State NJ Zip Code 07731-1736
 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 ▼ 600.00

Date of Receipt 07 / 05 / 2016
Transaction ID : SA17.498597
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 268 OF 700
<input 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 checked="" 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)
Committee to Defend the President

A. KATTERMANN, WILLIAM A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 SALERNO WAY
 City HOWELL State NJ Zip Code 07731-1736
 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 ▼ 600.00

Date of Receipt **07 / 29 / 2016**
Transaction ID : SA17.499640
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. KATTERMANN, WILLIAM A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 SALERNO WAY
 City HOWELL State NJ Zip Code 07731-1736
 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 ▼ 600.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501212
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. KATTERMANN, WILLIAM A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 SALERNO WAY
 City HOWELL State NJ Zip Code 07731-1736
 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 ▼ 600.00

Date of Receipt **08 / 20 / 2016**
Transaction ID : SA17.506504
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	125.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 269 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. KATTERMANN, WILLIAM A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 SALERNO WAY
 City HOWELL State NJ Zip Code 07731-1736
 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 ▼ 600.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.522674
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. KATZ, MARY LOU, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1400 POWERS RUN RD.
 HOUSE
 City PITTSBURGH State PA Zip Code 15238-2522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOUSEWIFE Occupation (for Individual) HOUSEWIFE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt **07 / 07 / 2016**
Transaction ID : SA17.498869
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. KATZ, MARY LOU, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1400 POWERS RUN RD.
 HOUSE
 City PITTSBURGH State PA Zip Code 15238-2522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOUSEWIFE Occupation (for Individual) HOUSEWIFE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt **07 / 14 / 2016**
Transaction ID : SA17.499186
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 270 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. KATZ, MARY LOU, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1400 POWERS RUN RD.
HOUSE

City PITTSBURGH	State PA	Zip Code 15238-2522
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HOUSEWIFE	Occupation (for Individual) HOUSEWIFE
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2016

Transaction ID : SA17.501513

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. KATZ, MARY LOU, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1400 POWERS RUN RD.
HOUSE

City PITTSBURGH	State PA	Zip Code 15238-2522
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HOUSEWIFE	Occupation (for Individual) HOUSEWIFE
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2016

Transaction ID : SA17.503817

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. KATZ, MARY LOU, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1400 POWERS RUN RD.
HOUSE

City PITTSBURGH	State PA	Zip Code 15238-2522
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HOUSEWIFE	Occupation (for Individual) HOUSEWIFE
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2016

Transaction ID : SA17.512091

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 271 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. KATZ, MARY LOU, , ,		Date of Receipt
Mailing Address 1400 POWERS RUN RD. HOUSE		<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2016"/>
City PITTSBURGH	State PA	Zip Code 15238-2522
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.517041
Name of Employer (for Individual) HOUSEWIFE		Amount of Each Receipt this Period <input type="text" value="35.00"/>
Occupation (for Individual) HOUSEWIFE		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="285.00"/>	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. KEAYS, ANDREA, , ,		Date of Receipt
Mailing Address 2419 CLAREMONT DRIVE		<input type="text" value="07"/> / <input type="text" value="05"/> / <input type="text" value="2016"/>
City FALLS CHURCH	State VA	Zip Code 22043-3022
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.498504
Name of Employer (for Individual) STAY AT HOME		Amount of Each Receipt this Period <input type="text" value="40.00"/>
Occupation (for Individual) STAY ST HOME		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="280.00"/>	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. KEAYS, ANDREA, , ,		Date of Receipt
Mailing Address 2419 CLAREMONT DRIVE		<input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2016"/>
City FALLS CHURCH	State VA	Zip Code 22043-3022
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.501130
Name of Employer (for Individual) STAY AT HOME		Amount of Each Receipt this Period <input type="text" value="40.00"/>
Occupation (for Individual) STAY ST HOME		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="280.00"/>	NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="115.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 272 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. KEAYS, ANDREA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2419 CLAREMONT DRIVE
 City FALLS CHURCH State VA Zip Code 22043-3022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) STAY AT HOME Occupation (for Individual) STAY ST HOME
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.522455
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. KEELEY, TYLER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7209 GOVERNORS ROW
 City CHARLOTTE State NC Zip Code 28277-0377
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TECHNICON ACOUSTICS Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **07 / 31 / 2016**
Transaction ID : SA17.499816
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. KEINATH, WARREN C., C., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 RAVENS POINTE DR.
 City LAKE SAINT LOUIS State MO Zip Code 63367-2238
 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 ▼ 865.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498753
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	790.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 273 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. KEINATH, WARREN C., C., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 RAVENS POINTE DR.
 City LAKE SAINT LOUIS State MO Zip Code 63367-2238
 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 ▼ 865.00

Date of Receipt 08 / 05 / 2016
Transaction ID : SA17.501366
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. KEINATH, WARREN C., C., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 RAVENS POINTE DR.
 City LAKE SAINT LOUIS State MO Zip Code 63367-2238
 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 ▼ 865.00

Date of Receipt 08 / 19 / 2016
Transaction ID : SA17.503822
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. KEINATH, WARREN C., C., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 RAVENS POINTE DR.
 City LAKE SAINT LOUIS State MO Zip Code 63367-2238
 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 ▼ 865.00

Date of Receipt 08 / 31 / 2016
Transaction ID : SA17.515959
 Amount of Each Receipt this Period 35.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	310.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 274 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. KEINATH, WARREN C., C., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 RAVENS POINTE DR.
 City LAKE SAINT LOUIS State MO Zip Code 63367-2238
 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 ▼ 865.00

Date of Receipt 09 / 02 / 2016
Transaction ID : SA17.518066
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. KEINATH, WARREN C., C., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 RAVENS POINTE DR.
 City LAKE SAINT LOUIS State MO Zip Code 63367-2238
 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 ▼ 865.00

Date of Receipt 09 / 05 / 2016
Transaction ID : SA17.521400
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. KEINATH, WARREN C., C., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 RAVENS POINTE DR.
 City LAKE SAINT LOUIS State MO Zip Code 63367-2238
 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 ▼ 865.00

Date of Receipt 09 / 05 / 2016
Transaction ID : SA17.523200
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 275 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. KEINATH, WARREN C., C., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 RAVENS POINTE DR.
 City LAKE SAINT LOUIS State MO Zip Code 63367-2238
 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 ▼ 865.00

Date of Receipt 09 / 08 / 2016
Transaction ID : SA17.523618
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. KEIT, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 206 CANADA STREET
 City OJAI State CA Zip Code 93023-2523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) TILE ARTIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 05 / 2016
Transaction ID : SA17.498598
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. KEIT, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 206 CANADA STREET
 City OJAI State CA Zip Code 93023-2523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) TILE ARTIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 05 / 2016
Transaction ID : SA17.501213
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	105.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 276 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. KEIT, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 206 CANADA STREET
 City Ojai State CA Zip Code 93023-2523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) TILE ARTIST
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.522676
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. KEITHLY, CHERYL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5702 W COUNTY 8 1/2 STREET
 City YUMA State AZ Zip Code 85364-8425
 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 ▼ 400.00

Date of Receipt **08 / 25 / 2016**
Transaction ID : SA17.513013
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. KEITHLY, CHERYL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5702 W COUNTY 8 1/2 STREET
 City YUMA State AZ Zip Code 85364-8425
 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 ▼ 400.00

Date of Receipt **09 / 16 / 2016**
Transaction ID : SA17.527373
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 277 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. KELLER, PAUL W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15911 EDWARDS DR. #2 #2
 City AUSTIN State TX Zip Code 78734-1304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AUSTIN ENGINEERING CO. INC Occupation (for Individual) ENGINEER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **08 / 23 / 2016**
Transaction ID : SA17.511402
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. KELLER, PAUL W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15911 EDWARDS DR. #2 #2
 City AUSTIN State TX Zip Code 78734-1304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AUSTIN ENGINEERING CO. INC Occupation (for Individual) ENGINEER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **08 / 30 / 2016**
Transaction ID : SA17.515689
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. KELLER, PAUL W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15911 EDWARDS DR. #2 #2
 City AUSTIN State TX Zip Code 78734-1304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AUSTIN ENGINEERING CO. INC Occupation (for Individual) ENGINEER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **09 / 15 / 2016**
Transaction ID : SA17.527094
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 278 OF 700
	<input 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 checked="" 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)
Committee to Defend the President

A. KELLY, GRACE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6122 SAN FELIPE RD.

City HOUSTON	State TX	Zip Code 77057-2802
-----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2016

Transaction ID : SA17.498715

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. KELLY, GRACE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6122 SAN FELIPE RD.

City HOUSTON	State TX	Zip Code 77057-2802
-----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

Transaction ID : SA17.501328

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. KELLY, GRACE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6122 SAN FELIPE RD.

City HOUSTON	State TX	Zip Code 77057-2802
-----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2016

Transaction ID : SA17.523056

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 279 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. KENNEDY, DEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1004 S SIERRA VISTA AVE
 City ALHAMBRA State CA Zip Code 91801-4818
 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 ▼ 410.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498164
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. KENNEDY, DEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1004 S SIERRA VISTA AVE
 City ALHAMBRA State CA Zip Code 91801-4818
 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 ▼ 410.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498716
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. KENNEDY, DEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1004 S SIERRA VISTA AVE
 City ALHAMBRA State CA Zip Code 91801-4818
 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 ▼ 410.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.500798
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 280 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. KENNEDY, DEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1004 S SIERRA VISTA AVE
 City ALHAMBRA State CA Zip Code 91801-4818
 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 ▼ 410.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501329
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. KENNEDY, DEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1004 S SIERRA VISTA AVE
 City ALHAMBRA State CA Zip Code 91801-4818
 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 ▼ 410.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.521408
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. KENNEDY, DEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1004 S SIERRA VISTA AVE
 City ALHAMBRA State CA Zip Code 91801-4818
 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 ▼ 410.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.523059
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 281 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. KENNEMUR, FRANK, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2530 W RD 1 S

City CHINO VALLEY	State AZ	Zip Code 86323-4138
----------------------	-------------	------------------------

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 ▼
218.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2016

Transaction ID : SA17.497662

Amount of Each Receipt this Period
10.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. KENNEMUR, FRANK, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2530 W RD 1 S

City CHINO VALLEY	State AZ	Zip Code 86323-4138
----------------------	-------------	------------------------

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 ▼
218.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2016

Transaction ID : SA17.498165

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. KIBLER, TERRI, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 SUNSET POINTE DR.

City LAKE PLACID	State FL	Zip Code 33852-9190
---------------------	-------------	------------------------

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 ▼
203.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2016

Transaction ID : SA17.504733

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	135.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 282 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. KIBLER, TERRI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 SUNSET POINTE DR.
 City LAKE PLACID State FL Zip Code 33852-9190
 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 ▼ 203.00

Date of Receipt **09 / 17 / 2016**
Transaction ID : SA17.528088
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. KIBLER, TERRI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 SUNSET POINTE DR.
 City LAKE PLACID State FL Zip Code 33852-9190
 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 ▼ 203.00

Date of Receipt **09 / 21 / 2016**
Transaction ID : SA17.529318
 Amount of Each Receipt this Period 3.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. KING, RUSSELL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8696 HALE ROAD
 City MANLIUS State NY Zip Code 13104-8781
 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 ▼ 300.00

Date of Receipt **08 / 11 / 2016**
Transaction ID : SA17.501662
 Amount of Each Receipt this Period 200.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	303.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 283 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. KING, RUSSELL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8696 HALE ROAD
 City MANLIUS State NY Zip Code 13104-8781
 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 ▼ 300.00

Date of Receipt 08 / 20 / 2016
Transaction ID : SA17.506626
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. KINNEAR, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4620 MAPLEWOOD DRIVE
 City SULPHUR State LA Zip Code 70663-6522
 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 ▼ 1000.00

Date of Receipt 08 / 23 / 2016
Transaction ID : SA17.511536
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. KIRCHHOFF, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 118 MOUNTAIN SPRING DRIVE
 City BOERNE State TX Zip Code 78006-6208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SOUTHWEST RESEARCH Occupation (for Individual) ADMINISTRATOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 22 / 2016
Transaction ID : SA17.508216
 Amount of Each Receipt this Period 75.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	1175.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 284 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. KIRCHHOFF, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 118 MOUNTAIN SPRING DRIVE

City BOERNE	State TX	Zip Code 78006-6208
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) SOUTHWEST RESEARCH		Occupation (for Individual) ADMINISTRATOR
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2016
Transaction ID : SA17.514878

Amount of Each Receipt this Period
 50.00

Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. KIRCHHOFF, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 118 MOUNTAIN SPRING DRIVE

City BOERNE	State TX	Zip Code 78006-6208
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) SOUTHWEST RESEARCH		Occupation (for Individual) ADMINISTRATOR
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : SA17.526783

Amount of Each Receipt this Period
 25.00

Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. KIRCHHOFF, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 118 MOUNTAIN SPRING DRIVE

City BOERNE	State TX	Zip Code 78006-6208
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) SOUTHWEST RESEARCH		Occupation (for Individual) ADMINISTRATOR
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 400.00	

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2016
Transaction ID : SA17.530221

Amount of Each Receipt this Period
 25.00

Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 285 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. KIRCHHOFF, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 118 MOUNTAIN SPRING DRIVE
 City BOERNE State TX Zip Code 78006-6208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SOUTHWEST RESEARCH Occupation (for Individual) ADMINISTRATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 27 / 2016
Transaction ID : SA17.532054
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. KIRCHHOFF, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 118 MOUNTAIN SPRING DRIVE
 City BOERNE State TX Zip Code 78006-6208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SOUTHWEST RESEARCH Occupation (for Individual) ADMINISTRATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 29 / 2016
Transaction ID : SA17.533154
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. KIRSTEN, REINER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 995 PARKVIEW DRIVE
 City TALLAHASSEE State FL Zip Code 32311-1245
 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 ▼ 252.95

Date of Receipt 07 / 13 / 2016
Transaction ID : SA17.499177
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	175.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 286 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. KIRSTEN, REINER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 995 PARKVIEW DRIVE
 City TALLAHASSEE State FL Zip Code 32311-1245
 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 ▼ 252.95

Date of Receipt **08 / 22 / 2016**
Transaction ID : SA17.507911
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. KIRSTEN, REINER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 995 PARKVIEW DRIVE
 City TALLAHASSEE State FL Zip Code 32311-1245
 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 ▼ 252.95

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.521418
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. KIRSTEN, REINER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 995 PARKVIEW DRIVE
 City TALLAHASSEE State FL Zip Code 32311-1245
 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 ▼ 252.95

Date of Receipt **09 / 22 / 2016**
Transaction ID : SA17.530377
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 287 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KIRSTEN, REINER, , ,

Mailing Address 995 PARKVIEW DRIVE

City TALLAHASSEE	State FL	Zip Code 32311-1245
---------------------	-------------	------------------------

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 ▼
252.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2016

Transaction ID : SA17.531244

Amount of Each Receipt this Period
27.95

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KIRSTEN, REINER, , ,

Mailing Address 995 PARKVIEW DRIVE

City TALLAHASSEE	State FL	Zip Code 32311-1245
---------------------	-------------	------------------------

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 ▼
252.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2016

Transaction ID : SA17.531835

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KLING, THOMAS, , ,

Mailing Address 8733 E AMELIA

City SCOTTSDALE	State AZ	Zip Code 85251-5085
--------------------	-------------	------------------------

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 ▼
425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	05	/	2016

Transaction ID : SA17.498689

Amount of Each Receipt this Period
75.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	127.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 288 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. KLING, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8733 E AMELIA
 City SCOTTSDALE State AZ Zip Code 85251-5085
 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 ▼ 425.00

Date of Receipt 08 / 05 / 2016
Transaction ID : SA17.501304
 Amount of Each Receipt this Period 75.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. KLING, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8733 E AMELIA
 City SCOTTSDALE State AZ Zip Code 85251-5085
 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 ▼ 425.00

Date of Receipt 08 / 20 / 2016
Transaction ID : SA17.506510
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. KLING, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8733 E AMELIA
 City SCOTTSDALE State AZ Zip Code 85251-5085
 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 ▼ 425.00

Date of Receipt 08 / 29 / 2016
Transaction ID : SA17.514879
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	175.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 289 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. KLING, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8733 E AMELIA
 City SCOTTSDALE State AZ Zip Code 85251-5085
 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 ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2016
Transaction ID : SA17.522682
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. KLING, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8733 E AMELIA
 City SCOTTSDALE State AZ Zip Code 85251-5085
 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 ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2016
Transaction ID : SA17.522927
 Amount of Each Receipt this Period 75.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. KNITTEL, JASON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1331 104TH AVE
 City ZEELAND State MI Zip Code 49464-1465
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) METAL FLOW CORPORATION Occupation (for Individual) PRODUCTION MANAGER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2016
Transaction ID : SA17.498505
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	165.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 290 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. KNITTEL, JASON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1331 104TH AVE
 City ZEELAND State MI Zip Code 49464-1465
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) METAL FLOW CORPORATION Occupation (for Individual) PRODUCTION MANAGER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501131
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. KNITTEL, JASON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1331 104TH AVE
 City ZEELAND State MI Zip Code 49464-1465
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) METAL FLOW CORPORATION Occupation (for Individual) PRODUCTION MANAGER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.522456
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. KNOPF, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6680 SE HARBOR CIRCLE
 City STUART State FL Zip Code 34996-1961
 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 ▼ 1000.00

Date of Receipt **08 / 29 / 2016**
Transaction ID : SA17.515003
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	580.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 291 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. KNOFF, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6680 SE HARBOR CIRCLE
 City STUART State FL Zip Code 34996-1961
 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 ▼ 1000.00

Date of Receipt 09 / 05 / 2016
Transaction ID : SA17.523223
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. KNOWLES, LOUIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9638 EAST BALTIMORE
 City MESA State AZ Zip Code 85207-8030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CCA Occupation (for Individual) CORRETIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 07 / 05 / 2016
Transaction ID : SA17.498506
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. KNOWLES, LOUIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9638 EAST BALTIMORE
 City MESA State AZ Zip Code 85207-8030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CCA Occupation (for Individual) CORRETIONS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 08 / 05 / 2016
Transaction ID : SA17.501132
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	580.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 292 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. KNOWLES, LOUIS, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9638 EAST BALTIMORE

City MESA	State AZ	Zip Code 85207-8030
--------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CCA	Occupation (for Individual) CORRETIONS
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2016

Transaction ID : SA17.513388

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. KNOWLES, LOUIS, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9638 EAST BALTIMORE

City MESA	State AZ	Zip Code 85207-8030
--------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CCA	Occupation (for Individual) CORRETIONS
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2016

Transaction ID : SA17.521425

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. KNOWLES, LOUIS, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9638 EAST BALTIMORE

City MESA	State AZ	Zip Code 85207-8030
--------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CCA	Occupation (for Individual) CORRETIONS
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2016

Transaction ID : SA17.522457

Amount of Each Receipt this Period
40.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	90.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 293 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. KOENNING, JO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7403 N. 119 E. AVE
 City OWASSO State OK Zip Code 74055-3702
 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 ▼ 252.95

Date of Receipt 08 / 29 / 2016
Transaction ID : SA17.514590
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. KOENNING, JO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7403 N. 119 E. AVE
 City OWASSO State OK Zip Code 74055-3702
 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 ▼ 252.95

Date of Receipt 09 / 01 / 2016
Transaction ID : SA17.516815
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. KOENNING, JO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7403 N. 119 E. AVE
 City OWASSO State OK Zip Code 74055-3702
 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 ▼ 252.95

Date of Receipt 09 / 01 / 2016
Transaction ID : SA17.516816
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 294 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. KOENNING, JO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7403 N. 119 E. AVE
 City OWASSO State OK Zip Code 74055-3702
 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 ▼ 252.95

Date of Receipt
 09 / 17 / 2016
Transaction ID : SA17.528035
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. KOENNING, JO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7403 N. 119 E. AVE
 City OWASSO State OK Zip Code 74055-3702
 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 ▼ 252.95

Date of Receipt
 09 / 17 / 2016
Transaction ID : SA17.528036
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. KOENNING, JO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7403 N. 119 E. AVE
 City OWASSO State OK Zip Code 74055-3702
 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 ▼ 252.95

Date of Receipt
 09 / 20 / 2016
Transaction ID : SA17.528900
 Amount of Each Receipt this Period 27.95
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	127.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 295 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. KOENNING, JO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7403 N. 119 E. AVE
 City OWASSO State OK Zip Code 74055-3702
 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 ▼ 252.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2016
Transaction ID : SA17.532413
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. KOENNING, JO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7403 N. 119 E. AVE
 City OWASSO State OK Zip Code 74055-3702
 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 ▼ 252.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : SA17.534167
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. KOETHER, BERNARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 757 SEV 17TH STREET STE 1074
 City FORT LAUDERDALE State FL Zip Code 33316-
 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 ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 19 / 2016
Transaction ID : SA17.503844
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 296 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. KOETHER, BERNARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 757 SEV 17TH STREET
 STE 1074
 City FORT LAUDERDALE State FL Zip Code 33316-
 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 ▼ 275.00

Date of Receipt 08 / 29 / 2016
Transaction ID : SA17.514967
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. KOETHER, BERNARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 757 SEV 17TH STREET
 STE 1074
 City FORT LAUDERDALE State FL Zip Code 33316-
 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 ▼ 275.00

Date of Receipt 09 / 05 / 2016
Transaction ID : SA17.521426
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. KOETHER, BERNARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 757 SEV 17TH STREET
 STE 1074
 City FORT LAUDERDALE State FL Zip Code 33316-
 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 ▼ 275.00

Date of Receipt 09 / 12 / 2016
Transaction ID : SA17.525186
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 297 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. KOETHER, BERNARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 757 SEV 17TH STREET
 STE 1074
 City FORT LAUDERDALE State FL Zip Code 33316-
 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 ▼ 275.00

Date of Receipt 09 / 15 / 2016
Transaction ID : SA17.526786
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. KOETHER, BERNARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 757 SEV 17TH STREET
 STE 1074
 City FORT LAUDERDALE State FL Zip Code 33316-
 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 ▼ 275.00

Date of Receipt 09 / 15 / 2016
Transaction ID : SA17.527023
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. KOETHER, BERNARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 757 SEV 17TH STREET
 STE 1074
 City FORT LAUDERDALE State FL Zip Code 33316-
 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 ▼ 275.00

Date of Receipt 09 / 23 / 2016
Transaction ID : SA17.530566
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 298 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. KOPCHICK, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6849 WOODBROOK DR SE
 City GRAND RAPIDS State MI Zip Code 49546-9230
 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 08 / 20 / 2016
Transaction ID : SA17.506681
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. KORINTH, JOERG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 801 BRICKELL AVE., STE. 900 900
 City MIAMI State FL Zip Code 33131-2979
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SUNESIS ADVISORY SERVICES Occupation (for Individual) FINANCIAL CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 08 / 10 / 2016
Transaction ID : SA17.501561
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. KORINTH, JOERG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 801 BRICKELL AVE., STE. 900 900
 City MIAMI State FL Zip Code 33131-2979
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SUNESIS ADVISORY SERVICES Occupation (for Individual) FINANCIAL CONSULTANT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 09 / 02 / 2016
Transaction ID : SA17.518075
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	375.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 299 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. KORINTH, JOERG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 801 BRICKELL AVE., STE. 900
 900
 City MIAMI State FL Zip Code 33131-2979
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SUNESIS ADVISORY SERVICES Occupation (for Individual) FINANCIAL CONSULTANT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼
 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2016
Transaction ID : SA17.525794
 Amount of Each Receipt this Period
 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. KORINTH, JOERG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 801 BRICKELL AVE., STE. 900
 900
 City MIAMI State FL Zip Code 33131-2979
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SUNESIS ADVISORY SERVICES Occupation (for Individual) FINANCIAL CONSULTANT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼
 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2016
Transaction ID : SA17.531144
 Amount of Each Receipt this Period
 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. KRAMBECK, JOAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1121 ST. RT. 588
 City GALLIPOLIS State OH Zip Code 45631-8698
 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 ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2016
Transaction ID : SA17.498600
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 300 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. KRAMBECK, JOAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1121 ST. RT. 588

City GALLIPOLIS	State OH	Zip Code 45631-8698
--------------------	-------------	------------------------

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 ▼
550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 05 / 2016
Transaction ID : SA17.501215

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. KRAMBECK, JOAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1121 ST. RT. 588

City GALLIPOLIS	State OH	Zip Code 45631-8698
--------------------	-------------	------------------------

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 ▼
550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2016
Transaction ID : SA17.522691

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. KRAMBECK, JOAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1121 ST. RT. 588

City GALLIPOLIS	State OH	Zip Code 45631-8698
--------------------	-------------	------------------------

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 ▼
550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2016
Transaction ID : SA17.530378

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 301 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. KRANDA, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 513
 City MEDINA State WA Zip Code 98039-0513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BEATBIO Occupation (for Individual) CEO
 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
 08 / 23 / 2016
Transaction ID : SA17.511513
 Amount of Each Receipt this Period
 250.00
 Memo Item
CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. KRANDA, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 513
 City MEDINA State WA Zip Code 98039-0513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BEATBIO Occupation (for Individual) CEO
 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
 09 / 05 / 2016
Transaction ID : SA17.523201
 Amount of Each Receipt this Period
 250.00
 Memo Item
CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. KRIER, JACK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19419 STONE MEADOW TRAIL
 City WARSAW State MO Zip Code 65355-5973
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 23 / 2016
Transaction ID : SA17.511514
 Amount of Each Receipt this Period
 250.00
 Memo Item
CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 302 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. KRIER, JACK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19419 STONE MEADOW TRAIL
 City WARSAW State MO Zip Code 65355-5973
 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 ▼ 500.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.523202
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. KROEGER, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1708 E JUNIPER WAY
 City HARTLAND State WI Zip Code 53029-8669
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NOT LISTED Occupation (for Individual) NOT LISTED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **08 / 19 / 2016**
Transaction ID : SA17.504736
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. KROEGER, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1708 E JUNIPER WAY
 City HARTLAND State WI Zip Code 53029-8669
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NOT LISTED Occupation (for Individual) NOT LISTED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.523065
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 303 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. KROEGER, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1708 E JUNIPER WAY
 City HARTLAND State WI Zip Code 53029-8669
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NOT LISTED Occupation (for Individual) NOT LISTED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 14 / 2016**
Transaction ID : SA17.525849
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. KRUEGER, CLIFF, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1630 SHERIDAN RD UNIT 3E
 City WILMETTE State IL Zip Code 60091-1837
 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 **07 / 05 / 2016**
Transaction ID : SA17.498602
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. KRUEGER, CLIFF, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1630 SHERIDAN RD UNIT 3E
 City WILMETTE State IL Zip Code 60091-1837
 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 **08 / 05 / 2016**
Transaction ID : SA17.501217
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 304 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. KRUPICKA, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7435 TEASWOOD DRIVE
 City CONROE State TX Zip Code 77304-1465
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LONESTAR STIM PRODUCTS, LLC Occupation (for Individual) OIL & GAS CHEMICALS- OWNER
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt **08 / 23 / 2016**
Transaction ID : SA17.511515
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. KULLMANN, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4145 FAWN COURT
 City MARIETTA State GA Zip Code 30068-2634
 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 **07 / 05 / 2016**
Transaction ID : SA17.498603
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. KULLMANN, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4145 FAWN COURT
 City MARIETTA State GA Zip Code 30068-2634
 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 **08 / 05 / 2016**
Transaction ID : SA17.501218
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 305 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. KULLMANN, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4145 FAWN COURT

City MARIETTA	State GA	Zip Code 30068-2634
------------------	-------------	------------------------

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 M / D D D / Y Y Y Y Y Y
 08 / 19 / 2016
Transaction ID : SA17.503851

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. KULLMANN, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4145 FAWN COURT

City MARIETTA	State GA	Zip Code 30068-2634
------------------	-------------	------------------------

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 M / D D D / Y Y Y Y Y Y
 09 / 05 / 2016
Transaction ID : SA17.522695

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. KULLMANN, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4145 FAWN COURT

City MARIETTA	State GA	Zip Code 30068-2634
------------------	-------------	------------------------

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 M / D D D / Y Y Y Y Y Y
 09 / 13 / 2016
Transaction ID : SA17.525569

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 306 OF 700
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. LA TOUR, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 112 WEST CENTER STREET
 560
 City FAYETTEVILLE State AR Zip Code 72701-6073
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) CPA/ATTORNEY
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498760
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. LA TOUR, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 112 WEST CENTER STREET
 560
 City FAYETTEVILLE State AR Zip Code 72701-6073
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) CPA/ATTORNEY
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501373
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. LA TOUR, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 112 WEST CENTER STREET
 560
 City FAYETTEVILLE State AR Zip Code 72701-6073
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) CPA/ATTORNEY
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.523224
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 307 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. LADD-WHITSON, LOUISE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2850 S. AMOR DR.
 City NEW BERLIN State WI Zip Code 53146-2305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 WELLS FARGO ADVISORS FINANCIAL ADVISOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498604
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. LADD-WHITSON, LOUISE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2850 S. AMOR DR.
 City NEW BERLIN State WI Zip Code 53146-2305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 WELLS FARGO ADVISORS FINANCIAL ADVISOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501219
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. LADD-WHITSON, LOUISE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2850 S. AMOR DR.
 City NEW BERLIN State WI Zip Code 53146-2305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 WELLS FARGO ADVISORS FINANCIAL ADVISOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **08 / 26 / 2016**
Transaction ID : SA17.513550
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 308 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. LADD-WHITSON, LOUISE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2850 S. AMOR DR.

City NEW BERLIN	State WI	Zip Code 53146-2305
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WELLS FARGO ADVISORS	Occupation (for Individual) FINANCIAL ADVISOR
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : SA17.518080

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. LADD-WHITSON, LOUISE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2850 S. AMOR DR.

City NEW BERLIN	State WI	Zip Code 53146-2305
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WELLS FARGO ADVISORS	Occupation (for Individual) FINANCIAL ADVISOR
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2016

Transaction ID : SA17.522696

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. LADNIER, COLLEEN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 403 ISADORE ST

City DELCAMBRE	State LA	Zip Code 70528-4621
-------------------	-------------	------------------------

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 ▼
215.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2016

Transaction ID : SA17.505019

Amount of Each Receipt this Period
3.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	78.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 309 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. LADNIER, COLLEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 403 ISADORE ST
 City DELCAMBRE State LA Zip Code 70528-4621
 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 ▼ 215.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2016
Transaction ID : SA17.516825
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. LADNIER, COLLEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 403 ISADORE ST
 City DELCAMBRE State LA Zip Code 70528-4621
 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 ▼ 215.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2016
Transaction ID : SA17.525877
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. LADNIER, COLLEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 403 ISADORE ST
 City DELCAMBRE State LA Zip Code 70528-4621
 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 ▼ 215.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2016
Transaction ID : SA17.528038
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	175.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 310 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. LADNIER, COLLEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 403 ISADORE ST
 City DELCAMBRE State LA Zip Code 70528-4621
 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 ▼ 215.95

Date of Receipt **09 / 21 / 2016**
Transaction ID : SA17.529766
 Amount of Each Receipt this Period 37.95
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. LAIL, AMBER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 703 SWEETBRIAR ROAD
 City ORLANDO State FL Zip Code 32806-7004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) THE CHRIST SCHOOL, ORLANDO, FLORIDA Occupation (for Individual) EDUCATION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **08 / 26 / 2016**
Transaction ID : SA17.513560
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. LALLI, RONALD P., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2609 VIA DEL REY
 City FERNANDINA BEACH State FL Zip Code 32034-5269
 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 ▼ 300.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498719
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	387.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 311 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. LALLI, RONALD P., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2609 VIA DEL REY
 City FERNANDINA BEACH State FL Zip Code 32034-5269
 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 ▼ 300.00

Date of Receipt 08 / 05 / 2016
Transaction ID : SA17.501330
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. LAMAN, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1150 E PLANT ST F
 City WINTER GARDEN State FL Zip Code 34787-2922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EXCLUSIVE AGENCY INC. Occupation (for Individual) REAL ESTATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 19 / 2016
Transaction ID : SA17.504819
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. LANDON, EMILIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8080 E. DARTMOUTH AVE. HOUSE #39
 City DENVER State CO Zip Code 80231-4566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DENVER MEDICAL SOCIETY Occupation (for Individual) OFFICE MANAGER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 05 / 2016
Transaction ID : SA17.498177
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	375.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 312 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. LONDON, EMILIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8080 E. DARTMOUTH AVE.
 HOUSE #39
 City DENVER State CO Zip Code 80231-4566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DENVER MEDICAL SOCIETY Occupation (for Individual) OFFICE MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 05 / 2016
Transaction ID : SA17.500807
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. LONDON, EMILIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8080 E. DARTMOUTH AVE.
 HOUSE #39
 City DENVER State CO Zip Code 80231-4566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DENVER MEDICAL SOCIETY Occupation (for Individual) OFFICE MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 22 / 2016
Transaction ID : SA17.507922
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. LONDON, EMILIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8080 E. DARTMOUTH AVE.
 HOUSE #39
 City DENVER State CO Zip Code 80231-4566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DENVER MEDICAL SOCIETY Occupation (for Individual) OFFICE MANAGER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 05 / 2016
Transaction ID : SA17.521451
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 313 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. LONDON, EMILIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8080 E. DARTMOUTH AVE.
 HOUSE #39
 City DENVER State CO Zip Code 80231-4566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DENVER MEDICAL SOCIETY Occupation (for Individual) OFFICE MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 05 / 2016
Transaction ID : SA17.521452
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. LASKER, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 SPRING MARSH CIRCLE
 City SAVANNAH State GA Zip Code 31411-2948
 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 ▼ 400.00

Date of Receipt 07 / 05 / 2016
Transaction ID : SA17.498720
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. LAUDIERO, LINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7263 TINSLEY WAY
 City MANASSAS State VA Zip Code 20111-2545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) STAY AT HOME MOM
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 27 / 2016
Transaction ID : SA17.532127
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	375.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 314 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. LAYTON, EVA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 809 BUNKER HILL DROVE

City CARSON CITY	State NV	Zip Code 89703-3611
---------------------	-------------	------------------------

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 ▼
888.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2016

Transaction ID : SA17.498182

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. LAYTON, EVA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 809 BUNKER HILL DROVE

City CARSON CITY	State NV	Zip Code 89703-3611
---------------------	-------------	------------------------

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 ▼
888.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2016

Transaction ID : SA17.498606

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. LAYTON, EVA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 809 BUNKER HILL DROVE

City CARSON CITY	State NV	Zip Code 89703-3611
---------------------	-------------	------------------------

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 ▼
888.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2016

Transaction ID : SA17.498607

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	125.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 315 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. LAYTON, EVA, , ,		Date of Receipt
Mailing Address 809 BUNKER HILL DROVE		<input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2016"/>
City CARSON CITY	State NV	Zip Code 89703-3611
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.500813
Name of Employer (for Individual) RETIRED		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Occupation (for Individual) RETIRED		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="888.00"/>	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. LAYTON, EVA, , ,		Date of Receipt
Mailing Address 809 BUNKER HILL DROVE		<input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2016"/>
City CARSON CITY	State NV	Zip Code 89703-3611
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.501221
Name of Employer (for Individual) RETIRED		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation (for Individual) RETIRED		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="888.00"/>	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. LAYTON, EVA, , ,		Date of Receipt
Mailing Address 809 BUNKER HILL DROVE		<input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2016"/>
City CARSON CITY	State NV	Zip Code 89703-3611
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.501222
Name of Employer (for Individual) RETIRED		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation (for Individual) RETIRED		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="888.00"/>	NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="125.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 316 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. LAYTON, EVA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 809 BUNKER HILL DROVE

City CARSON CITY	State NV	Zip Code 89703-3611
---------------------	-------------	------------------------

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 ▼
888.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2016

Transaction ID : SA17.503865

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. LAYTON, EVA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 809 BUNKER HILL DROVE

City CARSON CITY	State NV	Zip Code 89703-3611
---------------------	-------------	------------------------

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 ▼
888.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2016

Transaction ID : SA17.521470

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. LAYTON, EVA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 809 BUNKER HILL DROVE

City CARSON CITY	State NV	Zip Code 89703-3611
---------------------	-------------	------------------------

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 ▼
888.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2016

Transaction ID : SA17.522702

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 317 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
LAYTON, EVA, , ,

Mailing Address **809 BUNKER HILL DROVE**

City CARSON CITY	State NV	Zip Code 89703-3611
----------------------------	--------------------	-------------------------------

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 ▼
888.00

Date of Receipt
09 / 05 / 2016

Transaction ID : SA17.522703

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
LAYTON, EVA, , ,

Mailing Address **809 BUNKER HILL DROVE**

City CARSON CITY	State NV	Zip Code 89703-3611
----------------------------	--------------------	-------------------------------

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 ▼
888.00

Date of Receipt
09 / 15 / 2016

Transaction ID : SA17.527027

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
LAYTON, EVA, , ,

Mailing Address **809 BUNKER HILL DROVE**

City CARSON CITY	State NV	Zip Code 89703-3611
----------------------------	--------------------	-------------------------------

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 ▼
888.00

Date of Receipt
09 / 26 / 2016

Transaction ID : SA17.529990

Amount of Each Receipt this Period
3.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	103.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 318 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. LAZARUS, ARTHUR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 48 TILLOU RD WEST
 City SOUTH ORANGE State NJ Zip Code 07079-1357
 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 08 / 19 / 2016
Transaction ID : SA17.504820
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. LE, HUONG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9278 ADELPHI RD 301
 City HYATTSVILLE State MD Zip Code 20783-2031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEDSTAR WHC Occupation (for Individual) RN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 20 / 2016
Transaction ID : SA17.506682
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. LEAVENS, LINK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1202 WESTRIDGE DR.
 City VENTURA State CA Zip Code 93003-1456
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LEAVENS RANCHES Occupation (for Individual) RANCH MANAGER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 23 / 2016
Transaction ID : SA17.511516
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 319 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. LEE, ELEANOR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1930 W RIVER BEND CT
 City MEQUON State WI Zip Code 53092-2925
 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 ▼ 550.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498721
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. LEE, ELEANOR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1930 W RIVER BEND CT
 City MEQUON State WI Zip Code 53092-2925
 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 ▼ 550.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501362
 Amount of Each Receipt this Period 200.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. LEE, ELEANOR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1930 W RIVER BEND CT
 City MEQUON State WI Zip Code 53092-2925
 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 ▼ 550.00

Date of Receipt **09 / 02 / 2016**
Transaction ID : SA17.518458
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 320 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. LEE, RENA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2950 PHILLIPE LN

City REDDING	State CA	Zip Code 96003-9242
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) LEE'S HONDA KAWASAKI	Occupation (for Individual) OWNER
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2016

Transaction ID : SA17.504835

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. LEHMAN, JOHN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 554 PINE STREET

City MEADVILLE	State PA	Zip Code 16335-2954
-------------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	05	/	2016

Transaction ID : SA17.498722

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. LEHMAN, JOHN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 554 PINE STREET

City MEADVILLE	State PA	Zip Code 16335-2954
-------------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	05	/	2016

Transaction ID : SA17.501331

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 321 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. LEHMAN, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 554 PINE STREET
 City MEADVILLE State PA Zip Code 16335-2954
 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 ▼ 400.00

Date of Receipt 09 / 05 / 2016
Transaction ID : SA17.523068
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. LEIGH, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 59 SMITH ST
 City CHELMSFORD State MA Zip Code 01824-1701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DEPT OF VETERANS AFFAIRS Occupation (for Individual) MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 05 / 2016
Transaction ID : SA17.498610
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. LEIGH, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 59 SMITH ST
 City CHELMSFORD State MA Zip Code 01824-1701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DEPT OF VETERANS AFFAIRS Occupation (for Individual) MANAGER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 05 / 2016
Transaction ID : SA17.501224
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 322 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. LEIGH, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 59 SMITH ST
 City CHELMSFORD State MA Zip Code 01824-1701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DEPT OF VETERANS AFFAIRS Occupation (for Individual) MANAGER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.522709
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. LEMONS, FRED, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10807 S. MEMORIAL DR. STE D
 City TULSA State OK Zip Code 74133-7360
 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 ▼ 225.00

Date of Receipt **08 / 19 / 2016**
Transaction ID : SA17.504740
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. LEMONS, FRED, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10807 S. MEMORIAL DR. STE D
 City TULSA State OK Zip Code 74133-7360
 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 ▼ 225.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.523069
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 323 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. LEMONS, FRED, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10807 S. MEMORIAL DR.
 STE D
 City TULSA State OK Zip Code 74133-7360
 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 ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2016
Transaction ID : SA17.524294
 Amount of Each Receipt this Period
 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. LEONI, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1234 TOWSLEY LANE
 City ANN ARBOR State MI Zip Code 48105-9573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FOUR STAR TRANSPORTATION CO. Occupation (for Individual) TRUCKING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 23 / 2016
Transaction ID : SA17.511413
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. LEONI, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1234 TOWSLEY LANE
 City ANN ARBOR State MI Zip Code 48105-9573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FOUR STAR TRANSPORTATION CO. Occupation (for Individual) TRUCKING
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 23 / 2016
Transaction ID : SA17.511517
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	375.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 324 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. LEONI, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1234 TOWSLEY LANE
 City ANN ARBOR State MI Zip Code 48105-9573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FOUR STAR TRANSPORTATION CO. Occupation (for Individual) TRUCKING
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 09 / 05 / 2016
Transaction ID : SA17.523070
 Amount of Each Receipt this Period: 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. LEONI, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1234 TOWSLEY LANE
 City ANN ARBOR State MI Zip Code 48105-9573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FOUR STAR TRANSPORTATION CO. Occupation (for Individual) TRUCKING
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 09 / 05 / 2016
Transaction ID : SA17.523203
 Amount of Each Receipt this Period: 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. LEONI, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1234 TOWSLEY LANE
 City ANN ARBOR State MI Zip Code 48105-9573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FOUR STAR TRANSPORTATION CO. Occupation (for Individual) TRUCKING
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 09 / 12 / 2016
Transaction ID : SA17.525322
 Amount of Each Receipt this Period: 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 325 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. LEOPOLD, GERALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2507 AMHERST DR.
 City WICHITA FALLS State TX Zip Code 76308-5327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNITED SUPERMARKETS Occupation (for Individual) REGISTERED PHARMACIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498188
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. LEOPOLD, GERALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2507 AMHERST DR.
 City WICHITA FALLS State TX Zip Code 76308-5327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNITED SUPERMARKETS Occupation (for Individual) REGISTERED PHARMACIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.500819
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. LEOPOLD, GERALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2507 AMHERST DR.
 City WICHITA FALLS State TX Zip Code 76308-5327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNITED SUPERMARKETS Occupation (for Individual) REGISTERED PHARMACIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **08 / 23 / 2016**
Transaction ID : SA17.510404
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 326 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. LEOPOLD, GERALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2507 AMHERST DR.
 City WICHITA FALLS State TX Zip Code 76308-5327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNITED SUPERMARKETS Occupation (for Individual) REGISTERED PHARMACIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **08 / 29 / 2016**
Transaction ID : SA17.514599
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. LEOPOLD, GERALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2507 AMHERST DR.
 City WICHITA FALLS State TX Zip Code 76308-5327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNITED SUPERMARKETS Occupation (for Individual) REGISTERED PHARMACIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.521487
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. LEOPOLD, GERALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2507 AMHERST DR.
 City WICHITA FALLS State TX Zip Code 76308-5327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNITED SUPERMARKETS Occupation (for Individual) REGISTERED PHARMACIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **09 / 14 / 2016**
Transaction ID : SA17.525850
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 327 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. LEOPOLD, GERALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2507 AMHERST DR.
 City WICHITA FALLS State TX Zip Code 76308-5327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNITED SUPERMARKETS Occupation (for Individual) REGISTERED PHARMACIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **09 / 17 / 2016**
Transaction ID : SA17.527838
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. LESLIE, JOSEPHINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6942 EAST BRONCO DRIVE
 City PARADISE VALLEY State AZ Zip Code 85253-3123
 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 **07 / 05 / 2016**
Transaction ID : SA17.498189
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. LESLIE, JOSEPHINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6942 EAST BRONCO DRIVE
 City PARADISE VALLEY State AZ Zip Code 85253-3123
 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 **08 / 05 / 2016**
Transaction ID : SA17.500820
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 328 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. LESLIE, JOSEPHINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6942 EAST BRONCO DRIVE
 City PARADISE VALLEY State AZ Zip Code 85253-3123
 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 08 / 19 / 2016
Transaction ID : SA17.504741
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. LESLIE, JOSEPHINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6942 EAST BRONCO DRIVE
 City PARADISE VALLEY State AZ Zip Code 85253-3123
 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 08 / 29 / 2016
Transaction ID : SA17.514885
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. LESLIE, JOSEPHINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6942 EAST BRONCO DRIVE
 City PARADISE VALLEY State AZ Zip Code 85253-3123
 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 09 / 05 / 2016
Transaction ID : SA17.521489
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	175.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 329 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. LESTER, JIM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 920 NINOVAN RD SE
 City VIENNA State VA Zip Code 22180-5970
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) API Occupation (for Individual) CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 327.95

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498484
 Amount of Each Receipt this Period 35.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. LESTER, JIM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 920 NINOVAN RD SE
 City VIENNA State VA Zip Code 22180-5970
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) API Occupation (for Individual) CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 327.95

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501100
 Amount of Each Receipt this Period 35.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. LESTER, JIM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 920 NINOVAN RD SE
 City VIENNA State VA Zip Code 22180-5970
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) API Occupation (for Individual) CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 327.95

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.522413
 Amount of Each Receipt this Period 35.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	105.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 330 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. LESTER, JIM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 920 NINOVAN RD SE
 City VIENNA State VA Zip Code 22180-5970
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) API Occupation (for Individual) CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 327.95

Date of Receipt **09 / 27 / 2016**
Transaction ID : SA17.532022
 Amount of Each Receipt this Period 47.95
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. LICHTER, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1620 FIFTH AVE 770
 City SAN DIEGO State CA Zip Code 92101-2703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LICHTER VENTURE GROUP Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **08 / 19 / 2016**
Transaction ID : SA17.504836
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. LINDBERG, FRANK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1613 SIGNAL DRIVE
 City NAPERVILLE State IL Zip Code 60565-2709
 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 ▼ 1025.00

Date of Receipt **08 / 23 / 2016**
Transaction ID : SA17.511532
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	1547.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 331 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. LINDBERG, FRANK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1613 SIGNAL DRIVE
 City NAPERVILLE State IL Zip Code 60565-2709
 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 ▼ 1025.00

Date of Receipt 09 / 05 / 2016
Transaction ID : SA17.523225
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. LINDBERG, FRANK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1613 SIGNAL DRIVE
 City NAPERVILLE State IL Zip Code 60565-2709
 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 ▼ 1025.00

Date of Receipt 09 / 16 / 2016
Transaction ID : SA17.527311
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. LINDSEY, DORIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17101 VANEMAN ST.
 City PETERSBURG State IL Zip Code 62675-7058
 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 ▼ 225.00

Date of Receipt 07 / 05 / 2016
Transaction ID : SA17.498193
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 332 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
LINDSEY, DORIS, , ,

Mailing Address 17101 VANEMAN ST.

City PETERSBURG	State IL	Zip Code 62675-7058
--------------------	-------------	------------------------

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 ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2016

Transaction ID : SA17.518706

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
LINDSEY, DORIS, , ,

Mailing Address 17101 VANEMAN ST.

City PETERSBURG	State IL	Zip Code 62675-7058
--------------------	-------------	------------------------

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 ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2016

Transaction ID : SA17.524297

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
LINDSEY, DORIS, , ,

Mailing Address 17101 VANEMAN ST.

City PETERSBURG	State IL	Zip Code 62675-7058
--------------------	-------------	------------------------

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 ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2016

Transaction ID : SA17.533170

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 333 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. LINN, BARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4540 S CAPTAINS CIR
 City WASILLA State AK Zip Code 99623-9434
 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 **09 / 27 / 2016**
Transaction ID : SA17.532128
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. LIPSEY, SUZANNE H, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 7795
 City AVON State CO Zip Code 81620-7795
 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 ▼ 350.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501332
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. LIPSEY, SUZANNE H, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 7795
 City AVON State CO Zip Code 81620-7795
 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 ▼ 350.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.523073
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 334 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. LIPSEY, SUZANNE H, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 7795
 City AVON State CO Zip Code 81620-7795
 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 ▼ 350.00

Date of Receipt 09 / 15 / 2016
Transaction ID : SA17.527098
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. LLANDEROSOS, CHRISTINA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7000 AURELIA RD.
 City OKLAHOMA CITY State OK Zip Code 73121-3244
 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 ▼ 500.00

Date of Receipt 09 / 01 / 2016
Transaction ID : SA17.517206
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. LLC, SHOOTER'S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4824 HIXSON PIKE
 City HIXSON State TN Zip Code 37343-4416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SHOOTER'S SUPPLY, LLC Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 26 / 2016
Transaction ID : SA17.499507
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	850.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 335 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. LONG, ARTHUR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4025 CHUB LAKE RD
 City ROXBORO State NC Zip Code 27574-7445
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) THOMPSON Occupation (for Individual) CONSTRUCTION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498199
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. LONG, ARTHUR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4025 CHUB LAKE RD
 City ROXBORO State NC Zip Code 27574-7445
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) THOMPSON Occupation (for Individual) CONSTRUCTION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.500827
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. LONG, ARTHUR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4025 CHUB LAKE RD
 City ROXBORO State NC Zip Code 27574-7445
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) THOMPSON Occupation (for Individual) CONSTRUCTION
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt **08 / 21 / 2016**
Transaction ID : SA17.507245
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 336 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. LONG, ARTHUR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4025 CHUB LAKE RD
 City ROXBORO State NC Zip Code 27574-7445
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) THOMPSON Occupation (for Individual) CONSTRUCTION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 09 / 05 / 2016
Transaction ID : SA17.521503
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. LONG, ARTHUR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4025 CHUB LAKE RD
 City ROXBORO State NC Zip Code 27574-7445
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) THOMPSON Occupation (for Individual) CONSTRUCTION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 09 / 15 / 2016
Transaction ID : SA17.526803
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. LORENZ, ALONAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 40TH AVE SE
 City BENSON State MN Zip Code 56215-1358
 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 ▼ 325.00

Date of Receipt 07 / 05 / 2016
Transaction ID : SA17.498485
 Amount of Each Receipt this Period 35.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	85.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 337 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. LORENZ, ALONAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 40TH AVE SE
 City BENSON State MN Zip Code 56215-1358
 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 ▼ 325.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501101
 Amount of Each Receipt this Period 35.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. LORENZ, ALONAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 40TH AVE SE
 City BENSON State MN Zip Code 56215-1358
 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 ▼ 325.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.522415
 Amount of Each Receipt this Period 35.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. LOUDEN, G. MALCOLM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 W 7TH ST
 City FORT WORTH State TX Zip Code 76102-4700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WALSH HOLDINGS, LLC Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 257.95

Date of Receipt **09 / 20 / 2016**
Transaction ID : SA17.529244
 Amount of Each Receipt this Period 257.95
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	327.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 338 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. LOUGHRY, BEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4455 CAMP BOWIE STE 114
 PMB 13
 City FORT WORTH State TX Zip Code 76107-3800
 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 ▼ 1000.00

Date of Receipt 08 / 19 / 2016
Transaction ID : SA17.504830
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. LOUGHRY, BEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4455 CAMP BOWIE STE 114
 PMB 13
 City FORT WORTH State TX Zip Code 76107-3800
 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 ▼ 1000.00

Date of Receipt 09 / 05 / 2016
Transaction ID : SA17.523226
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. LOVE, JUDITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2065 OLD DOMINION RD
 City ATLANTA State GA Zip Code 30350-4620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 07 / 05 / 2016
Transaction ID : SA17.498507
 Amount of Each Receipt this Period 40.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	1040.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 339 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. LOVE, JUDITH, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2065 OLD DOMINION RD

City ATLANTA	State GA	Zip Code 30350-4620
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HOMEMAKER
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	05	/	2016

Transaction ID : SA17.501133

Amount of Each Receipt this Period
40.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. LOVE, JUDITH, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2065 OLD DOMINION RD

City ATLANTA	State GA	Zip Code 30350-4620
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HOMEMAKER
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2016

Transaction ID : SA17.508246

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. LOVE, JUDITH, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2065 OLD DOMINION RD

City ATLANTA	State GA	Zip Code 30350-4620
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HOMEMAKER
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2016

Transaction ID : SA17.518459

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	240.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 340 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. LOVE, JUDITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2065 OLD DOMINION RD
 City ATLANTA State GA Zip Code 30350-4620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.522458
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. LOYD, LAMAR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 90037
 City HOUSTON State TX Zip Code 77290-0037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NOBLE ROYALTIES, INC. Occupation (for Individual) ENGINEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498723
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. LOYD, LAMAR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 90037
 City HOUSTON State TX Zip Code 77290-0037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NOBLE ROYALTIES, INC. Occupation (for Individual) ENGINEER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501333
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	240.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 341 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. LOYD, LAMAR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 90037

City HOUSTON	State TX	Zip Code 77290-0037
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NOBLE ROYALTIES, INC.	Occupation (for Individual) ENGINEER
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2016
Transaction ID : SA17.523077

Amount of Each Receipt this Period
 100.00

Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. LUKACS, LASZLO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27400 GRAND TRAVERSE AVE.

City FLAT ROCK	State MI	Zip Code 48134-
-------------------	-------------	--------------------

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 M / D D D / Y Y Y Y Y Y
 07 / 05 / 2016
Transaction ID : SA17.498724

Amount of Each Receipt this Period
 100.00

Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. LUKACS, LASZLO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27400 GRAND TRAVERSE AVE.

City FLAT ROCK	State MI	Zip Code 48134-
-------------------	-------------	--------------------

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 M / D D D / Y Y Y Y Y Y
 08 / 05 / 2016
Transaction ID : SA17.501334

Amount of Each Receipt this Period
 100.00

Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 342 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. LUKACS, LASZLO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27400 GRAND TRAVERSE AVE.
 City FLAT ROCK State MI Zip Code 48134-
 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 **09 / 05 / 2016**
Transaction ID : SA17.523078
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. LUKACS, LASZLO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27400 GRAND TRAVERSE AVE.
 City FLAT ROCK State MI Zip Code 48134-
 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 **09 / 30 / 2016**
Transaction ID : SA17.534423
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. LUNSFORD, JOYCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3090 JOHNSON ROAD
 City STEVENSVILLE State MI Zip Code 49127-1270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TRIGO HOSPITALITY Occupation (for Individual) BUSINESS OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **08 / 31 / 2016**
Transaction ID : SA17.516001
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 343 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. LUTNER, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 109 GRANDVIEW DRIVE
 City WOODSTOWN State NJ Zip Code 08098-1245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KELLEY SERVICES, INC Occupation (for Individual) PROCESS AUTOMATION SPECIALIS
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 01 / 2016**
Transaction ID : SA17.517202
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. LYNCH, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2807 S BROWNS LAKE DR.
 City BURLINGTON State WI Zip Code 53105-7956
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LYNCH CHEV Occupation (for Individual) AUTO DEALER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **08 / 23 / 2016**
Transaction ID : SA17.511418
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. LYNCH, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2807 S BROWNS LAKE DR.
 City BURLINGTON State WI Zip Code 53105-7956
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LYNCH CHEV Occupation (for Individual) AUTO DEALER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **09 / 27 / 2016**
Transaction ID : SA17.532108
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 344 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. LYNCH, DAVID, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2807 S BROWNS LAKE DR.

City BURLINGTON	State WI	Zip Code 53105-7956
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) LYNCH CHEV	Occupation (for Individual) AUTO DEALER
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2016

Transaction ID : SA17.532513

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. LYNN, JEFF, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3629 WORTHINGTON WAY PLANO, TX

City PLANO	State TX	Zip Code 75023-3755
---------------	-------------	------------------------

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2016

Transaction ID : SA17.534518

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. MACBRIDE, CONNIE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11016 FOWLER AVE

City OMAHA	State NE	Zip Code 68164-2269
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ESSENTIAL PREGNANCY SERVICES	Occupation (for Individual) MANAGER
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	20	/	2016

Transaction ID : SA17.506685

Amount of Each Receipt this Period
300.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	900.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 345 OF 700
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MACDONALD, JUNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4017 KILMARTIN DRIVE
 City TALLAHASSEE State FL Zip Code 32309-2861
 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 ▼ 235.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.497684
 Amount of Each Receipt this Period 10.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MACDONALD, JUNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4017 KILMARTIN DRIVE
 City TALLAHASSEE State FL Zip Code 32309-2861
 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 ▼ 235.00

Date of Receipt **07 / 06 / 2016**
Transaction ID : SA17.498828
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MACDONALD, JUNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4017 KILMARTIN DRIVE
 City TALLAHASSEE State FL Zip Code 32309-2861
 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 ▼ 235.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.500318
 Amount of Each Receipt this Period 10.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	45.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 346 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MACDONALD, JUNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4017 KILMARTIN DRIVE
 City TALLAHASSEE State FL Zip Code 32309-2861
 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 ▼ 235.00

Date of Receipt **08 / 16 / 2016**
Transaction ID : SA17.501828
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MACDONALD, JUNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4017 KILMARTIN DRIVE
 City TALLAHASSEE State FL Zip Code 32309-2861
 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 ▼ 235.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.520098
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MACKRIZZ, LUIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 18580 P.O. BOX 18580
 City CORPUS CHRISTI State TX Zip Code 78480-8580
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MYSELF Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498614
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	110.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 347 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MADDUX, TRUETT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 613 W GOLD AVE
 City HOBBS State NM Zip Code 88240-1737
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LEA REGIONAL MEDICAL CENTER Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **08 / 22 / 2016**
Transaction ID : SA17.508248
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MADDUX, TRUETT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 613 W GOLD AVE
 City HOBBS State NM Zip Code 88240-1737
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LEA REGIONAL MEDICAL CENTER Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 02 / 2016**
Transaction ID : SA17.518401
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MADDUX, TRUETT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 613 W GOLD AVE
 City HOBBS State NM Zip Code 88240-1737
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LEA REGIONAL MEDICAL CENTER Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.523079
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 348 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MAGGIO, FRANK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1711
 City QUOGUE State NY Zip Code 11959-1711
 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 **08 / 24 / 2016**
Transaction ID : SA17.512385
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MAGNUSSON, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2013 MISTY HAVEN LANE
 City PLANO State TX Zip Code 75093-2508
 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 ▼ 1000.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498754
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MAGNUSSON, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2013 MISTY HAVEN LANE
 City PLANO State TX Zip Code 75093-2508
 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 ▼ 1000.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501367
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 349 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MAGNUSSON, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2013 MISTY HAVEN LANE
 City PLANO State TX Zip Code 75093-2508
 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 ▼ 1000.00

Date of Receipt 09 / 05 / 2016
Transaction ID : SA17.523204
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MALARDIE, FRANK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2746 BIGGER ROAD
 City BULGER State PA Zip Code 15019-9773
 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 09 / 01 / 2016
Transaction ID : SA17.517094
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MALARDIE, FRANK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2746 BIGGER ROAD
 City BULGER State PA Zip Code 15019-9773
 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 09 / 02 / 2016
Transaction ID : SA17.518402
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 350 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MALARDIE, FRANK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2746 BIGGER ROAD
 City BULGER State PA Zip Code 15019-9773
 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 09 / 15 / 2016
Transaction ID : SA17.527033
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MALARDIE, FRANK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2746 BIGGER ROAD
 City BULGER State PA Zip Code 15019-9773
 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 09 / 27 / 2016
Transaction ID : SA17.532056
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MALPASS, EVELYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21330 N. COBURG ROAD
 City HARRISBURG State OR Zip Code 97446-9747
 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 ▼ 400.00

Date of Receipt 08 / 22 / 2016
Transaction ID : SA17.508174
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 351 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MALPASS, EVELYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21330 N. COBURG ROAD
 City HARRISBURG State OR Zip Code 97446-9747
 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 ▼ 400.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.522720
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MANION, PHILLIP, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 911 BALBOA AVE CORONADO,CA.
 City CORONADO State CA Zip Code 92118-2426
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498726
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MANION, PHILLIP, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 911 BALBOA AVE CORONADO,CA.
 City CORONADO State CA Zip Code 92118-2426
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501335
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 352 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MANION, PHILLIP, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 911 BALBOA AVE CORONADO,CA.
 City CORONADO State CA Zip Code 92118-2426
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.523081
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MANSELL, SUZANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 MAPLE AVENUE
 City HAMBURG State NY Zip Code 14075-4837
 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 ▼ 1000.00

Date of Receipt **08 / 23 / 2016**
Transaction ID : SA17.511533
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MANSELL, SUZANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 MAPLE AVENUE
 City HAMBURG State NY Zip Code 14075-4837
 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 ▼ 1000.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.523227
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	1100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 353 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MARCLEY, MIKE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2314 FLORAL WAY
 City SANTA ROSA State CA Zip Code 95403-8903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) RE BROKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498727
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MARCLEY, MIKE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2314 FLORAL WAY
 City SANTA ROSA State CA Zip Code 95403-8903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) RE BROKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501336
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MARCLEY, MIKE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2314 FLORAL WAY
 City SANTA ROSA State CA Zip Code 95403-8903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) RE BROKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt **08 / 19 / 2016**
Transaction ID : SA17.504748
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 354 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MARCLEY, MIKE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2314 FLORAL WAY
 City SANTA ROSA State CA Zip Code 95403-8903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) RE BROKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.523083
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MARESH, FRANK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address BOX 395
 City HUNT State TX Zip Code 78024-0395
 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 ▼ 460.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498210
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MARESH, FRANK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address BOX 395
 City HUNT State TX Zip Code 78024-0395
 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 ▼ 460.00

Date of Receipt **07 / 19 / 2016**
Transaction ID : SA17.499363
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 355 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MARESH, FRANK, , ,		Date of Receipt
Mailing Address BOX 395		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2016"/>
City HUNT	State TX	Zip Code 78024-0395
FEC ID number of contributing federal political committee. C		Transaction ID : SA17.499858
Name of Employer (for Individual) RETIRED		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Occupation (for Individual) RETIRED		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="460.00"/>	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MARESH, FRANK, , ,		Date of Receipt
Mailing Address BOX 395		<input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2016"/>
City HUNT	State TX	Zip Code 78024-0395
FEC ID number of contributing federal political committee. C		Transaction ID : SA17.501102
Name of Employer (for Individual) RETIRED		Amount of Each Receipt this Period <input type="text" value="35.00"/>
Occupation (for Individual) RETIRED		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="460.00"/>	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MARESH, FRANK, , ,		Date of Receipt
Mailing Address BOX 395		<input type="text" value="08"/> / <input type="text" value="19"/> / <input type="text" value="2016"/>
City HUNT	State TX	Zip Code 78024-0395
FEC ID number of contributing federal political committee. C		Transaction ID : SA17.504535
Name of Employer (for Individual) RETIRED		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation (for Individual) RETIRED		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="460.00"/>	NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="110.00"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 356 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MARESH, FRANK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address BOX 395
 City HUNT State TX Zip Code 78024-0395
 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 ▼ 460.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 21 / 2016
Transaction ID : SA17.507246
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MARESH, FRANK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address BOX 395
 City HUNT State TX Zip Code 78024-0395
 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 ▼ 460.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 23 / 2016
Transaction ID : SA17.511185
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MARESH, FRANK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address BOX 395
 City HUNT State TX Zip Code 78024-0395
 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 ▼ 460.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 25 / 2016
Transaction ID : SA17.512853
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	125.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 357 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MARESH, FRANK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address **BOX 395**
 City **HUNT** State **TX** Zip Code **78024-0395**
 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 ▼ **460.00**

Date of Receipt **09 / 03 / 2016**
Transaction ID : SA17.518708
 Amount of Each Receipt this Period **25.00**
 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

B. MARKHAM, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address **3829 KINROSS DRIVE**
3829 KINROSS DRIVE
 City **BIRMINGHAM** State **AL** Zip Code **35242-5803**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **SELF EMPLOYED** Occupation (for Individual) **SELF EMPLOYEED**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498616
 Amount of Each Receipt this Period **50.00**
 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

C. MARKHAM, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address **3829 KINROSS DRIVE**
3829 KINROSS DRIVE
 City **BIRMINGHAM** State **AL** Zip Code **35242-5803**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **SELF EMPLOYED** Occupation (for Individual) **SELF EMPLOYEED**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501228
 Amount of Each Receipt this Period **50.00**
 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	125.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 358 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MARKHAM, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3829 KINROSS DRIVE
 3829 KINROSS DRIVE

City BIRMINGHAM State AL Zip Code 35242-5803

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) SELF EMPLOYED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2016

Transaction ID : SA17.522723

Amount of Each Receipt this Period
 50.00

Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. MARLING, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 39110 LORIEN DRIVE

City STERLING HEIGHTS State MI Zip Code 48313-5738

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MARLING ASSOC INC Occupation (for Individual) CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2016

Transaction ID : SA17.498728

Amount of Each Receipt this Period
 100.00

Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. MARLING, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 39110 LORIEN DRIVE

City STERLING HEIGHTS State MI Zip Code 48313-5738

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MARLING ASSOC INC Occupation (for Individual) CEO

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 05 / 2016

Transaction ID : SA17.501338

Amount of Each Receipt this Period
 100.00

Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 359 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MARQUES, ANA MARIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 WASHINGTON ST.
 5-N
 City SAN JUAN State PR Zip Code 00907-1574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EDUCATIONAL CENTER FOR THE BLIND Occupation (for Individual) DIRECTOR
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 02 / 2016
Transaction ID : SA17.518479
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MARTIN, DON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 150 GESSNER #12A
 City HOUSTON State TX Zip Code 77024-6149
 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 ▼ 240.00

Date of Receipt 09 / 17 / 2016
Transaction ID : SA17.527996
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MARUSH, DEBBIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1570 BAY BLVD
 City ATLANTIC BEACH State NY Zip Code 11509-1606
 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 ▼ 300.00

Date of Receipt 08 / 29 / 2016
Transaction ID : SA17.514975
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	390.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 360 OF 700
<input 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 checked="" 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)
Committee to Defend the President

A. MARUSH, DEBBIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1570 BAY BLVD
 City ATLANTIC BEACH State NY Zip Code 11509-1606
 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 ▼ 300.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.523087
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MASETTI, PAOLO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 848 CARILLON CT
 City CREVE COEUR State MO Zip Code 63141-6316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IPC BJC ST LOUIS Occupation (for Individual) M.D.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498216
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MASETTI, PAOLO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 848 CARILLON CT
 City CREVE COEUR State MO Zip Code 63141-6316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IPC BJC ST LOUIS Occupation (for Individual) M.D.
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt **07 / 08 / 2016**
Transaction ID : SA17.498887
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 361 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MASETTI, PAOLO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 848 CARILLON CT
 City CREVE COEUR State MO Zip Code 63141-6316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IPC BJC ST LOUIS Occupation (for Individual) M.D.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt **07 / 10 / 2016**
Transaction ID : SA17.498899
 Amount of Each Receipt this Period 25.00
 Memo Item
CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MASETTI, PAOLO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 848 CARILLON CT
 City CREVE COEUR State MO Zip Code 63141-6316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IPC BJC ST LOUIS Occupation (for Individual) M.D.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt **07 / 17 / 2016**
Transaction ID : SA17.499312
 Amount of Each Receipt this Period 25.00
 Memo Item
CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MASETTI, PAOLO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 848 CARILLON CT
 City CREVE COEUR State MO Zip Code 63141-6316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IPC BJC ST LOUIS Occupation (for Individual) M.D.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt **07 / 17 / 2016**
Transaction ID : SA17.499313
 Amount of Each Receipt this Period 25.00
 Memo Item
CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 362 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MASETTI, PAOLO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 848 CARILLON CT
 City CREVE COEUR State MO Zip Code 63141-6316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IPC BJC ST LOUIS Occupation (for Individual) M.D.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt 08 / 18 / 2016
Transaction ID : SA17.501927
 Amount of Each Receipt this Period 25.00
 Memo Item
CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MASETTI, PAOLO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 848 CARILLON CT
 City CREVE COEUR State MO Zip Code 63141-6316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IPC BJC ST LOUIS Occupation (for Individual) M.D.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt 08 / 19 / 2016
Transaction ID : SA17.503920
 Amount of Each Receipt this Period 25.00
 Memo Item
CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MASETTI, PAOLO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 848 CARILLON CT
 City CREVE COEUR State MO Zip Code 63141-6316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IPC BJC ST LOUIS Occupation (for Individual) M.D.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt 09 / 28 / 2016
Transaction ID : SA17.532423
 Amount of Each Receipt this Period 25.00
 Memo Item
CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 363 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MASILKO, SARA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 210 CIRCLEHILLS DR.

City GRAND FORKS	State ND	Zip Code 58201-7921
---------------------	-------------	------------------------

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 ▼
378.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2016

Transaction ID : SA17.498619

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. MASILKO, SARA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 210 CIRCLEHILLS DR.

City GRAND FORKS	State ND	Zip Code 58201-7921
---------------------	-------------	------------------------

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 ▼
378.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

Transaction ID : SA17.501232

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. MASILKO, SARA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 210 CIRCLEHILLS DR.

City GRAND FORKS	State ND	Zip Code 58201-7921
---------------------	-------------	------------------------

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 ▼
378.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2016

Transaction ID : SA17.522729

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 364 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MASILKO, SARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 CIRCLEHILLS DR.
 City GRAND FORKS State ND Zip Code 58201-7921
 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 ▼ 378.00

Date of Receipt **09 / 24 / 2016**
Transaction ID : SA17.530703
 Amount of Each Receipt this Period 3.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MASTERS, JUNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1475 S 46TH AVE # 231
 City YUMA State AZ Zip Code 85364-4043
 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 ▼ 500.00

Date of Receipt **09 / 02 / 2016**
Transaction ID : SA17.518480
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MASTERS, JUNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1475 S 46TH AVE # 231
 City YUMA State AZ Zip Code 85364-4043
 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 ▼ 500.00

Date of Receipt **09 / 23 / 2016**
Transaction ID : SA17.530691
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	503.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 365 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MATULA, STEPHEN, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3713 S. GEORGE MASON DR.
 813W
 City FALLS CHURCH State VA Zip Code 22041-3761
 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 ▼ 300.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498217
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MATULA, STEPHEN, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3713 S. GEORGE MASON DR.
 813W
 City FALLS CHURCH State VA Zip Code 22041-3761
 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 ▼ 300.00

Date of Receipt **07 / 12 / 2016**
Transaction ID : SA17.499132
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MATULA, STEPHEN, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3713 S. GEORGE MASON DR.
 813W
 City FALLS CHURCH State VA Zip Code 22041-3761
 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 ▼ 300.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.500839
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 366 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MATULA, STEPHEN, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3713 S. GEORGE MASON DR.
 813W
 City FALLS CHURCH State VA Zip Code 22041-3761
 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 ▼ 300.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.521563
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MATZKA, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 LORWOOD DR.
 MI
 City SMITHS CREEK State MI Zip Code 48074-1528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DSL CASTING & FORGING INTERNATIONAL, I Occupation (for Individual) SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498508
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MATZKA, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 LORWOOD DR.
 MI
 City SMITHS CREEK State MI Zip Code 48074-1528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DSL CASTING & FORGING INTERNATIONAL, I Occupation (for Individual) SALES
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501135
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	105.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 367 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MATZKA, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 LORWOOD DR.
 MI
 City SMITHS CREEK State MI Zip Code 48074-1528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DSL CASTING & FORGING INTERNATIONAL, I Occupation (for Individual) SALES
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.522460
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MAYER, LOTHAR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7098 AYRSHIRE LANE
 City BOCA RATON State FL Zip Code 33496-1416
 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 ▼ 225.00

Date of Receipt **08 / 21 / 2016**
Transaction ID : SA17.507118
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MAYER, LOTHAR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7098 AYRSHIRE LANE
 City BOCA RATON State FL Zip Code 33496-1416
 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 ▼ 225.00

Date of Receipt **08 / 22 / 2016**
Transaction ID : SA17.508250
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶ 165.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 368 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MAYER, LOTHAR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7098 AYRSHIRE LANE
 City BOCA RATON State FL Zip Code 33496-1416
 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 ▼ 225.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.523089
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MCALLISTER, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 204 JULIEN PL
 City SPARTANBURG State SC Zip Code 29301-1233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SEALED AIR CORP Occupation (for Individual) R&D ENGINEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 435.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498218
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MCALLISTER, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 204 JULIEN PL
 City SPARTANBURG State SC Zip Code 29301-1233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SEALED AIR CORP Occupation (for Individual) R&D ENGINEER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 435.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498219
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 369 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MCALLISTER, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 204 JULIEN PL
 City SPARTANBURG State SC Zip Code 29301-1233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SEALED AIR CORP Occupation (for Individual) R&D ENGINEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 435.00

Date of Receipt 08 / 05 / 2016
Transaction ID : SA17.500840
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MCALLISTER, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 204 JULIEN PL
 City SPARTANBURG State SC Zip Code 29301-1233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SEALED AIR CORP Occupation (for Individual) R&D ENGINEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 435.00

Date of Receipt 08 / 05 / 2016
Transaction ID : SA17.500841
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MCALLISTER, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 204 JULIEN PL
 City SPARTANBURG State SC Zip Code 29301-1233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SEALED AIR CORP Occupation (for Individual) R&D ENGINEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 435.00

Date of Receipt 08 / 17 / 2016
Transaction ID : SA17.501913
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 370 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MCALLISTER, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 204 JULIEN PL
 City SPARTANBURG State SC Zip Code 29301-1233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SEALED AIR CORP Occupation (for Individual) R&D ENGINEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 435.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.521571
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MCALLISTER, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 204 JULIEN PL
 City SPARTANBURG State SC Zip Code 29301-1233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SEALED AIR CORP Occupation (for Individual) R&D ENGINEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 435.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.521572
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MCCAFFERY, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 COTTONWOOD WAY
 City ENGLEWOOD State CO Zip Code 80110-4577
 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 ▼ 500.00

Date of Receipt **08 / 24 / 2016**
Transaction ID : SA17.512388
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 371 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MCCANNA, KATHERINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 CALLE VISTA DEL SOL
 City SAN CLEMENTE State CA Zip Code 92673-6913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LTI AUTOMOTIVE Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 01 / 2016**
Transaction ID : SA17.517203
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MCCARTER, MARION, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 209 COUNTRY CLUB DR. B-2
 City WETUMPKA State AL Zip Code 36092-1009
 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 ▼ 300.00

Date of Receipt **08 / 19 / 2016**
Transaction ID : SA17.504539
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MCCARTER, MARION, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 209 COUNTRY CLUB DR. B-2
 City WETUMPKA State AL Zip Code 36092-1009
 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 ▼ 300.00

Date of Receipt **08 / 20 / 2016**
Transaction ID : SA17.506138
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	325.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 372 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MCCARTER, MARION, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 209 COUNTRY CLUB DR.
 B-2
 City WETUMPKA State AL Zip Code 36092-1009
 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 ▼ 300.00

Date of Receipt **08 / 20 / 2016**
Transaction ID : SA17.506139
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MCCARTER, MARION, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 209 COUNTRY CLUB DR.
 B-2
 City WETUMPKA State AL Zip Code 36092-1009
 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 ▼ 300.00

Date of Receipt **08 / 23 / 2016**
Transaction ID : SA17.510470
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MCCARTER, MARION, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 209 COUNTRY CLUB DR.
 B-2
 City WETUMPKA State AL Zip Code 36092-1009
 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 ▼ 300.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.522733
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 373 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MCCARTER, MARION, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 209 COUNTRY CLUB DR.
 B-2
 City WETUMPKA State AL Zip Code 36092-1009
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2016
Transaction ID : SA17.524427
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MCCARTER, MARION, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 209 COUNTRY CLUB DR.
 B-2
 City WETUMPKA State AL Zip Code 36092-1009
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2016
Transaction ID : SA17.524621
 Amount of Each Receipt this Period
 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MCCARTER, MARION, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 209 COUNTRY CLUB DR.
 B-2
 City WETUMPKA State AL Zip Code 36092-1009
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2016
Transaction ID : SA17.524622
 Amount of Each Receipt this Period
 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 374 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MCCARTER, MARION, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 209 COUNTRY CLUB DR.
 B-2
 City WETUMPKA State AL Zip Code 36092-1009
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2016
Transaction ID : SA17.531156
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MCCLELLAN, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8042 E JUAN TABO RD.
 City SCOTTSDALE State AZ Zip Code 85255-2846
 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 ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2016
Transaction ID : SA17.499164
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MCCLELLAN, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8042 E JUAN TABO RD.
 City SCOTTSDALE State AZ Zip Code 85255-2846
 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 ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 20 / 2016
Transaction ID : SA17.506140
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 375 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MCCLELLAN, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8042 E JUAN TABO RD.
 City SCOTTSDALE State AZ Zip Code 85255-2846
 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 ▼ 225.00

Date of Receipt **09 / 01 / 2016**
Transaction ID : SA17.516856
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MCCLOY, RITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5100 DUPONT BLVDDD 7A
 City FORT LAUDERDALE State FL Zip Code 33308-
 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 ▼ 500.00

Date of Receipt **08 / 26 / 2016**
Transaction ID : SA17.513561
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MCCLOY, RITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5100 DUPONT BLVDDD 7A
 City FORT LAUDERDALE State FL Zip Code 33308-
 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 ▼ 500.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.523205
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	525.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 376 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MCCUNE, BLAKE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3200 LA ROTONDA DRIVE
 103
 City RANCHO PALOS VERDE State CA Zip Code 90275-6161
 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 ▼ 225.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498224
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MCCUNE, BLAKE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3200 LA ROTONDA DRIVE
 103
 City RANCHO PALOS VERDE State CA Zip Code 90275-6161
 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 ▼ 225.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.500847
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MCCUNE, BLAKE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3200 LA ROTONDA DRIVE
 103
 City RANCHO PALOS VERDE State CA Zip Code 90275-6161
 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 ▼ 225.00

Date of Receipt **08 / 22 / 2016**
Transaction ID : SA17.507950
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 377 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MCCUNE, BLAKE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3200 LA ROTONDA DRIVE
 103
 City RANCHO PALOS VERDE State CA Zip Code 90275-6161
 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 ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2016
Transaction ID : SA17.521589
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MCCUNE, BLAKE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3200 LA ROTONDA DRIVE
 103
 City RANCHO PALOS VERDE State CA Zip Code 90275-6161
 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 ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2016
Transaction ID : SA17.524623
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MCDONALD, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8778 DUNBLANE COURT
 City TALLAHASSEE State FL Zip Code 32312-4061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MCDONALD & ASSOCIATES, P.C. Occupation (for Individual) CPA/ US TAX COURT BAR MEMBER #
 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
 08 / 29 / 2016
Transaction ID : SA17.515004
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 378 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MCDUFF, GLEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3240 ARIZONA AVE
 City LOS ALAMOS State NM Zip Code 87544-1518
 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 ▼ 240.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498509
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MCDUFF, GLEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3240 ARIZONA AVE
 City LOS ALAMOS State NM Zip Code 87544-1518
 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 ▼ 240.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501137
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MCDUFF, GLEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3240 ARIZONA AVE
 City LOS ALAMOS State NM Zip Code 87544-1518
 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 ▼ 240.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.522462
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	120.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 379 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MCGAHEY, FROST, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 81 NIKI
 City SILVER CITY State NM Zip Code 88061-4714
 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 **07 / 16 / 2016**
Transaction ID : SA17.499295
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MCGUIRE, MARTY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 S. GARNET BEND
 City SPRING State TX Zip Code 77382-2646
 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 ▼ 277.95

Date of Receipt **08 / 20 / 2016**
Transaction ID : SA17.506683
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MCGUIRE, MARTY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 S. GARNET BEND
 City SPRING State TX Zip Code 77382-2646
 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 ▼ 277.95

Date of Receipt **09 / 20 / 2016**
Transaction ID : SA17.528950
 Amount of Each Receipt this Period 27.95
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	527.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 380 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCKINNEY, ELIJAH, , ,

Mailing Address 5714 RANGELINE RD

City MOUNT VERNON	State OH	Zip Code 43050-9473
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HOWE INSURANCE SERVICES	Occupation (for Individual) INSURANCE BROKER
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2016

Transaction ID : SA17.498228

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCKINNEY, ELIJAH, , ,

Mailing Address 5714 RANGELINE RD

City MOUNT VERNON	State OH	Zip Code 43050-9473
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HOWE INSURANCE SERVICES	Occupation (for Individual) INSURANCE BROKER
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

Transaction ID : SA17.500851

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCKINNEY, ELIJAH, , ,

Mailing Address 5714 RANGELINE RD

City MOUNT VERNON	State OH	Zip Code 43050-9473
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HOWE INSURANCE SERVICES	Occupation (for Individual) INSURANCE BROKER
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2016

Transaction ID : SA17.507953

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 381 OF 700
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MCKINNEY, ELIJAH, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 05 / 2016 Transaction ID : SA17.520118
Mailing Address 5714 RANGELINE RD			Amount of Each Receipt this Period 10.00
City MOUNT VERNON	State OH	Zip Code 43050-9473	<input type="checkbox"/> Memo Item CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) HOWE INSURANCE SERVICES		Occupation (for Individual) INSURANCE BROKER	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MCKINNEY, ELIJAH, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 05 / 2016 Transaction ID : SA17.521602
Mailing Address 5714 RANGELINE RD			Amount of Each Receipt this Period 25.00
City MOUNT VERNON	State OH	Zip Code 43050-9473	<input type="checkbox"/> Memo Item CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) HOWE INSURANCE SERVICES		Occupation (for Individual) INSURANCE BROKER	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MCKINNEY, ELIJAH, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 05 / 2016 Transaction ID : SA17.521603
Mailing Address 5714 RANGELINE RD			Amount of Each Receipt this Period 25.00
City MOUNT VERNON	State OH	Zip Code 43050-9473	<input type="checkbox"/> Memo Item CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) HOWE INSURANCE SERVICES		Occupation (for Individual) INSURANCE BROKER	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 230.00		

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 382 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MCLEAN, ANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 DOVE CV
 City RICHMOND State VA Zip Code 23238-6113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MARK ANDREW MCLEAN Occupation (for Individual) MARK ANDREW MCLEAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **08 / 19 / 2016**
Transaction ID : SA17.504821
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MCLEAN, ANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 DOVE CV
 City RICHMOND State VA Zip Code 23238-6113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MARK ANDREW MCLEAN Occupation (for Individual) MARK ANDREW MCLEAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.523206
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MCLEOD, MARLENE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 177 ALACHUA
 City ALACHUA State FL Zip Code 32615-
 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 ▼ 225.00

Date of Receipt **08 / 19 / 2016**
Transaction ID : SA17.504754
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 383 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MCLEOD, MARLENE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 177 ALACHUA
 City ALACHUA State FL Zip Code 32615-
 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 ▼ 225.00

Date of Receipt **08 / 19 / 2016**
Transaction ID : SA17.504755
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MCLEOD, MARLENE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 177 ALACHUA
 City ALACHUA State FL Zip Code 32615-
 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 ▼ 225.00

Date of Receipt **09 / 29 / 2016**
Transaction ID : SA17.533190
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MCMANUS, JIM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 88 CHESTNUT ST
 City WESTON State MA Zip Code 02493-1533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) COMM. REAL ESTATE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1760.90

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498620
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	175.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 384 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MCMANUS, JIM, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 88 CHESTNUT ST

City WESTON	State MA	Zip Code 02493-1533
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) COMM. REAL ESTATE
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1760.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2016

Transaction ID : SA17.498621

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. MCMANUS, JIM, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 88 CHESTNUT ST

City WESTON	State MA	Zip Code 02493-1533
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) COMM. REAL ESTATE
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1760.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2016

Transaction ID : SA17.499886

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. MCMANUS, JIM, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 88 CHESTNUT ST

City WESTON	State MA	Zip Code 02493-1533
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) COMM. REAL ESTATE
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1760.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

Transaction ID : SA17.501235

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	1100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 385 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MCMANUS, JIM, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 88 CHESTNUT ST

City WESTON	State MA	Zip Code 02493-1533
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) COMM. REAL ESTATE
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1760.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	05	/	2016

Transaction ID : SA17.501236

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. MCMANUS, JIM, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 88 CHESTNUT ST

City WESTON	State MA	Zip Code 02493-1533
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) COMM. REAL ESTATE
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1760.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2016

Transaction ID : SA17.522739

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. MCMANUS, JIM, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 88 CHESTNUT ST

City WESTON	State MA	Zip Code 02493-1533
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) COMM. REAL ESTATE
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1760.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2016

Transaction ID : SA17.522740

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 386 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MCMANUS, JIM, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 88 CHESTNUT ST

City WESTON	State MA	Zip Code 02493-1533
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) COMM. REAL ESTATE
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1760.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2016

Transaction ID : SA17.523094

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. MCMANUS, JIM, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 88 CHESTNUT ST

City WESTON	State MA	Zip Code 02493-1533
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) COMM. REAL ESTATE
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1760.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2016

Transaction ID : SA17.530631

Amount of Each Receipt this Period
27.95

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. MCMANUS, JIM, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 88 CHESTNUT ST

City WESTON	State MA	Zip Code 02493-1533
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) COMM. REAL ESTATE
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1760.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2016

Transaction ID : SA17.530656

Amount of Each Receipt this Period
47.95

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	175.90
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 387 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MCMILLAN, SHAWN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4955 VIA LAPIZ
 City SAN DIEGO State CA Zip Code 92122-3910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **08 / 23 / 2016**
Transaction ID : SA17.511518
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MCNECE, GREGORY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2225 ANZA AVE
 City DAVIS State CA Zip Code 95616-0447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DAVISVILLE PROPERTIES INC. Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.523231
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MCNEFF, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 617 PIERCE STREET
 City ANOKA State MN Zip Code 55303-1601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SARTEC CORPORATION Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 26 / 2016**
Transaction ID : SA17.531340
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 388 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCPARTLIN, JOANNA, , ,

Mailing Address 1685 E 1650 N

City HEBER CITY	State UT	Zip Code 84032-3441
--------------------	-------------	------------------------

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 ▼
227.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2016

Transaction ID : SA17.513066

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCPARTLIN, JOANNA, , ,

Mailing Address 1685 E 1650 N

City HEBER CITY	State UT	Zip Code 84032-3441
--------------------	-------------	------------------------

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 ▼
227.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2016

Transaction ID : SA17.528446

Amount of Each Receipt this Period
27.95

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCPARTLIN, JOANNA, , ,

Mailing Address 1685 E 1650 N

City HEBER CITY	State UT	Zip Code 84032-3441
--------------------	-------------	------------------------

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 ▼
227.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2016

Transaction ID : SA17.530416

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	227.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 389 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCPHERSON, WARREN, , ,

Mailing Address 12718 NORTHUP WAY

City BELLEVUE	State WA	Zip Code 98005-1948
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) VETCO	Occupation (for Individual) SALES
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2016

Transaction ID : SA17.498623

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCPHERSON, WARREN, , ,

Mailing Address 12718 NORTHUP WAY

City BELLEVUE	State WA	Zip Code 98005-1948
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) VETCO	Occupation (for Individual) SALES
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

Transaction ID : SA17.501239

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCPHERSON, WARREN, , ,

Mailing Address 12718 NORTHUP WAY

City BELLEVUE	State WA	Zip Code 98005-1948
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) VETCO	Occupation (for Individual) SALES
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2016

Transaction ID : SA17.522743

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 390 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MEANS, JERRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1482

City GILLETTE	State WY	Zip Code 82717-1482
------------------	-------------	------------------------

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 ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 23 / 2016

Transaction ID : SA17.511519

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. MEANS, JERRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1482

City GILLETTE	State WY	Zip Code 82717-1482
------------------	-------------	------------------------

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 ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2016

Transaction ID : SA17.523207

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. MEINE, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16534 W. SANDIA PARK BL

City SURPRISE	State AZ	Zip Code 85374-6293
------------------	-------------	------------------------

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 ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2016

Transaction ID : SA17.498230

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	525.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 391 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MEINE, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16534 W. SANDIA PARK BL
 City SURPRISE State AZ Zip Code 85374-6293
 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 ▼ 350.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.500854
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MEINE, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16534 W. SANDIA PARK BL
 City SURPRISE State AZ Zip Code 85374-6293
 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 ▼ 350.00

Date of Receipt **08 / 26 / 2016**
Transaction ID : SA17.513562
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MEINE, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16534 W. SANDIA PARK BL
 City SURPRISE State AZ Zip Code 85374-6293
 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 ▼ 350.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.521617
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 392 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MENARD, NANCY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1522 OAK FOREST DRIVE
 City GRAHAM State TX Zip Code 76450-4510
 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 ▼ 1000.00

Date of Receipt **08 / 21 / 2016**
Transaction ID : SA17.507294
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MENCKE, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 170 HARKINS RD.
 City WINLOCK State WA Zip Code 98596-9304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) AQUACULTURE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 01 / 2016**
Transaction ID : SA17.517204
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MENDIOLA JR, RUBEN A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 566300
 City MIAMI State FL Zip Code 33256-6300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DEALERNFA, INC Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 08 / 2016**
Transaction ID : SA17.498892
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 393 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MEREDITH, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 77
 City BENNINGTON State OK Zip Code 74723-0077
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) PH.D. THERAPIST
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00

Date of Receipt **09 / 12 / 2016**
Transaction ID : SA17.525366
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MEREDITH, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 77
 City BENNINGTON State OK Zip Code 74723-0077
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) PH.D. THERAPIST
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00

Date of Receipt **09 / 22 / 2016**
Transaction ID : SA17.530417
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MEREDITH, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 77
 City BENNINGTON State OK Zip Code 74723-0077
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) PH.D. THERAPIST
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00

Date of Receipt **09 / 29 / 2016**
Transaction ID : SA17.533398
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 394 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MERTZ, DORIS E., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15541 QUEENSFERRY
 City FORT MYERS State FL Zip Code 33912-4004
 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 ▼ 350.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498626
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MERTZ, DORIS E., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15541 QUEENSFERRY
 City FORT MYERS State FL Zip Code 33912-4004
 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 ▼ 350.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501241
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MERTZ, DORIS E., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15541 QUEENSFERRY
 City FORT MYERS State FL Zip Code 33912-4004
 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 ▼ 350.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.522749
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 395 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MES, LOUIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 917 COOLIDGE BOULEVARD

City LAFAYETTE	State LA	Zip Code 70503-2433
-------------------	-------------	------------------------

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 M / D D D / Y Y Y Y Y Y
 08 / 20 / 2016

Transaction ID : SA17.506637

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. MES, LOUIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 917 COOLIDGE BOULEVARD

City LAFAYETTE	State LA	Zip Code 70503-2433
-------------------	-------------	------------------------

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 M / D D D / Y Y Y Y Y Y
 09 / 22 / 2016

Transaction ID : SA17.530418

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. METTAUER, MARISSA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 SOUTH GARY GKEN CIRCLE

City SPRING	State TX	Zip Code 77382-2625
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) N/A	Occupation (for Individual) HOUSEWIFE
--	--

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
 08 / 22 / 2016

Transaction ID : SA17.508273

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 396 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MEYER, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5519 PONDEROSA DR
 City PARKER State CO Zip Code 80134-5747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) SALES ENGINEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 28 / 2016**
Transaction ID : SA17.499620
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MICHAEL, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3406 MARYWOOD DR.
 City SPRING State TX Zip Code 77388-5176
 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 ▼ 550.00

Date of Receipt **07 / 06 / 2016**
Transaction ID : SA17.498847
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MICHAEL, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3406 MARYWOOD DR.
 City SPRING State TX Zip Code 77388-5176
 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 ▼ 550.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501242
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 397 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MICHAEL, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3406 MARYWOOD DR.
 City SPRING State TX Zip Code 77388-5176
 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 ▼ 550.00

Date of Receipt 08 / 11 / 2016
Transaction ID : SA17.501647
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MICHAEL, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3406 MARYWOOD DR.
 City SPRING State TX Zip Code 77388-5176
 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 ▼ 550.00

Date of Receipt 08 / 23 / 2016
Transaction ID : SA17.511201
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MICHAEL, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3406 MARYWOOD DR.
 City SPRING State TX Zip Code 77388-5176
 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 ▼ 550.00

Date of Receipt 08 / 30 / 2016
Transaction ID : SA17.515691
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 398 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MICHAEL, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3406 MARYWOOD DR.
 City SPRING State TX Zip Code 77388-5176
 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 ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2016
Transaction ID : SA17.517099
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MILLER, ANNE C., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 E 75 ST 7A
 City NEW YORK State NY Zip Code 10021-2762
 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 ▼ 2350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 19 / 2016
Transaction ID : SA17.504756
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MILLER, ANNE C., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 E 75 ST 7A
 City NEW YORK State NY Zip Code 10021-2762
 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 ▼ 2350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 19 / 2016
Transaction ID : SA17.504757
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 399 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MILLER, ANNE C., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 E 75 ST
 7A
 City NEW YORK State NY Zip Code 10021-2762
 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 ▼ 2350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 19 / 2016
Transaction ID : SA17.504758
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MILLER, ANNE C., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 E 75 ST
 7A
 City NEW YORK State NY Zip Code 10021-2762
 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 ▼ 2350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2016
Transaction ID : SA17.515005
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MILLER, ANNE C., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 E 75 ST
 7A
 City NEW YORK State NY Zip Code 10021-2762
 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 ▼ 2350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : SA17.527101
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	700.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 400 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MILLER, ANNE C., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 E 75 ST
 7A
 City NEW YORK State NY Zip Code 10021-2762
 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 ▼ 2350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : SA17.527102
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MILLER, ANNE C., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 E 75 ST
 7A
 City NEW YORK State NY Zip Code 10021-2762
 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 ▼ 2350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : SA17.527103
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MILLER, ANNE C., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 E 75 ST
 7A
 City NEW YORK State NY Zip Code 10021-2762
 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 ▼ 2350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : SA17.527120
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 401 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MILLER, GREGORY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4229 GREENBRIER DRIVE
 City DALLAS State TX Zip Code 75225-6638
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HENRY S. MILLER COMPANY Occupation (for Individual) REAL ESTATE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 09 / 27 / 2016
Transaction ID : SA17.532134
 Amount of Each Receipt this Period 2500.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MILLS, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8253 PARKSIDE DRIE 4W
 City SAINT LOUIS State MO Zip Code 63105-1656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MILLS PROPERTIES Occupation (for Individual) REAL ESTATE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00

Date of Receipt 09 / 16 / 2016
Transaction ID : SA17.527382
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MILLS, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8253 PARKSIDE DRIE 4W
 City SAINT LOUIS State MO Zip Code 63105-1656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MILLS PROPERTIES Occupation (for Individual) REAL ESTATE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00

Date of Receipt 09 / 19 / 2016
Transaction ID : SA17.528631
 Amount of Each Receipt this Period 200.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	2950.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 402 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MILLS, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8253 PARKSIDE DRIE
 4W
 City SAINT LOUIS State MO Zip Code 63105-1656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MILLS PROPERTIES Occupation (for Individual) REAL ESTATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt **09 / 21 / 2016**
Transaction ID : SA17.529809
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MIRANDA, LINDA C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 228 FORREST HILLS DRIVE
 City DALLAS State GA Zip Code 30157-9705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WILLIAMS-RUSSELL JOHNSON INC Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **08 / 20 / 2016**
Transaction ID : SA17.506684
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MITSCH, MARILYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 CHARLEY LAKE COURT
 City SAINT PAUL State MN Zip Code 55127-6219
 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 ▼ 615.00

Date of Receipt **07 / 16 / 2016**
Transaction ID : SA17.499285
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	390.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 403 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MITSCH, MARILYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 CHARLEY LAKE COURT
 City SAINT PAUL State MN Zip Code 55127-6219
 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 ▼ 615.00

Date of Receipt 08 / 19 / 2016
Transaction ID : SA17.503986
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MITSCH, MARILYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 CHARLEY LAKE COURT
 City SAINT PAUL State MN Zip Code 55127-6219
 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 ▼ 615.00

Date of Receipt 08 / 19 / 2016
Transaction ID : SA17.503987
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MITSCH, MARILYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 CHARLEY LAKE COURT
 City SAINT PAUL State MN Zip Code 55127-6219
 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 ▼ 615.00

Date of Receipt 08 / 19 / 2016
Transaction ID : SA17.504546
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 404 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MITSCH, MARILYN, , ,

Mailing Address 4 CHARLEY LAKE COURT

City SAINT PAUL	State MN	Zip Code 55127-6219
--------------------	-------------	------------------------

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 ▼
615.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2016

Transaction ID : SA17.512364

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MITSCH, MARILYN, , ,

Mailing Address 4 CHARLEY LAKE COURT

City SAINT PAUL	State MN	Zip Code 55127-6219
--------------------	-------------	------------------------

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 ▼
615.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2016

Transaction ID : SA17.523411

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MITSCH, MARILYN, , ,

Mailing Address 4 CHARLEY LAKE COURT

City SAINT PAUL	State MN	Zip Code 55127-6219
--------------------	-------------	------------------------

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 ▼
615.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2016

Transaction ID : SA17.523723

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 405 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MITSCH, MARILYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 CHARLEY LAKE COURT

City SAINT PAUL	State MN	Zip Code 55127-6219
--------------------	-------------	------------------------

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 ▼
615.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016

Transaction ID : SA17.526835

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. MITSCH, MARILYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 CHARLEY LAKE COURT

City SAINT PAUL	State MN	Zip Code 55127-6219
--------------------	-------------	------------------------

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 ▼
615.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2016

Transaction ID : SA17.527316

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. MITSCH, MARILYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 CHARLEY LAKE COURT

City SAINT PAUL	State MN	Zip Code 55127-6219
--------------------	-------------	------------------------

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 ▼
615.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016

Transaction ID : SA17.534218

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 406 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MOFFETT, DR. TONY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2510 MILLER WOODS CT
 City VALRICO State FL Zip Code 33594-3819
 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 **08 / 23 / 2016**
Transaction ID : SA17.511520
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MOFFETT, DR. TONY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2510 MILLER WOODS CT
 City VALRICO State FL Zip Code 33594-3819
 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 **09 / 17 / 2016**
Transaction ID : SA17.528095
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MOFFETT, DR. TONY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2510 MILLER WOODS CT
 City VALRICO State FL Zip Code 33594-3819
 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 **09 / 29 / 2016**
Transaction ID : SA17.533399
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 407 OF 700
<input 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 checked="" 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)
Committee to Defend the President

A. MOORE, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1136 E FRONT ST
 City LYNDEN State WA Zip Code 98264-1655
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) REST MGMNT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498511
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MOORE, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1136 E FRONT ST
 City LYNDEN State WA Zip Code 98264-1655
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) REST MGMNT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501138
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MOORE, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1136 E FRONT ST
 City LYNDEN State WA Zip Code 98264-1655
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) REST MGMNT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.522463
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	120.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 408 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MOORE, TERRY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 305 MONARC COVE

City CEDAR PARK	State TX	Zip Code 78613-2106
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MOORE AND ASSOC.	Occupation (for Individual) SELF
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
243.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		11		2016

Transaction ID : SA17.498991

Amount of Each Receipt this Period

15.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. MOORE, TERRY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 305 MONARC COVE

City CEDAR PARK	State TX	Zip Code 78613-2106
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MOORE AND ASSOC.	Occupation (for Individual) SELF
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
243.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2016

Transaction ID : SA17.501485

Amount of Each Receipt this Period

20.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. MOORE, TERRY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 305 MONARC COVE

City CEDAR PARK	State TX	Zip Code 78613-2106
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MOORE AND ASSOC.	Occupation (for Individual) SELF
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
243.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2016

Transaction ID : SA17.501486

Amount of Each Receipt this Period

20.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	55.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 409 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MOORE, TERRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 305 MONARC COVE

City CEDAR PARK	State TX	Zip Code 78613-2106
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MOORE AND ASSOC.	Occupation (for Individual) SELF
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
243.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 21 / 2016
Transaction ID : SA17.506846

Amount of Each Receipt this Period
 5.00

Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. MOORE, TERRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 305 MONARC COVE

City CEDAR PARK	State TX	Zip Code 78613-2106
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MOORE AND ASSOC.	Occupation (for Individual) SELF
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
243.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 23 / 2016
Transaction ID : SA17.508682

Amount of Each Receipt this Period
 3.00

Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. MOORE, TERRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 305 MONARC COVE

City CEDAR PARK	State TX	Zip Code 78613-2106
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MOORE AND ASSOC.	Occupation (for Individual) SELF
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
243.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2016
Transaction ID : SA17.516512

Amount of Each Receipt this Period
 10.00

Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	18.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 410 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MOORE, TERRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 305 MONARC COVE
 City CEDAR PARK State TX Zip Code 78613-2106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MOORE AND ASSOC. Occupation (for Individual) SELF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA17.534223
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MORRIS, DEBORAH, A., MRS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 146 MCDOUGALL ROAD
 City ARGYLE State NY Zip Code 12809-3435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ESSITY Occupation (for Individual) PROG MGR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.90

Date of Receipt 08 / 19 / 2016
Transaction ID : SA17.504396
 Amount of Each Receipt this Period 30.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MORRIS, DEBORAH, A., MRS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 146 MCDOUGALL ROAD
 City ARGYLE State NY Zip Code 12809-3435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ESSITY Occupation (for Individual) PROG MGR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 315.90

Date of Receipt 08 / 29 / 2016
Transaction ID : SA17.514899
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	105.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 411 OF 700
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MORRIS, DEBORAH, A., MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 146 MCDOUGALL ROAD

City ARGYLE	State NY	Zip Code 12809-3435
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ESSITY	Occupation (for Individual) PROG MGR
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2016

Transaction ID : SA17.515652

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. MORRIS, DEBORAH, A., MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 146 MCDOUGALL ROAD

City ARGYLE	State NY	Zip Code 12809-3435
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ESSITY	Occupation (for Individual) PROG MGR
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2016

Transaction ID : SA17.522390

Amount of Each Receipt this Period
30.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. MORRIS, DEBORAH, A., MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 146 MCDOUGALL ROAD

City ARGYLE	State NY	Zip Code 12809-3435
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ESSITY	Occupation (for Individual) PROG MGR
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
315.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2016

Transaction ID : SA17.525797

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	105.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 412 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MORRIS, DEBORAH, A., MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 146 MCDOUGALL ROAD

City ARGYLE	State NY	Zip Code 12809-3435
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ESSITY	Occupation (for Individual) PROG MGR
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2016

Transaction ID : SA17.529234

Amount of Each Receipt this Period
57.95

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. MORRIS, DEBORAH, A., MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 146 MCDOUGALL ROAD

City ARGYLE	State NY	Zip Code 12809-3435
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ESSITY	Occupation (for Individual) PROG MGR
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Transaction ID : SA17.530244

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. MORRIS, DEBORAH, A., MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 146 MCDOUGALL ROAD

City ARGYLE	State NY	Zip Code 12809-3435
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ESSITY	Occupation (for Individual) PROG MGR
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
315.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2016

Transaction ID : SA17.531298

Amount of Each Receipt this Period
47.95

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	130.90
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 413 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MOSLEY, PAUL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13318 WEST BRAZOS BEND DR.

City NEEDVILLE	State TX	Zip Code 77461-9523
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FORT BEND CPOUNTY.	Occupation (for Individual) LAW ENFORCEMENT
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2016

Transaction ID : SA17.498248

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. MOSLEY, PAUL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13318 WEST BRAZOS BEND DR.

City NEEDVILLE	State TX	Zip Code 77461-9523
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FORT BEND CPOUNTY.	Occupation (for Individual) LAW ENFORCEMENT
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

Transaction ID : SA17.500871

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. MOSLEY, PAUL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13318 WEST BRAZOS BEND DR.

City NEEDVILLE	State TX	Zip Code 77461-9523
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FORT BEND CPOUNTY.	Occupation (for Individual) LAW ENFORCEMENT
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2016

Transaction ID : SA17.521687

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 414 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MOTE, JUANITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address POBOX 636

City ALTO	State NM	Zip Code 88312-0636
--------------	-------------	------------------------

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 ▼
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2016
Transaction ID : SA17.498755

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. MOTE, JUANITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address POBOX 636

City ALTO	State NM	Zip Code 88312-0636
--------------	-------------	------------------------

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 ▼
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 05 / 2016
Transaction ID : SA17.501368

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. MOTE, JUANITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address POBOX 636

City ALTO	State NM	Zip Code 88312-0636
--------------	-------------	------------------------

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 ▼
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2016
Transaction ID : SA17.523208

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 415 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MUELLER, THOMAS, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1300 WEST MAIN STREET

City LOUISVILLE	State KY	Zip Code 40203-1436
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) CONSTRUCTION
---	---

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
08	/	29	/	2016

Transaction ID : SA17.515001

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. MUELLER, THOMAS, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1300 WEST MAIN STREET

City LOUISVILLE	State KY	Zip Code 40203-1436
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) CONSTRUCTION
---	---

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
09	/	05	/	2016

Transaction ID : SA17.523209

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. MUKHITDINOV, ASKAR, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 845 UNITED NATIONS PLZ APT 9D
9D

City NEW YORK	State NY	Zip Code 10017-3522
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CURTIS, MALLET-PREVOST, COLT & MOSLE L	Occupation (for Individual) ATTORNEY AT LAW
---	--

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
08	/	23	/	2016

Transaction ID : SA17.511521

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 416 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MURPHY, NANCY, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105 BRANTWOOD DR.
 City ELKTON State MD Zip Code 21921-8348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LICENSED ARTIST Occupation (for Individual) SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498254
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MURPHY, NANCY, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105 BRANTWOOD DR.
 City ELKTON State MD Zip Code 21921-8348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LICENSED ARTIST Occupation (for Individual) SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.500874
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MURPHY, NANCY, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105 BRANTWOOD DR.
 City ELKTON State MD Zip Code 21921-8348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LICENSED ARTIST Occupation (for Individual) SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.521698
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 417 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MYERS, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 124 SUWANEE ROAD
 City MOULTRIE State GA Zip Code 31788-7059
 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 ▼ 270.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.497710
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MYERS, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 124 SUWANEE ROAD
 City MOULTRIE State GA Zip Code 31788-7059
 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 ▼ 270.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.500345
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MYERS, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 124 SUWANEE ROAD
 City MOULTRIE State GA Zip Code 31788-7059
 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 ▼ 270.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501340
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	120.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 418 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MYERS, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 124 SUWANEE ROAD
 City MOULTRIE State GA Zip Code 31788-7059
 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 ▼ 270.00

Date of Receipt 09 / 05 / 2016
Transaction ID : SA17.520148
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MYERS, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 124 SUWANEE ROAD
 City MOULTRIE State GA Zip Code 31788-7059
 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 ▼ 270.00

Date of Receipt 09 / 05 / 2016
Transaction ID : SA17.523102
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. NAEGELE, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4300 BAKER RD.
 City HOPKINS State MN Zip Code 55343-8600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) RESTAURANTS/REALESTATE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 397.95

Date of Receipt 09 / 19 / 2016
Transaction ID : SA17.528599
 Amount of Each Receipt this Period 47.95
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	157.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 419 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. NICHOLS, JULIA DIANE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7265 CRYSTAL LAKE DRIVE
 City WEST PALM BEACH State FL Zip Code 33411-5713
 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 ▼ 220.00

Date of Receipt 08 / 10 / 2016
Transaction ID : SA17.501520
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. NICHOLS, JULIA DIANE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7265 CRYSTAL LAKE DRIVE
 City WEST PALM BEACH State FL Zip Code 33411-5713
 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 ▼ 220.00

Date of Receipt 08 / 19 / 2016
Transaction ID : SA17.503200
 Amount of Each Receipt this Period 15.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. NICHOLS, JULIA DIANE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7265 CRYSTAL LAKE DRIVE
 City WEST PALM BEACH State FL Zip Code 33411-5713
 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 ▼ 220.00

Date of Receipt 08 / 30 / 2016
Transaction ID : SA17.515303
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 420 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. NICKERSON, JAY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 66 BICKFORD AVENUE
 City REVERE State MA Zip Code 02151-1723
 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 ▼ 500.00

Date of Receipt **08 / 23 / 2016**
Transaction ID : SA17.511522
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. NICKERSON, JAY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 66 BICKFORD AVENUE
 City REVERE State MA Zip Code 02151-1723
 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 ▼ 500.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.523210
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. NICKSON, ROWENA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 802 W MAIN ST
 City CROSBYTON State TX Zip Code 79322-2117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) COVENANT HEALTH SYSTEM Occupation (for Individual) NURSE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498730
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 421 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. NICKSON, ROWENA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 802 W MAIN ST
 City CROSBYTON State TX Zip Code 79322-2117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) COVENANT HEALTH SYSTEM Occupation (for Individual) NURSE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501341
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. NICKSON, ROWENA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 802 W MAIN ST
 City CROSBYTON State TX Zip Code 79322-2117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) COVENANT HEALTH SYSTEM Occupation (for Individual) NURSE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.523106
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. NICOLL, SHARON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 341 KINGSTON AVE.
 City MARTINEZ State CA Zip Code 94553-4015
 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 ▼ 350.00

Date of Receipt **09 / 01 / 2016**
Transaction ID : SA17.517102
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 422 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. NOBLE, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5990 PINKSTAFF LANE
 City BEAUMONT State TX Zip Code 77706-2511
 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 ▼ 575.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498731
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. NOBLE, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5990 PINKSTAFF LANE
 City BEAUMONT State TX Zip Code 77706-2511
 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 ▼ 575.00

Date of Receipt **08 / 01 / 2016**
Transaction ID : SA17.499879
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. NOBLE, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5990 PINKSTAFF LANE
 City BEAUMONT State TX Zip Code 77706-2511
 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 ▼ 575.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501342
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 423 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. NOBLE, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5990 PINKSTAFF LANE
 City BEAUMONT State TX Zip Code 77706-2511
 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 ▼ 575.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.523107
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. NOONKESTER, KEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1305 B GOVERNOR CT
 City ABINGDON State MD Zip Code 21009-2345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BRITESTAR BUSINESS Occupation (for Individual) SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **08 / 23 / 2016**
Transaction ID : SA17.511523
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. NOONKESTER, KEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1305 B GOVERNOR CT
 City ABINGDON State MD Zip Code 21009-2345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BRITESTAR BUSINESS Occupation (for Individual) SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.523211
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 424 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. NORMAN, VERA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 250 MINIRCA BEACH WAY # 802
 City NEW SMYRNA BEACH State FL Zip Code 32169-6052
 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 **09 / 30 / 2016**
Transaction ID : SA17.534515
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. NORRIS, LARRY NORRIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5268MILLBRANCHR D
 City GROVETOWN State GA Zip Code 30813-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELFEMPLOYED Occupation (for Individual) SELFEMPLOYEDCLEARING GRADIN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498631
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. NORRIS, LARRY NORRIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5268MILLBRANCHR D
 City GROVETOWN State GA Zip Code 30813-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELFEMPLOYED Occupation (for Individual) SELFEMPLOYEDCLEARING GRADIN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498632
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 425 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. NORRIS, LARRY NORRIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5268MILLBRANCHR
 City GROVETOWN State GA Zip Code 30813-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELFEMPLOYED Occupation (for Individual) SELFEMPLOYEDCLEARING GRADIN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt **08 / 29 / 2016**
Transaction ID : SA17.514981
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. NORRIS, LARRY NORRIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5268MILLBRANCHR
 City GROVETOWN State GA Zip Code 30813-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELFEMPLOYED Occupation (for Individual) SELFEMPLOYEDCLEARING GRADIN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.523108
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. NUNEZ, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8308 CALERA DR.
 City AUSTIN State TX Zip Code 78735-1567
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PLATINUM PIPE RENTALS Occupation (for Individual) PARTNER/ PRES.
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt **08 / 23 / 2016**
Transaction ID : SA17.511524
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 426 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. NUNEZ, LARRY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8308 CALERA DR.

City AUSTIN	State TX	Zip Code 78735-1567
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PLATINUM PIPE RENTALS	Occupation (for Individual) PARTNER/ PRES.
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : SA17.518467

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. NUNEZ, LARRY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8308 CALERA DR.

City AUSTIN	State TX	Zip Code 78735-1567
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PLATINUM PIPE RENTALS	Occupation (for Individual) PARTNER/ PRES.
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2016

Transaction ID : SA17.523212

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. O'BRIEN, ROSANNE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 RIVO ALTO CANAL

City LONG BEACH	State CA	Zip Code 90803-4036
--------------------	-------------	------------------------

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2016

Transaction ID : SA17.506690

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	850.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 427 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. OBRIEN, JOE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3025 SW2 AVE
 City FORT LAUDERDALE State FL Zip Code 33315-
 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 **09 / 03 / 2016**
Transaction ID : SA17.518768
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. OLSON, BEVERLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 IDLE HOUR DRIVE
 City MACON State GA Zip Code 31210-4702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 1842 INN Occupation (for Individual) BED AND BREAKFAST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **08 / 19 / 2016**
Transaction ID : SA17.504837
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. ORDINARIO, EVANGELINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 406 ORLEANS DR
 City SOUTHLAKE State TX Zip Code 76092-1128
 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 **08 / 23 / 2016**
Transaction ID : SA17.511525
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 428 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. ORWIG SR., BURT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2227 SCOTCH VALLEY RD
 City HOLLIDAYSBURG State PA Zip Code 16648-7134
 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 ▼ 600.00

Date of Receipt 09 / 22 / 2016
Transaction ID : SA17.530432
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. ORWIG SR., BURT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2227 SCOTCH VALLEY RD
 City HOLLIDAYSBURG State PA Zip Code 16648-7134
 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 ▼ 600.00

Date of Receipt 09 / 29 / 2016
Transaction ID : SA17.533412
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. PALMER, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 176 GARDNERVILLE ROAD
 City NEW HAMPTON State NY Zip Code 10958-4403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DIRECTOR OF FINANCE Occupation (for Individual) L.P. TRANSPORTATION, INC.
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 26 / 2016
Transaction ID : SA17.497188
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 429 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. PARK, ELITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3318 PTARMIGAN DR.
 3B
 City WALNUT CREEK State CA Zip Code 94595-3172
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 19 / 2016
Transaction ID : SA17.504765
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. PARK, ELITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3318 PTARMIGAN DR.
 3B
 City WALNUT CREEK State CA Zip Code 94595-3172
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : SA17.534494
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. PARK, ELITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3318 PTARMIGAN DR.
 3B
 City WALNUT CREEK State CA Zip Code 94595-3172
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : SA17.534495
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 430 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. PARKS, ANNETTE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2125 1ST AVENUE
 2603
 City SEATTLE State WA Zip Code 98121-2173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) REAL ESTATE INVESTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **08 / 19 / 2016**
Transaction ID : SA17.504838
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. PARMENTER, RONALD, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 328
 City ODESSA State NY Zip Code 14869-0328
 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 **07 / 05 / 2016**
Transaction ID : SA17.498282
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. PARMENTER, RONALD, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 328
 City ODESSA State NY Zip Code 14869-0328
 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 **07 / 13 / 2016**
Transaction ID : SA17.499167
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	1050.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 431 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. PARMENTER, RONALD, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 328

City ODESSA	State NY	Zip Code 14869-0328
----------------	-------------	------------------------

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 M / D D D / Y Y Y Y Y Y
 08 / 05 / 2016

Transaction ID : SA17.500902

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. PARMENTER, RONALD, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 328

City ODESSA	State NY	Zip Code 14869-0328
----------------	-------------	------------------------

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 M / D D D / Y Y Y Y Y Y
 09 / 04 / 2016

Transaction ID : SA17.518889

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. PARMENTER, RONALD, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 328

City ODESSA	State NY	Zip Code 14869-0328
----------------	-------------	------------------------

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 M / D D D / Y Y Y Y Y Y
 09 / 05 / 2016

Transaction ID : SA17.521777

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 432 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. PARMENTER, RONALD, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 328
 City ODESSA State NY Zip Code 14869-0328
 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 **09 / 20 / 2016**
Transaction ID : SA17.529237
 Amount of Each Receipt this Period 75.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. PASLEY, BARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1530 LEONARD RD.
 City SHREVEPORT State LA Zip Code 71115-8574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IMAP Occupation (for Individual) INSURANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.497726
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. PASLEY, BARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1530 LEONARD RD.
 City SHREVEPORT State LA Zip Code 71115-8574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IMAP Occupation (for Individual) INSURANCE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.500365
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	95.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 433 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. PASLEY, BARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1530 LEONARD RD.
 City SHREVEPORT State LA Zip Code 71115-8574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IMAP Occupation (for Individual) INSURANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 08 / 05 / 2016
Transaction ID : SA17.501140
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. PASLEY, BARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1530 LEONARD RD.
 City SHREVEPORT State LA Zip Code 71115-8574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IMAP Occupation (for Individual) INSURANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 01 / 2016
Transaction ID : SA17.517173
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. PASLEY, BARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1530 LEONARD RD.
 City SHREVEPORT State LA Zip Code 71115-8574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IMAP Occupation (for Individual) INSURANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 05 / 2016
Transaction ID : SA17.520182
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 434 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. PASLEY, BARRY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1530 LEONARD RD.

City SHREVEPORT	State LA	Zip Code 71115-8574
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) IMAP	Occupation (for Individual) INSURANCE
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2016

Transaction ID : SA17.522465

Amount of Each Receipt this Period
40.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. PEEBLES, ROBERT, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5297 N. GILA TR. DR.

City ELOY	State AZ	Zip Code 85131-8030
--------------	-------------	------------------------

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	05	/	2016

Transaction ID : SA17.498732

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. PEEBLES, ROBERT, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5297 N. GILA TR. DR.

City ELOY	State AZ	Zip Code 85131-8030
--------------	-------------	------------------------

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	05	/	2016

Transaction ID : SA17.501344

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	240.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 435 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. PEEBLES, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5297 N. GILA TR. DR.
 City ELOY State AZ Zip Code 85131-8030
 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 ▼ 300.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.523116
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. PERRAULT, LEWIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11061 HIDEAWAY LAKE CIRCLE
 City ANCHORAGE State AK Zip Code 99507-6157
 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 ▼ 275.00

Date of Receipt **08 / 22 / 2016**
Transaction ID : SA17.508257
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. PERRAULT, LEWIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11061 HIDEAWAY LAKE CIRCLE
 City ANCHORAGE State AK Zip Code 99507-6157
 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 ▼ 275.00

Date of Receipt **08 / 25 / 2016**
Transaction ID : SA17.513046
 Amount of Each Receipt this Period 75.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	275.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 436 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. PERRAULT, LEWIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11061 HIDEAWAY LAKE CIRCLE
 City ANCHORAGE State AK Zip Code 99507-6157
 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 ▼ 275.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.523118
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. PERRICONE, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 OLD COURSE DR.
 City NEWPORT BEACH State CA Zip Code 92660-4276
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PERRICONE JUICES Occupation (for Individual) CHAIRMAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **08 / 29 / 2016**
Transaction ID : SA17.515006
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. PERRY, HENRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 150 SECLUDED WAY
 City TITUSVILLE State FL Zip Code 32780-8128
 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 ▼ 280.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498513
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	640.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 437 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. PERRY, HENRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 150 SECLUDED WAY
 City TITUSVILLE State FL Zip Code 32780-8128
 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 ▼ 280.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501141
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. PERRY, HENRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 150 SECLUDED WAY
 City TITUSVILLE State FL Zip Code 32780-8128
 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 ▼ 280.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.522466
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. PERRY, WELDON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 235 N. 16TH
 City LEXINGTON State MO Zip Code 64067-1113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) LAWYER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **08 / 23 / 2016**
Transaction ID : SA17.511526
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	330.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 438 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. PETERSON, DALE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1208 SUMMERHILL PLACE WENATCHEE WA
 City WENATCHEE State WA Zip Code 98801-3242
 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 ▼ 1000.00

Date of Receipt **08 / 23 / 2016**
Transaction ID : SA17.511537
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. PETERSON, GLEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1270 PLEASANTVIEW DR.
 City ELGIN State IL Zip Code 60123-1335
 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 ▼ 300.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498634
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. PETERSON, GLEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1270 PLEASANTVIEW DR.
 City ELGIN State IL Zip Code 60123-1335
 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 ▼ 300.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501251
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	1100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 439 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. PETERSON, GLEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1270 PLEASANTVIEW DR.
 City ELGIN State IL Zip Code 60123-1335
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2016
Transaction ID : SA17.522785
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. PETERSON, GLEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1270 PLEASANTVIEW DR.
 City ELGIN State IL Zip Code 60123-1335
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2016
Transaction ID : SA17.524434
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. PETERSON, GLEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1270 PLEASANTVIEW DR.
 City ELGIN State IL Zip Code 60123-1335
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2016
Transaction ID : SA17.524435
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 440 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. PETERSON, RALPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 MARINERS POINT
 City CROSSVILLE State TN Zip Code 38558-2771
 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 **07 / 05 / 2016**
Transaction ID : SA17.498635
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. PETERSON, RALPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 MARINERS POINT
 City CROSSVILLE State TN Zip Code 38558-2771
 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 **08 / 05 / 2016**
Transaction ID : SA17.501252
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. PETERSON, RALPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 MARINERS POINT
 City CROSSVILLE State TN Zip Code 38558-2771
 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 **09 / 05 / 2016**
Transaction ID : SA17.522787
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 441 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. PETERSON, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 1490

City WOODINVILLE	State WA	Zip Code 98072-1490
---------------------	-------------	------------------------

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 ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2016
Transaction ID : SA17.498733

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. PETERSON, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 1490

City WOODINVILLE	State WA	Zip Code 98072-1490
---------------------	-------------	------------------------

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 ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2016
Transaction ID : SA17.499647

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. PETERSON, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 1490

City WOODINVILLE	State WA	Zip Code 98072-1490
---------------------	-------------	------------------------

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 ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 05 / 2016
Transaction ID : SA17.501346

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 442 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. PETERSON, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 1490

City WOODINVILLE	State WA	Zip Code 98072-1490
---------------------	-------------	------------------------

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 ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2016
Transaction ID : SA17.523120

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. PHILLIPS, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4057 GIBSONIA RD

City GIBSONIA	State PA	Zip Code 15044-9338
------------------	-------------	------------------------

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 ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 06 / 2016
Transaction ID : SA17.501386

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. PHILLIPS, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4057 GIBSONIA RD

City GIBSONIA	State PA	Zip Code 15044-9338
------------------	-------------	------------------------

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 ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2016
Transaction ID : SA17.501537

Amount of Each Receipt this Period
35.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	185.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 443 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. PHILLIPS, JOSEPH, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4057 GIBSONIA RD

City GIBSONIA	State PA	Zip Code 15044-9338
------------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	20	/	2016

Transaction ID : SA17.506236

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. PHILLIPS, JOSEPH, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4057 GIBSONIA RD

City GIBSONIA	State PA	Zip Code 15044-9338
------------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2016

Transaction ID : SA17.514903

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. PHILLIPS, JOSEPH, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4057 GIBSONIA RD

City GIBSONIA	State PA	Zip Code 15044-9338
------------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2016

Transaction ID : SA17.514904

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	125.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 444 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. PHILLIPS, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4057 GIBSONIA RD
 City GIBSONIA State PA Zip Code 15044-9338
 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 ▼ 400.00

Date of Receipt **09 / 07 / 2016**
Transaction ID : SA17.523562
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. PHILLIPS, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4057 GIBSONIA RD
 City GIBSONIA State PA Zip Code 15044-9338
 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 ▼ 400.00

Date of Receipt **09 / 26 / 2016**
Transaction ID : SA17.531316
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. PICKENS, GERALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 216 WINDEMERE DRIVE
 2
 City JACKSON State TN Zip Code 38305-9279
 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 **09 / 30 / 2016**
Transaction ID : SA17.534516
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	340.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 445 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. PIERCE, WILLIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1499 HIGHWAY 11 NORTH

City PETAL	State MS	Zip Code 39465-9586
---------------	-------------	------------------------

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 ▼
597.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2016

Transaction ID : SA17.498734

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. PIERCE, WILLIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1499 HIGHWAY 11 NORTH

City PETAL	State MS	Zip Code 39465-9586
---------------	-------------	------------------------

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 ▼
597.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 05 / 2016

Transaction ID : SA17.501347

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. PIERCE, WILLIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1499 HIGHWAY 11 NORTH

City PETAL	State MS	Zip Code 39465-9586
---------------	-------------	------------------------

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 ▼
597.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 20 / 2016

Transaction ID : SA17.506534

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 446 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. PIERCE, WILLIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1499 HIGHWAY 11 NORTH
 City PETAL State MS Zip Code 39465-9586
 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 ▼ 597.95

Date of Receipt **08 / 20 / 2016**
Transaction ID : SA17.506647
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. PIERCE, WILLIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1499 HIGHWAY 11 NORTH
 City PETAL State MS Zip Code 39465-9586
 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 ▼ 597.95

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.523124
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. PIERCE, WILLIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1499 HIGHWAY 11 NORTH
 City PETAL State MS Zip Code 39465-9586
 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 ▼ 597.95

Date of Receipt **09 / 20 / 2016**
Transaction ID : SA17.529192
 Amount of Each Receipt this Period 47.95
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	247.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 447 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. PIERCE, WILLIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1499 HIGHWAY 11 NORTH
 City PETAL State MS Zip Code 39465-9586
 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 ▼ 597.95

Date of Receipt 09 / 27 / 2016
Transaction ID : SA17.532112
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. PIONTEK, WALTER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10171 CLOVER GLEN DR
 City VIENNA State VA Zip Code 22181-2969
 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 ▼ 1000.00

Date of Receipt 09 / 10 / 2016
Transaction ID : SA17.524473
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. PISTACCHIO, DELORES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7289 NORTH SAN PEDRO
 City FRESNO State CA Zip Code 93711-0652
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) COZAD TRAILERS Occupation (for Individual) SELF
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 14 / 2016
Transaction ID : SA17.525885
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	1600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 448 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. PITTS, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4786 CAUGHLIN PKWAY
 305
 City RENO State NV Zip Code 89519-1003
 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 ▼ 375.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498298
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. PITTS, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4786 CAUGHLIN PKWAY
 305
 City RENO State NV Zip Code 89519-1003
 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 ▼ 375.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.500917
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. PITTS, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4786 CAUGHLIN PKWAY
 305
 City RENO State NV Zip Code 89519-1003
 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 ▼ 375.00

Date of Receipt **08 / 22 / 2016**
Transaction ID : SA17.508002
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 449 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. PITTS, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4786 CAUGHLIN PKWAY
 305
 City RENO State NV Zip Code 89519-1003
 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 ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2016
Transaction ID : SA17.518193
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. PITTS, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4786 CAUGHLIN PKWAY
 305
 City RENO State NV Zip Code 89519-1003
 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 ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2016
Transaction ID : SA17.521830
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. PITTS, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4786 CAUGHLIN PKWAY
 305
 City RENO State NV Zip Code 89519-1003
 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 ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2016
Transaction ID : SA17.521831
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 450 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. PITTS, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4786 CAUGHLIN PKWAY
 305
 City RENO State NV Zip Code 89519-1003
 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 ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2016
Transaction ID : SA17.531166
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. PLATT, NANCY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 OLD JACKSON AVE
 15
 City HASTINGS ON HUDSON State NY Zip Code 10706-3203
 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 ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2016
Transaction ID : SA17.498299
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. PLATT, NANCY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 OLD JACKSON AVE
 15
 City HASTINGS ON HUDSON State NY Zip Code 10706-3203
 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 ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 05 / 2016
Transaction ID : SA17.500918
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 451 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. PLATT, NANCY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 OLD JACKSON AVE
 15
 City HASTINGS ON HUDSON State NY Zip Code 10706-3203
 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 ▼ 275.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.521832
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. POULSON, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12376 W. OHIO CIRCLE
 City LAKEWOOD State CO Zip Code 80228-3645
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ROBERT D POULSON & CO Occupation (for Individual) INVESTMENTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498514
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. POULSON, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12376 W. OHIO CIRCLE
 City LAKEWOOD State CO Zip Code 80228-3645
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ROBERT D POULSON & CO Occupation (for Individual) INVESTMENTS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501142
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	105.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 452 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. POULSON, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12376 W. OHIO CIRCLE
 City LAKEWOOD State CO Zip Code 80228-3645
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ROBERT D POULSON & CO Occupation (for Individual) INVESTMENTS
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.522467
 Amount of Each Receipt this Period 40.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. POWELL, ELDRIDGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1533 POWELL TRACE,
 City ABBEVILLE State AL Zip Code 36310-5670
 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 **07 / 05 / 2016**
Transaction ID : SA17.498637
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. POWELL, ELDRIDGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1533 POWELL TRACE,
 City ABBEVILLE State AL Zip Code 36310-5670
 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 **08 / 05 / 2016**
Transaction ID : SA17.501256
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	140.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 453 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. POWELL, ELDRIDGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1533 POWELL TRACE,
 City ABBEVILLE State AL Zip Code 36310-5670
 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 **09 / 05 / 2016**
Transaction ID : SA17.522795
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. PREJEAN, CURTIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2811 FALMOTH DR.
 City SHREVEPORT State LA Zip Code 71106-8430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RED RIVER CV SURGEONS Occupation (for Individual) CV SURGEON
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **08 / 19 / 2016**
Transaction ID : SA17.504577
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. PREJEAN, CURTIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2811 FALMOTH DR.
 City SHREVEPORT State LA Zip Code 71106-8430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RED RIVER CV SURGEONS Occupation (for Individual) CV SURGEON
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **08 / 20 / 2016**
Transaction ID : SA17.506648
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 454 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. PRICE, NANCY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1805 CRANE CREEK BVD

City MELBOURNE	State FL	Zip Code 32940-6763
-------------------	-------------	------------------------

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 ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2016

Transaction ID : SA17.498305

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. PRICE, NANCY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1805 CRANE CREEK BVD

City MELBOURNE	State FL	Zip Code 32940-6763
-------------------	-------------	------------------------

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 ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

Transaction ID : SA17.500925

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. PRICE, NANCY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1805 CRANE CREEK BVD

City MELBOURNE	State FL	Zip Code 32940-6763
-------------------	-------------	------------------------

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 ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2016

Transaction ID : SA17.521861

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 455 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. PRICE, NANCY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1805 CRANE CREEK BVD
 City MELBOURNE State FL Zip Code 32940-6763
 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 ▼ 225.00

Date of Receipt **09 / 23 / 2016**
Transaction ID : SA17.530687
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. PYLE, SARAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3707 GILBERT AVE 17
 City DALLAS State TX Zip Code 75219-4316
 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 **08 / 19 / 2016**
Transaction ID : SA17.504822
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. QUALY, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13 BRENTMOOR PARK
 City SAINT LOUIS State MO Zip Code 63105-3067
 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 ▼ 650.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498735
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 456 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. QUALY, JOHN, , ,		Date of Receipt
Mailing Address 13 BRENTMOOR PARK		<input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2016"/>
City SAINT LOUIS	State MO	Zip Code 63105-3067
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.501348
Name of Employer (for Individual) RETIRED		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation (for Individual) RETIRED		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="650.00"/>	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. QUALY, JOHN, , ,		Date of Receipt
Mailing Address 13 BRENTMOOR PARK		<input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2016"/>
City SAINT LOUIS	State MO	Zip Code 63105-3067
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.506651
Name of Employer (for Individual) RETIRED		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation (for Individual) RETIRED		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="650.00"/>	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. QUALY, JOHN, , ,		Date of Receipt
Mailing Address 13 BRENTMOOR PARK		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2016"/>
City SAINT LOUIS	State MO	Zip Code 63105-3067
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.515660
Name of Employer (for Individual) RETIRED		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation (for Individual) RETIRED		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="650.00"/>	NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="250.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 457 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. QUALY, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13 BRENTMOOR PARK
 City SAINT LOUIS State MO Zip Code 63105-3067
 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 ▼ 650.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.523127
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. RADCLIFFE, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 PASSAIC AVENUE SUITE 220
 City FAIRFIELD State NJ Zip Code 07004-3508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DENTISTRY TODAY Occupation (for Individual) SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 547.95

Date of Receipt **08 / 22 / 2016**
Transaction ID : SA17.508274
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. RADCLIFFE, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 PASSAIC AVENUE SUITE 220
 City FAIRFIELD State NJ Zip Code 07004-3508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DENTISTRY TODAY Occupation (for Individual) SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 547.95

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.523213
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 458 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. RADCLIFFE, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 PASSAIC AVENUE
 SUITE 220
 City FAIRFIELD State NJ Zip Code 07004-3508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DENTISTRY TODAY Occupation (for Individual) SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 547.95

Date of Receipt 09 / 19 / 2016
Transaction ID : SA17.528604
 Amount of Each Receipt this Period 47.95
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. RAHN, NOEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7119 ANTRIM CT.
 City MINNEAPOLIS State MN Zip Code 55439-1702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GERONIMO ENERGY Occupation (for Individual) ALTERNATIVE ENERGIES.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 05 / 2016
Transaction ID : SA17.498756
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. RAHN, NOEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7119 ANTRIM CT.
 City MINNEAPOLIS State MN Zip Code 55439-1702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GERONIMO ENERGY Occupation (for Individual) ALTERNATIVE ENERGIES.
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 05 / 2016
Transaction ID : SA17.501369
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	547.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 459 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. RAHN, NOEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7119 ANTRIM CT.
 City MINNEAPOLIS State MN Zip Code 55439-1702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GERONIMO ENERGY Occupation (for Individual) ALTERNATIVE ENERGIES.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.523214
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. RAMIREZ, DIEGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 681 E LA VISTA AVE
 City DINUBA State CA Zip Code 93618-2752
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ABLE Occupation (for Individual) WORK
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 335.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.497478
 Amount of Each Receipt this Period 5.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. RAMIREZ, DIEGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 681 E LA VISTA AVE
 City DINUBA State CA Zip Code 93618-2752
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ABLE Occupation (for Individual) WORK
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 335.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.497743
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	265.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 460 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. RAMIREZ, DIEGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 681 E LA VISTA AVE
 City DINUBA State CA Zip Code 93618-2752
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ABLE Occupation (for Individual) WORK
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 335.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2016
Transaction ID : SA17.497744
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. RAMIREZ, DIEGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 681 E LA VISTA AVE
 City DINUBA State CA Zip Code 93618-2752
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ABLE Occupation (for Individual) WORK
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 335.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2016
Transaction ID : SA17.498311
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. RAMIREZ, DIEGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 681 E LA VISTA AVE
 City DINUBA State CA Zip Code 93618-2752
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ABLE Occupation (for Individual) WORK
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 335.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2016
Transaction ID : SA17.498312
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 461 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. RAMIREZ, DIEGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 681 E LA VISTA AVE
 City DINUBA State CA Zip Code 93618-2752
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ABLE Occupation (for Individual) WORK
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 335.00

Date of Receipt 08 / 05 / 2016
Transaction ID : SA17.500111
 Amount of Each Receipt this Period 5.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. RANDALL, DICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22348 REGNART RD
 City CUPERTINO State CA Zip Code 95014-4825
 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 ▼ 1000.00

Date of Receipt 09 / 17 / 2016
Transaction ID : SA17.528108
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. RANLETT, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 204 CHARLIE LACKEY RD
 City HIDDENITE State NC Zip Code 28636-8233
 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 ▼ 375.00

Date of Receipt 07 / 05 / 2016
Transaction ID : SA17.498315
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	1030.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 462 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. RANDLETT, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 204 CHARLIE LACKEY RD
 City HIDDENITE State NC Zip Code 28636-8233
 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 ▼ 375.00

Date of Receipt **07 / 07 / 2016**
Transaction ID : SA17.498877
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. RANDLETT, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 204 CHARLIE LACKEY RD
 City HIDDENITE State NC Zip Code 28636-8233
 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 ▼ 375.00

Date of Receipt **07 / 31 / 2016**
Transaction ID : SA17.499804
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. RANDLETT, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 204 CHARLIE LACKEY RD
 City HIDDENITE State NC Zip Code 28636-8233
 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 ▼ 375.00

Date of Receipt **07 / 31 / 2016**
Transaction ID : SA17.499805
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 463 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. RANDLETT, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 204 CHARLIE LACKEY RD
 City HIDDENITE State NC Zip Code 28636-8233
 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 ▼ 375.00

Date of Receipt 08 / 05 / 2016
Transaction ID : SA17.500933
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. RANDLETT, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 204 CHARLIE LACKEY RD
 City HIDDENITE State NC Zip Code 28636-8233
 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 ▼ 375.00

Date of Receipt 08 / 17 / 2016
Transaction ID : SA17.501893
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. RANDLETT, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 204 CHARLIE LACKEY RD
 City HIDDENITE State NC Zip Code 28636-8233
 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 ▼ 375.00

Date of Receipt 08 / 30 / 2016
Transaction ID : SA17.515661
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 464 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. RANDLETT, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 204 CHARLIE LACKEY RD
 City HIDDENITE State NC Zip Code 28636-8233
 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 ▼ 375.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.521884
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. RANDLETT, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 204 CHARLIE LACKEY RD
 City HIDDENITE State NC Zip Code 28636-8233
 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 ▼ 375.00

Date of Receipt **09 / 08 / 2016**
Transaction ID : SA17.523782
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. RANDLETT, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 204 CHARLIE LACKEY RD
 City HIDDENITE State NC Zip Code 28636-8233
 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 ▼ 375.00

Date of Receipt **09 / 20 / 2016**
Transaction ID : SA17.529228
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶ 125.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 465 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. REECE, LAWRENCE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1720 BUCKTHORN CT

City MINDEN	State NV	Zip Code 89423-4127
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RFI ENTERPRISES	Occupation (for Individual) CONSULTANT
--	---

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
07		05		2016

Transaction ID : SA17.498641

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. REECE, LAWRENCE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1720 BUCKTHORN CT

City MINDEN	State NV	Zip Code 89423-4127
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RFI ENTERPRISES	Occupation (for Individual) CONSULTANT
--	---

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
08		05		2016

Transaction ID : SA17.501259

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. REECE, LAWRENCE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1720 BUCKTHORN CT

City MINDEN	State NV	Zip Code 89423-4127
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RFI ENTERPRISES	Occupation (for Individual) CONSULTANT
--	---

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
09		05		2016

Transaction ID : SA17.522803

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 466 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. REESE, JOAN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15736 GLENISLE WAY
 City FORT MYERS State FL Zip Code 33912-3922
 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 09 / 28 / 2016
Transaction ID : SA17.532521
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. REICHERT, HENRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3014 ROME
 City WARREN State MI Zip Code 48091-2347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MAXIMUM ALARM & SURVEILLANCE , INC. Occupation (for Individual) ELECTRONIC SECURITY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 21 / 2016
Transaction ID : SA17.529814
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. REICH, STEPHEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1311 MARIETTA COUNTRY CLUB DR.
 City KENNESAW State GA Zip Code 30152-4729
 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 07 / 06 / 2016
Transaction ID : SA17.498856
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 467 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. RENTON, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 LEEWARD LANE
 City RIVERSIDE State CT Zip Code 06878-2409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RENTON INVESTMENTS LLC Occupation (for Individual) CONSULTANT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00

Date of Receipt **07 / 11 / 2016**
Transaction ID : SA17.499055
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. RENTON, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 LEEWARD LANE
 City RIVERSIDE State CT Zip Code 06878-2409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RENTON INVESTMENTS LLC Occupation (for Individual) CONSULTANT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00

Date of Receipt **07 / 27 / 2016**
Transaction ID : SA17.499571
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. RENTON, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 LEEWARD LANE
 City RIVERSIDE State CT Zip Code 06878-2409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RENTON INVESTMENTS LLC Occupation (for Individual) CONSULTANT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00

Date of Receipt **09 / 22 / 2016**
Transaction ID : SA17.530420
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	225.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 468 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. RENTON, DAVID, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15 LEEWARD LANE

City RIVERSIDE	State CT	Zip Code 06878-2409
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RENTON INVESTMENTS LLC	Occupation (for Individual) CONSULTANT
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2016

Transaction ID : SA17.532518

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. RHOADS, FORREST, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2162 VISTA ENTRADA

City NEWPORT BEACH	State CA	Zip Code 92660-3934
-----------------------	-------------	------------------------

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 ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	05	/	2016

Transaction ID : SA17.498644

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. RHOADS, FORREST, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2162 VISTA ENTRADA

City NEWPORT BEACH	State CA	Zip Code 92660-3934
-----------------------	-------------	------------------------

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 ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	11	/	2016

Transaction ID : SA17.498961

Amount of Each Receipt this Period
10.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	160.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 469 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. RHOADS, FORREST, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2162 VISTA ENTRADA
 City NEWPORT BEACH State CA Zip Code 92660-3934
 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 ▼ 360.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501262
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. RHOADS, FORREST, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2162 VISTA ENTRADA
 City NEWPORT BEACH State CA Zip Code 92660-3934
 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 ▼ 360.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.522808
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. RHODES, JAY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 206 S MORRISON DR.
 City ADA State OK Zip Code 74820-7049
 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 ▼ 277.95

Date of Receipt **07 / 26 / 2016**
Transaction ID : SA17.499494
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 470 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
RHODES, JAY, , ,

Mailing Address 206 S MORRISON DR.

City ADA	State OK	Zip Code 74820-7049
-------------	-------------	------------------------

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 ▼
277.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2016

Transaction ID : SA17.504584

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
RHODES, JAY, , ,

Mailing Address 206 S MORRISON DR.

City ADA	State OK	Zip Code 74820-7049
-------------	-------------	------------------------

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 ▼
277.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2016

Transaction ID : SA17.522809

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
RHODES, JAY, , ,

Mailing Address 206 S MORRISON DR.

City ADA	State OK	Zip Code 74820-7049
-------------	-------------	------------------------

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 ▼
277.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2016

Transaction ID : SA17.528055

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 471 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
RHODES, JAY, , ,

Mailing Address 206 S MORRISON DR.

City ADA	State OK	Zip Code 74820-7049
-------------	-------------	------------------------

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 ▼
277.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2016

Transaction ID : SA17.531903

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
RHODES, JAY, , ,

Mailing Address 206 S MORRISON DR.

City ADA	State OK	Zip Code 74820-7049
-------------	-------------	------------------------

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 ▼
277.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2016

Transaction ID : SA17.532006

Amount of Each Receipt this Period
27.95

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
RICE, CAROLYN, , ,

Mailing Address 2020 N PLANTATION DR

City DUNKIRK	State MD	Zip Code 20754-9763
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) YOGA INSTRUCTOR
--	--

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
08		19		2016

Transaction ID : SA17.504823

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	302.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 472 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. RICHERT, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 34180 HURON RIVER DRIVE
 City NEW BOSTON State MI Zip Code 48164-9779
 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 ▼ 600.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498736
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. RICHERT, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 34180 HURON RIVER DRIVE
 City NEW BOSTON State MI Zip Code 48164-9779
 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 ▼ 600.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501349
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. RICHERT, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 34180 HURON RIVER DRIVE
 City NEW BOSTON State MI Zip Code 48164-9779
 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 ▼ 600.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.523130
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 473 OF 700
<input 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 checked="" 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)
Committee to Defend the President

A. ROBERTS, EVELYN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 27446 MOUNTAIN MEADOW RD.

City ESCONDIDO	State CA	Zip Code 92026-7909
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) RANCH MGR.
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2016

Transaction ID : SA17.498646

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. ROBERTS, EVELYN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 27446 MOUNTAIN MEADOW RD.

City ESCONDIDO	State CA	Zip Code 92026-7909
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) RANCH MGR.
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

Transaction ID : SA17.501264

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. ROBERTS, EVELYN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 27446 MOUNTAIN MEADOW RD.

City ESCONDIDO	State CA	Zip Code 92026-7909
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) RANCH MGR.
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2016

Transaction ID : SA17.522812

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 474 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. ROBERTS, GARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6206 APPIAN WAY
 City RIVERSIDE State CA Zip Code 92506-4555
 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 ▼ 440.00

Date of Receipt **07 / 26 / 2016**
Transaction ID : SA17.499505
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. ROBERTS, GARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6206 APPIAN WAY
 City RIVERSIDE State CA Zip Code 92506-4555
 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 ▼ 440.00

Date of Receipt **08 / 19 / 2016**
Transaction ID : SA17.504774
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. ROBERTS, GARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6206 APPIAN WAY
 City RIVERSIDE State CA Zip Code 92506-4555
 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 ▼ 440.00

Date of Receipt **08 / 21 / 2016**
Transaction ID : SA17.507258
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 475 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. ROBERTS, KARAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 841 TWO MOONS WAY
 City IVINS State UT Zip Code 84738-6355
 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 ▼ 300.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498329
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. ROBERTS, KARAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 841 TWO MOONS WAY
 City IVINS State UT Zip Code 84738-6355
 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 ▼ 300.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498330
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. ROBERTS, KARAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 841 TWO MOONS WAY
 City IVINS State UT Zip Code 84738-6355
 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 ▼ 300.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.500941
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 476 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. ROBERTS, KARAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 841 TWO MOONS WAY
 City IVINS State UT Zip Code 84738-6355
 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 ▼ 300.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.500942
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. ROBERTS, KARAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 841 TWO MOONS WAY
 City IVINS State UT Zip Code 84738-6355
 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 ▼ 300.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.521910
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. ROBERTS, KARAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 841 TWO MOONS WAY
 City IVINS State UT Zip Code 84738-6355
 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 ▼ 300.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.521911
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 477 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. ROBERTSON, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28 JEWETT HILL RD
 City SHARON State CT Zip Code 06069-2135
 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 ▼ 500.00

Date of Receipt **08 / 19 / 2016**
Transaction ID : SA17.504831
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. RODACK, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16051 COLLINS AVE 3502
 City NORTH MIAMI BEACH State FL Zip Code 33160-4505
 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 ▼ 2900.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498757
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. RODACK, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16051 COLLINS AVE 3502
 City NORTH MIAMI BEACH State FL Zip Code 33160-4505
 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 ▼ 2900.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501370
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 478 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. RODACK, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16051 COLLINS AVE
 3502
 City NORTH MIAMI BEACH State FL Zip Code 33160-4505
 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 ▼ 2900.00

Date of Receipt **08 / 16 / 2016**
Transaction ID : SA17.501851
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. RODACK, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16051 COLLINS AVE
 3502
 City NORTH MIAMI BEACH State FL Zip Code 33160-4505
 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 ▼ 2900.00

Date of Receipt **08 / 19 / 2016**
Transaction ID : SA17.504775
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. RODACK, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16051 COLLINS AVE
 3502
 City NORTH MIAMI BEACH State FL Zip Code 33160-4505
 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 ▼ 2900.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.523215
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 479 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. RODACK, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16051 COLLINS AVE
 3502
 City NORTH MIAMI BEACH State FL Zip Code 33160-4505
 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 ▼ 2900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2016
Transaction ID : SA17.523887
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. RODAWAY, GENE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4175 EAST MEXICO AVENUE
 402
 City DENVER State CO Zip Code 80222-4112
 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 ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2016
Transaction ID : SA17.498332
 Amount of Each Receipt this Period
 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. RODAWAY, GENE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4175 EAST MEXICO AVENUE
 402
 City DENVER State CO Zip Code 80222-4112
 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 ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 05 / 2016
Transaction ID : SA17.500943
 Amount of Each Receipt this Period
 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 480 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. RODAWAY, GENE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4175 EAST MEXICO AVENUE
 402
 City DENVER State CO Zip Code 80222-4112
 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 ▼ 225.00

Date of Receipt 09 / 05 / 2016
Transaction ID : SA17.521917
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. ROEDIGER, JANICE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 231 SEELY AVE
 City AROMAS State CA Zip Code 95004-9528
 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 ▼ 1000.00

Date of Receipt 09 / 28 / 2016
Transaction ID : SA17.532522
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. ROGERS, HENRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9802 BAYMEADOWS RD.
 STE.12-1778
 City JACKSONVILLE State FL Zip Code 32256-7917
 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 ▼ 350.00

Date of Receipt 07 / 05 / 2016
Transaction ID : SA17.498648
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	1075.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 481 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. ROGERS, HENRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9802 BAYMEADOWS RD.
 STE.12-1778
 City JACKSONVILLE State FL Zip Code 32256-7917
 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 ▼ 350.00

Date of Receipt **07 / 26 / 2016**
Transaction ID : SA17.499495
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. ROGERS, HENRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9802 BAYMEADOWS RD.
 STE.12-1778
 City JACKSONVILLE State FL Zip Code 32256-7917
 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 ▼ 350.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501266
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. ROGERS, HENRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9802 BAYMEADOWS RD.
 STE.12-1778
 City JACKSONVILLE State FL Zip Code 32256-7917
 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 ▼ 350.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.522815
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 482 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. ROGERS, HENRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9802 BAYMEADOWS RD.
 STE.12-1778
 City JACKSONVILLE State FL Zip Code 32256-7917
 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 ▼ 350.00

Date of Receipt 09 / 28 / 2016
Transaction ID : SA17.532492
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. ROGERS, JON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1731 AVIATION BLVD
 City LINCOLN State CA Zip Code 95648-9317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RFC Occupation (for Individual) MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 803.00

Date of Receipt 07 / 05 / 2016
Transaction ID : SA17.498737
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. ROGERS, JON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1731 AVIATION BLVD
 City LINCOLN State CA Zip Code 95648-9317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RFC Occupation (for Individual) MANAGER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 803.00

Date of Receipt 07 / 13 / 2016
Transaction ID : SA17.499178
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 483 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. ROGERS, JON, , ,		Date of Receipt
Mailing Address 1731 AVIATION BLVD		<input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2016"/>
City LINCOLN	State CA	Zip Code 95648-9317
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.501350
Name of Employer (for Individual) RFC		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation (for Individual) MANAGER		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="803.00"/>	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ROGERS, JON, , ,		Date of Receipt
Mailing Address 1731 AVIATION BLVD		<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2016"/>
City LINCOLN	State CA	Zip Code 95648-9317
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.517442
Name of Employer (for Individual) RFC		Amount of Each Receipt this Period <input type="text" value="3.00"/>
Occupation (for Individual) MANAGER		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="803.00"/>	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. ROGERS, JON, , ,		Date of Receipt
Mailing Address 1731 AVIATION BLVD		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2016"/>
City LINCOLN	State CA	Zip Code 95648-9317
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.523135
Name of Employer (for Individual) RFC		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation (for Individual) MANAGER		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="803.00"/>	NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="203.00"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 484 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. ROLL, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 575 KRISTY CT
 City NEWPORT NEWS State VA Zip Code 23602-9025
 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 ▼ 215.00

Date of Receipt **08 / 26 / 2016**
Transaction ID : SA17.513524
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. ROLL, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 575 KRISTY CT
 City NEWPORT NEWS State VA Zip Code 23602-9025
 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 ▼ 215.00

Date of Receipt **08 / 26 / 2016**
Transaction ID : SA17.513539
 Amount of Each Receipt this Period 75.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. ROLL, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 575 KRISTY CT
 City NEWPORT NEWS State VA Zip Code 23602-9025
 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 ▼ 215.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.522929
 Amount of Each Receipt this Period 75.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 485 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
RONDINELLA, LOUIS, , ,

Mailing Address **PO BOX 608**

City SOMERS POINT	State NJ	Zip Code 08244-0608
-----------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) DOCTOR
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
07 / 05 / 2016

Transaction ID : SA17.498738

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
RONDINELLA, LOUIS, , ,

Mailing Address **PO BOX 608**

City SOMERS POINT	State NJ	Zip Code 08244-0608
-----------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) DOCTOR
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
07 / 22 / 2016

Transaction ID : SA17.499397

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
RONDINELLA, LOUIS, , ,

Mailing Address **PO BOX 608**

City SOMERS POINT	State NJ	Zip Code 08244-0608
-----------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) DOCTOR
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 11 / 2016

Transaction ID : SA17.501659

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 486 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. RONDINELLA, LOUIS, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 608

City SOMERS POINT	State NJ	Zip Code 08244-0608
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) DOCTOR
---	---------------------------------------

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
08	/	29	/	2016

Transaction ID : SA17.514984

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. RONDINELLA, LOUIS, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 608

City SOMERS POINT	State NJ	Zip Code 08244-0608
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) DOCTOR
---	---------------------------------------

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
09	/	09	/	2016

Transaction ID : SA17.523885

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. ROOD, JOHN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2306 STATLEY OAK ST.

City KINGWOOD	State TX	Zip Code 77345-1898
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) JOHN W. ROOD CPA/CFP	Occupation (for Individual) CPA/CFP
---	--

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
08	/	23	/	2016

Transaction ID : SA17.511527

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 487 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. ROOD, JOHN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2306 STATLEY OAK ST.

City KINGWOOD	State TX	Zip Code 77345-1898
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) JOHN W. ROOD CPA/CFP	Occupation (for Individual) CPA/CFP
---	--

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
09	/	05	/	2016

Transaction ID : SA17.523216

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. ROSSI, MARK, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 GLADE ST

City EXCELSIOR	State MN	Zip Code 55331-9515
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UNIV OF MN	Occupation (for Individual) SANITARIAN
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2016

Transaction ID : SA17.513441

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. ROSSI, MARK, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 GLADE ST

City EXCELSIOR	State MN	Zip Code 55331-9515
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UNIV OF MN	Occupation (for Individual) SANITARIAN
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2016

Transaction ID : SA17.521931

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 488 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ROUGH, JOSEPH, , ,

Mailing Address 12504 N. FAIRVIEW RD

City MEAD	State WA	Zip Code 99021-8306
--------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) EAGLE HELICOPTERS, INC.	Occupation (for Individual) OWNER, PILOT/MECHANIC
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2016

Transaction ID : SA17.498739

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ROUGH, JOSEPH, , ,

Mailing Address 12504 N. FAIRVIEW RD

City MEAD	State WA	Zip Code 99021-8306
--------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) EAGLE HELICOPTERS, INC.	Occupation (for Individual) OWNER, PILOT/MECHANIC
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2016

Transaction ID : SA17.504778

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ROUGH, JOSEPH, , ,

Mailing Address 12504 N. FAIRVIEW RD

City MEAD	State WA	Zip Code 99021-8306
--------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) EAGLE HELICOPTERS, INC.	Occupation (for Individual) OWNER, PILOT/MECHANIC
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2016

Transaction ID : SA17.514912

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 489 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. ROUGH, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12504 N. FAIRVIEW RD
 City MEAD State WA Zip Code 99021-8306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EAGLE HELICOPTERS, INC. Occupation (for Individual) OWNER, PILOT/MECHANIC
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.523138
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. ROUTH, RAYMOND, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 910 HENDERSON DR.
 City CHEYENNE State WY Zip Code 82001-6210
 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 ▼ 210.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498339
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. RUBRECHT, HELEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3626 COLORADO CT.
 City FORT WAYNE State IN Zip Code 46815-6601
 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 ▼ 285.00

Date of Receipt **08 / 27 / 2016**
Transaction ID : SA17.513689
 Amount of Each Receipt this Period 35.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	160.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 490 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. RUPANI, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 76 STATION ST
 City BULGER State PA Zip Code 15019-2017
 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 **07 / 05 / 2016**
Transaction ID : SA17.498649
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. RYAN, QUENTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 57 OSBORN ROAD
 City LITCHFIELD State CT Zip Code 06759-2319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) PRIVATE INVESTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **08 / 23 / 2016**
Transaction ID : SA17.511458
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. RYBOLT, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 HAMPTON LN
 City CINCINNATI State OH Zip Code 45208-1956
 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 ▼ 500.00

Date of Receipt **09 / 19 / 2016**
Transaction ID : SA17.528633
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	650.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 491 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. SACKRIDER, ROBERT, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 308OAK ST

City LADY LAKE	State FL	Zip Code 32159-3745
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SACKROOFING INC	Occupation (for Individual) ROOFING CONTRACTOR
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2016

Transaction ID : SA17.498758

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. SACKRIDER, ROBERT, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 308OAK ST

City LADY LAKE	State FL	Zip Code 32159-3745
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SACKROOFING INC	Occupation (for Individual) ROOFING CONTRACTOR
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

Transaction ID : SA17.501371

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. SACKRIDER, ROBERT, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 308OAK ST

City LADY LAKE	State FL	Zip Code 32159-3745
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SACKROOFING INC	Occupation (for Individual) ROOFING CONTRACTOR
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2016

Transaction ID : SA17.523217

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 492 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. SALA, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 MOONLIGHT DRIVE
 City BARNEGAT State NJ Zip Code 08005-1171
 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 ▼ 325.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498346
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. SALA, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 MOONLIGHT DRIVE
 City BARNEGAT State NJ Zip Code 08005-1171
 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 ▼ 325.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501267
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. SANTOIEEMMA-STENT, JEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 INDIAN ROAD 2F
 City NEW YORK State NY Zip Code 10034-1016
 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 ▼ 225.00

Date of Receipt **08 / 29 / 2016**
Transaction ID : SA17.514985
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	175.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 493 OF 700
<input 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 checked="" 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)
Committee to Defend the President

A. SANTOIEEMMA-STENT, JEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 INDIAN ROAD
 2F
 City NEW YORK State NY Zip Code 10034-1016
 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 ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2016
Transaction ID : SA17.523139
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. SANTOIEEMMA-STENT, JEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 INDIAN ROAD
 2F
 City NEW YORK State NY Zip Code 10034-1016
 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 ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2016
Transaction ID : SA17.533259
 Amount of Each Receipt this Period
 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. SAUNDERS, JOHN C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4440 BELHAVEN FOREST DRIVE GASTONI
 City GASTONIA State NC Zip Code 28056-8347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SAUNDERS THREAD COMPANY Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 305.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2016
Transaction ID : SA17.498515
 Amount of Each Receipt this Period
 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	165.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 494 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. SAUNDERS, JOHN C, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4440 BELHAVEN FOREST DRIVE GASTONI

City GASTONIA	State NC	Zip Code 28056-8347
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SAUNDERS THREAD COMPANY	Occupation (for Individual) OWNER
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
305.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	05	/	2016

Transaction ID : SA17.501143

Amount of Each Receipt this Period
40.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. SAUNDERS, JOHN C, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4440 BELHAVEN FOREST DRIVE GASTONI

City GASTONIA	State NC	Zip Code 28056-8347
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SAUNDERS THREAD COMPANY	Occupation (for Individual) OWNER
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
305.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2016

Transaction ID : SA17.518234

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. SAUNDERS, JOHN C, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4440 BELHAVEN FOREST DRIVE GASTONI

City GASTONIA	State NC	Zip Code 28056-8347
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SAUNDERS THREAD COMPANY	Occupation (for Individual) OWNER
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
305.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2016

Transaction ID : SA17.522468

Amount of Each Receipt this Period
40.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	105.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 495 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. SAUNDERS, NANCY A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1032 CORONADO LANE
 City LYNCHBURG State VA Zip Code 24502-1720
 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 ▼ 265.00

Date of Receipt **07 / 11 / 2016**
Transaction ID : SA17.498993
 Amount of Each Receipt this Period 15.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. SAUNDERS, NANCY A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1032 CORONADO LANE
 City LYNCHBURG State VA Zip Code 24502-1720
 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 ▼ 265.00

Date of Receipt **08 / 09 / 2016**
Transaction ID : SA17.501419
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. SAUNDERS, NANCY A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1032 CORONADO LANE
 City LYNCHBURG State VA Zip Code 24502-1720
 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 ▼ 265.00

Date of Receipt **08 / 19 / 2016**
Transaction ID : SA17.504171
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	65.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 496 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. SAUNDERS, NANCY A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1032 CORONADO LANE
 City LYNCHBURG State VA Zip Code 24502-1720
 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 ▼ 265.00

Date of Receipt 09 / 08 / 2016
Transaction ID : SA17.523783
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. SAUNDERS, NANCY A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1032 CORONADO LANE
 City LYNCHBURG State VA Zip Code 24502-1720
 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 ▼ 265.00

Date of Receipt 09 / 17 / 2016
Transaction ID : SA17.527903
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. SAUNDERS, NANCY A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1032 CORONADO LANE
 City LYNCHBURG State VA Zip Code 24502-1720
 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 ▼ 265.00

Date of Receipt 09 / 29 / 2016
Transaction ID : SA17.533260
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 497 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. SAUNDERS, WALLACE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 624 HAWK RUN DR.
 City O FALLON State MO Zip Code 63368-8185
 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 ▼ 204.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.497495
 Amount of Each Receipt this Period 5.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. SAUNDERS, WALLACE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 624 HAWK RUN DR.
 City O FALLON State MO Zip Code 63368-8185
 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 ▼ 204.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.497759
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. SAUNDERS, WALLACE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 624 HAWK RUN DR.
 City O FALLON State MO Zip Code 63368-8185
 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 ▼ 204.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.500395
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	25.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 498 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. SAUNDERS, WALLACE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 624 HAWK RUN DR.
 City O FALLON State MO Zip Code 63368-8185
 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 ▼ 204.00

Date of Receipt **08 / 27 / 2016**
Transaction ID : SA17.513679
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. SAUNDERS, WALLACE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 624 HAWK RUN DR.
 City O FALLON State MO Zip Code 63368-8185
 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 ▼ 204.00

Date of Receipt **08 / 29 / 2016**
Transaction ID : SA17.514288
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. SAUNDERS, WALLACE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 624 HAWK RUN DR.
 City O FALLON State MO Zip Code 63368-8185
 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 ▼ 204.00

Date of Receipt **09 / 01 / 2016**
Transaction ID : SA17.516239
 Amount of Each Receipt this Period 3.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	38.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 499 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. SAUNDERS, WALLACE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 624 HAWK RUN DR.
 City O FALLON State MO Zip Code 63368-8185
 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 ▼ 204.00

Date of Receipt 09 / 05 / 2016
Transaction ID : SA17.520234
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. SAUNDERS, WALLACE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 624 HAWK RUN DR.
 City O FALLON State MO Zip Code 63368-8185
 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 ▼ 204.00

Date of Receipt 09 / 09 / 2016
Transaction ID : SA17.523816
 Amount of Each Receipt this Period 5.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. SAUNDERS, WALLACE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 624 HAWK RUN DR.
 City O FALLON State MO Zip Code 63368-8185
 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 ▼ 204.00

Date of Receipt 09 / 12 / 2016
Transaction ID : SA17.524938
 Amount of Each Receipt this Period 5.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	20.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 500 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. SAUNDERS, WALLACE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 624 HAWK RUN DR.
 City O FALLON State MO Zip Code 63368-8185
 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 ▼ 204.00

Date of Receipt
 09 / 21 / 2016
Transaction ID : SA17.529365
 Amount of Each Receipt this Period 3.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. SAUNDERS, WALLACE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 624 HAWK RUN DR.
 City O FALLON State MO Zip Code 63368-8185
 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 ▼ 204.00

Date of Receipt
 09 / 22 / 2016
Transaction ID : SA17.529948
 Amount of Each Receipt this Period 3.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. SAWYER, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9171 NC 45 NORTH
 City BELHAVEN State NC Zip Code 27810-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SAWYER'S LAND DEVELOPING Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 09 / 29 / 2016
Transaction ID : SA17.533414
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	506.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 501 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. SCHAFFNIT, BOBBIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 1385
 City ROCKINGHAM State NC Zip Code 28380-1385
 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 ▼ 535.00

Date of Receipt **08 / 23 / 2016**
Transaction ID : SA17.511459
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. SCHAFFNIT, BOBBIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 1385
 City ROCKINGHAM State NC Zip Code 28380-1385
 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 ▼ 535.00

Date of Receipt **08 / 25 / 2016**
Transaction ID : SA17.513033
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. SCHAFFNIT, BOBBIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 1385
 City ROCKINGHAM State NC Zip Code 28380-1385
 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 ▼ 535.00

Date of Receipt **08 / 30 / 2016**
Transaction ID : SA17.515603
 Amount of Each Receipt this Period 35.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	185.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 502 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. SCHAFFNIT, BOBBIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 1385
 City ROCKINGHAM State NC Zip Code 28380-1385
 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 ▼ 535.00

Date of Receipt 09 / 12 / 2016
Transaction ID : SA17.525331
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. SCHAFFNIT, BOBBIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 1385
 City ROCKINGHAM State NC Zip Code 28380-1385
 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 ▼ 535.00

Date of Receipt 09 / 15 / 2016
Transaction ID : SA17.526902
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. SCHAFFNIT, BOBBIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 1385
 City ROCKINGHAM State NC Zip Code 28380-1385
 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 ▼ 535.00

Date of Receipt 09 / 23 / 2016
Transaction ID : SA17.530677
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶ 125.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 503 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. SCHAFFNIT, BOBBIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 1385

City ROCKINGHAM	State NC	Zip Code 28380-1385
--------------------	-------------	------------------------

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 ▼
535.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2016

Transaction ID : SA17.530678

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. SCHAFFNIT, BOBBIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 1385

City ROCKINGHAM	State NC	Zip Code 28380-1385
--------------------	-------------	------------------------

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 ▼
535.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2016

Transaction ID : SA17.532072

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. SCHAFFNIT, BOBBIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 1385

City ROCKINGHAM	State NC	Zip Code 28380-1385
--------------------	-------------	------------------------

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 ▼
535.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2016

Transaction ID : SA17.532073

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 504 OF 700
<input 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 checked="" 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)
Committee to Defend the President

A. SCHAFFNIT, BOBBIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 1385
 City ROCKINGHAM State NC Zip Code 28380-1385
 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 ▼ 535.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2016
Transaction ID : SA17.533370
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. SCHAFFNIT, BOBBIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 1385
 City ROCKINGHAM State NC Zip Code 28380-1385
 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 ▼ 535.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : SA17.534283
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. SCHEFLO, ALEXANDER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4602 CAMDEN CT
 4602 CAMDEN CT
 City STOCKTON State CA Zip Code 95212-1616
 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 ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 23 / 2016
Transaction ID : SA17.510721
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 505 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. SCHEFLO, ALEXANDER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4602 CAMDEN CT
 4602 CAMDEN CT
 City STOCKTON State CA Zip Code 95212-1616
 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 ▼ 230.00

Date of Receipt 09 / 02 / 2016
Transaction ID : SA17.518235
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. SCHEFLO, ALEXANDER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4602 CAMDEN CT
 4602 CAMDEN CT
 City STOCKTON State CA Zip Code 95212-1616
 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 ▼ 230.00

Date of Receipt 09 / 05 / 2016
Transaction ID : SA17.521983
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. SCHEFLO, ALEXANDER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4602 CAMDEN CT
 4602 CAMDEN CT
 City STOCKTON State CA Zip Code 95212-1616
 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 ▼ 230.00

Date of Receipt 09 / 08 / 2016
Transaction ID : SA17.523631
 Amount of Each Receipt this Period 5.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶ 55.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 506 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. SCHEFLO, ALEXANDER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4602 CAMDEN CT
 4602 CAMDEN CT
 City STOCKTON State CA Zip Code 95212-1616
 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 ▼ 230.00

Date of Receipt 09 / 15 / 2016
Transaction ID : SA17.527048
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. SCHEFLO, ALEXANDER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4602 CAMDEN CT
 4602 CAMDEN CT
 City STOCKTON State CA Zip Code 95212-1616
 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 ▼ 230.00

Date of Receipt 09 / 27 / 2016
Transaction ID : SA17.532074
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. SCHEFLO, ALEXANDER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4602 CAMDEN CT
 4602 CAMDEN CT
 City STOCKTON State CA Zip Code 95212-1616
 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 ▼ 230.00

Date of Receipt 09 / 28 / 2016
Transaction ID : SA17.532451
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	125.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 507 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. SCHEFLO, ALEXANDER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4602 CAMDEN CT
 4602 CAMDEN CT
 City STOCKTON State CA Zip Code 95212-1616
 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 ▼ 230.00

Date of Receipt **09 / 30 / 2016**
Transaction ID : SA17.534284
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. SCHMIEDER, BONNIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 226
 City GLENWOOD State NM Zip Code 88039-
 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 ▼ 400.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498740
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. SCHMIEDER, BONNIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 226
 City GLENWOOD State NM Zip Code 88039-
 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 ▼ 400.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501351
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 508 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. SCHMIEDER, BONNIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 226

City GLENWOOD	State NM	Zip Code 88039-
------------------	-------------	--------------------

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 ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2016
Transaction ID : SA17.523140

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. SCHMIDT, STANLEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 137

City DALLAS	State OR	Zip Code 97338-0137
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) STAN SCHMIDT INS AGENCY INC	Occupation (for Individual) STATE FARM INS AGENT
--	---

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
 07 / 06 / 2016
Transaction ID : SA17.498848

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. SCHMIDT, STANLEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 137

City DALLAS	State OR	Zip Code 97338-0137
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) STAN SCHMIDT INS AGENCY INC	Occupation (for Individual) STATE FARM INS AGENT
--	---

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
 07 / 11 / 2016
Transaction ID : SA17.499083

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 509 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. SCHMIDT, STANLEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 137
 City DALLAS State OR Zip Code 97338-0137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) STAN SCHMIDT INS AGENCY INC Occupation (for Individual) STATE FARM INS AGENT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **09 / 15 / 2016**
Transaction ID : SA17.526904
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. SCHNEIDER, CHRISTOPHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 812 VINEWOOD AVE
 City WILLOW SPRINGS State IL Zip Code 60480-1461
 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 **07 / 05 / 2016**
Transaction ID : SA17.498349
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. SCHNEIDER, CHRISTOPHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 812 VINEWOOD AVE
 City WILLOW SPRINGS State IL Zip Code 60480-1461
 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 **08 / 05 / 2016**
Transaction ID : SA17.500961
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 510 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. SCHNEIDER, CHRISTOPHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 812 VINEWOOD AVE
 City WILLOW SPRINGS State IL Zip Code 60480-1461
 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 **08 / 30 / 2016**
Transaction ID : SA17.515550
 Amount of Each Receipt this Period 25.00
 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

B. SCHNEIDER, CHRISTOPHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 812 VINEWOOD AVE
 City WILLOW SPRINGS State IL Zip Code 60480-1461
 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 **09 / 05 / 2016**
Transaction ID : SA17.521991
 Amount of Each Receipt this Period 25.00
 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

C. SCHNEIDER, CHRISTOPHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 812 VINEWOOD AVE
 City WILLOW SPRINGS State IL Zip Code 60480-1461
 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 **09 / 27 / 2016**
Transaction ID : SA17.531917
 Amount of Each Receipt this Period 25.00
 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 511 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. SCHWARTZ, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1310 JULIANA PLACE
 City ALEXANDRIA State VA Zip Code 22304-1515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FIDUCONSULT Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 281.00

Date of Receipt 08 / 01 / 2016
Transaction ID : SA17.499880
 Amount of Each Receipt this Period 50.00
 Memo Item
CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. SCHWARTZ, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1310 JULIANA PLACE
 City ALEXANDRIA State VA Zip Code 22304-1515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FIDUCONSULT Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 281.00

Date of Receipt 08 / 11 / 2016
Transaction ID : SA17.501660
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. SCHWARTZ, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1310 JULIANA PLACE
 City ALEXANDRIA State VA Zip Code 22304-1515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FIDUCONSULT Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 281.00

Date of Receipt 08 / 31 / 2016
Transaction ID : SA17.515747
 Amount of Each Receipt this Period 3.00
 Memo Item
CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	153.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 512 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. SCHWARTZ, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1310 JULIANA PLACE
 City ALEXANDRIA State VA Zip Code 22304-1515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FIDUCONSULT Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 281.00

Date of Receipt **09 / 02 / 2016**
Transaction ID : SA17.517457
 Amount of Each Receipt this Period 3.00
 Memo Item
CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. SEELY, GAIL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2701 WEST 2000 SOUTH
 City REXBURG State ID Zip Code 83440-4032
 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 ▼ 400.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498652
 Amount of Each Receipt this Period 50.00
 Memo Item
CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. SEELY, GAIL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2701 WEST 2000 SOUTH
 City REXBURG State ID Zip Code 83440-4032
 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 ▼ 400.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501271
 Amount of Each Receipt this Period 50.00
 Memo Item
CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	103.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 513 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. SEELY, GAIL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2701 WEST 2000 SOUTH

City REXBURG	State ID	Zip Code 83440-4032
-----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2016
Transaction ID : SA17.522828

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. SELICH, JUDITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 358

City SOUTH BEACH	State OR	Zip Code 97366-0358
---------------------	-------------	------------------------

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 ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2016
Transaction ID : SA17.518483

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. SELLERS, CRAIG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12832 BAY DRIVE

City LUSBY	State MD	Zip Code 20657-3267
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ENERCON SERVICES	Occupation (for Individual) PROJECT MANAGER
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
203.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 05 / 2016
Transaction ID : SA17.501352

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	650.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 514 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. SELLERS, CRAIG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12832 BAY DRIVE
 City LUSBY State MD Zip Code 20657-3267
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ENERCON SERVICES Occupation (for Individual) PROJECT MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 203.00

Date of Receipt 09 / 02 / 2016
Transaction ID : SA17.517463
 Amount of Each Receipt this Period 3.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. SELLERS, CRAIG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12832 BAY DRIVE
 City LUSBY State MD Zip Code 20657-3267
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ENERCON SERVICES Occupation (for Individual) PROJECT MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 203.00

Date of Receipt 09 / 05 / 2016
Transaction ID : SA17.523146
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. SHACKLEY, DOUGLAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address DOUGLAS
 City PLEASANTON State CA Zip Code 94588-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PACIFIC AUXILIARY FIRE ALARM CO.. Occupation (for Individual) BUSINESS OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 353.32

Date of Receipt 07 / 08 / 2016
Transaction ID : SA17.498890
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	128.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 515 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. SHACKLEY, DOUGLAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address DOUGLAS

City PLEASANTON	State CA	Zip Code 94588-
--------------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PACIFIC AUXILIARY FIRE ALARM CO..	Occupation (for Individual) BUSINESS OWNER
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
353.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2016
Transaction ID : SA17.499700

Amount of Each Receipt this Period
 10.00

Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. SHACKLEY, DOUGLAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address DOUGLAS

City PLEASANTON	State CA	Zip Code 94588-
--------------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PACIFIC AUXILIARY FIRE ALARM CO..	Occupation (for Individual) BUSINESS OWNER
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
353.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2016
Transaction ID : SA17.515366

Amount of Each Receipt this Period
 20.16

Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. SHACKLEY, DOUGLAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address DOUGLAS

City PLEASANTON	State CA	Zip Code 94588-
--------------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PACIFIC AUXILIARY FIRE ALARM CO..	Occupation (for Individual) BUSINESS OWNER
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
353.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2016
Transaction ID : SA17.529367

Amount of Each Receipt this Period
 3.00

Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	33.16
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 516 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. SHAPIRO, JANET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 BEACH STREET
 City MANCHESTER State MA Zip Code 01944-1548
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ANANDA SHANTI YOGA & WELLNESS CENTER Occupation (for Individual) SMALL BUSINESS OWNER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 625.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498741
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. SHAPIRO, JANET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 BEACH STREET
 City MANCHESTER State MA Zip Code 01944-1548
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ANANDA SHANTI YOGA & WELLNESS CENTER Occupation (for Individual) SMALL BUSINESS OWNER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 625.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501353
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. SHAPIRO, JANET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 BEACH STREET
 City MANCHESTER State MA Zip Code 01944-1548
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ANANDA SHANTI YOGA & WELLNESS CENTER Occupation (for Individual) SMALL BUSINESS OWNER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 625.00

Date of Receipt **08 / 22 / 2016**
Transaction ID : SA17.508042
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 517 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. SHAPIRO, JANET, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 BEACH STREET

City MANCHESTER	State MA	Zip Code 01944-1548
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ANANDA SHANTI YOGA & WELLNESS CENTER	Occupation (for Individual) SMALL BUSINESS OWNER
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2016

Transaction ID : SA17.523147

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. SHAW, STUART, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6009 ELEOS CIRCLE

City AUSTIN	State TX	Zip Code 78735-6110
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BONNER CARRINGTON	Occupation (for Individual) CEO
--	------------------------------------

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
08		25		2016

Transaction ID : SA17.513093

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. SHERMAN, ROBERT, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6005 BLACK WATER TRAIL

City ATLANTA	State GA	Zip Code 30328-2714
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SEL EMPLOYED	Occupation (for Individual) SELF EMPLOYED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Transaction ID : SA17.530433

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	1350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 518 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. SHUMATE, BETHANY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1907 SO. BUNDY DR.
 1907 S BUNDY DR.
 City FRESNO State CA Zip Code 93727-6204
 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 ▼ 270.00

Date of Receipt **07 / 14 / 2016**
Transaction ID : SA17.499181
 Amount of Each Receipt this Period 10.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. SHUMATE, BETHANY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1907 SO. BUNDY DR.
 1907 S BUNDY DR.
 City FRESNO State CA Zip Code 93727-6204
 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 ▼ 270.00

Date of Receipt **08 / 10 / 2016**
Transaction ID : SA17.501528
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. SHUMATE, BETHANY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1907 SO. BUNDY DR.
 1907 S BUNDY DR.
 City FRESNO State CA Zip Code 93727-6204
 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 ▼ 270.00

Date of Receipt **09 / 17 / 2016**
Transaction ID : SA17.527913
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 519 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. SILVA, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17721 VALLEY VISTA BL.
 City ENCINO State CA Zip Code 91316-3746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FORM ARCHITECTURAL INC. Occupation (for Individual) MR.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498656
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. SILVA, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17721 VALLEY VISTA BL.
 City ENCINO State CA Zip Code 91316-3746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FORM ARCHITECTURAL INC. Occupation (for Individual) MR.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501274
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. SILVA, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17721 VALLEY VISTA BL.
 City ENCINO State CA Zip Code 91316-3746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FORM ARCHITECTURAL INC. Occupation (for Individual) MR.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.522836
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 520 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. SILVA, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17721 VALLEY VISTA BL.
 City ENCINO State CA Zip Code 91316-3746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FORM ARCHITECTURAL INC. Occupation (for Individual) MR.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **09 / 18 / 2016**
Transaction ID : SA17.528180
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. SIMEK, LAUREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3100 N. BROOK HILLS DRIVE
 City GREEN BAY State WI Zip Code 54313-8280
 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 ▼ 1500.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498759
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. SIMEK, LAUREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3100 N. BROOK HILLS DRIVE
 City GREEN BAY State WI Zip Code 54313-8280
 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 ▼ 1500.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501372
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	525.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 521 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. SIMEK, LAUREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3100 N. BROOK HILLS DRIVE
 City GREEN BAY State WI Zip Code 54313-8280
 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 ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2016
Transaction ID : SA17.523218
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. SIMON, ALLEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1383 N CRISS ST
 City CHANDLER State AZ Zip Code 85226-1307
 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 ▼ 725.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 19 / 2016
Transaction ID : SA17.504790
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. SIMON, ALLEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1383 N CRISS ST
 City CHANDLER State AZ Zip Code 85226-1307
 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 ▼ 725.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 23 / 2016
Transaction ID : SA17.511466
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 522 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. SIMON, ALLEN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1383 N CRISS ST

City CHANDLER	State AZ	Zip Code 85226-1307
------------------	-------------	------------------------

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 ▼
725.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2016

Transaction ID : SA17.514988

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. SIMON, ALLEN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1383 N CRISS ST

City CHANDLER	State AZ	Zip Code 85226-1307
------------------	-------------	------------------------

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 ▼
725.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2016

Transaction ID : SA17.518472

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. SIMON, ALLEN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1383 N CRISS ST

City CHANDLER	State AZ	Zip Code 85226-1307
------------------	-------------	------------------------

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 ▼
725.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2016

Transaction ID : SA17.523149

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 523 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SKEREN, THOMAS, , ,

Mailing Address 101 MOODY CT
200

City THOUSAND OAKS State CA Zip Code 91360-6068

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FLOYD SKEREN KELLY Occupation (for Individual) ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt **07 / 05 / 2016**

Transaction ID : SA17.498517

Amount of Each Receipt this Period 40.00

Memo Item CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SKEREN, THOMAS, , ,

Mailing Address 101 MOODY CT
200

City THOUSAND OAKS State CA Zip Code 91360-6068

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FLOYD SKEREN KELLY Occupation (for Individual) ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt **08 / 05 / 2016**

Transaction ID : SA17.501144

Amount of Each Receipt this Period 40.00

Memo Item CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SKEREN, THOMAS, , ,

Mailing Address 101 MOODY CT
200

City THOUSAND OAKS State CA Zip Code 91360-6068

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FLOYD SKEREN KELLY Occupation (for Individual) ATTORNEY

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 280.00

Date of Receipt **09 / 05 / 2016**

Transaction ID : SA17.522469

Amount of Each Receipt this Period 40.00

Memo Item CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	120.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 524 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. SKINNER, RALPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6201 CR 700

City BLUE MOUNTAIN	State MS	Zip Code 38610-9667
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) SALES AGENT
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2016
Transaction ID : SA17.498659

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. SKINNER, RALPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6201 CR 700

City BLUE MOUNTAIN	State MS	Zip Code 38610-9667
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) SALES AGENT
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 05 / 2016
Transaction ID : SA17.501277

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. SKINNER, RALPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6201 CR 700

City BLUE MOUNTAIN	State MS	Zip Code 38610-9667
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) SALES AGENT
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2016
Transaction ID : SA17.522840

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 525 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. SLOWEY, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1111EPPERSON ST
 City ATHENS State TN Zip Code 37303-
 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 ▼ 350.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498661
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. SLOWEY, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1111EPPERSON ST
 City ATHENS State TN Zip Code 37303-
 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 ▼ 350.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501278
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. SLOWEY, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1111EPPERSON ST
 City ATHENS State TN Zip Code 37303-
 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 ▼ 350.00

Date of Receipt **08 / 31 / 2016**
Transaction ID : SA17.515987
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 526 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. SLOWEY, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1111EPPERSON ST
 City ATHENS State TN Zip Code 37303-
 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 ▼ 350.00

Date of Receipt **09 / 04 / 2016**
Transaction ID : SA17.518891
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. SLOWEY, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1111EPPERSON ST
 City ATHENS State TN Zip Code 37303-
 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 ▼ 350.00

Date of Receipt **09 / 15 / 2016**
Transaction ID : SA17.527108
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. SMITH, ANDREA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 813 PRAIRIE LANE
 City EVANS State GA Zip Code 30809-4262
 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 **08 / 19 / 2016**
Transaction ID : SA17.504824
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 527 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. SMITH, ELIZABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 151 SADDLETOP DRIVE
 City TANEYTOWN State MD Zip Code 21787-1547
 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 ▼ 307.95

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498518
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. SMITH, ELIZABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 151 SADDLETOP DRIVE
 City TANEYTOWN State MD Zip Code 21787-1547
 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 ▼ 307.95

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501145
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. SMITH, ELIZABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 151 SADDLETOP DRIVE
 City TANEYTOWN State MD Zip Code 21787-1547
 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 ▼ 307.95

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.522470
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	120.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 528 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. SMITH, ELIZABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 151 SADDLETOP DRIVE
 City TANEYTOWN State MD Zip Code 21787-1547
 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 ▼ 307.95

Date of Receipt **09 / 21 / 2016**
Transaction ID : SA17.529745
 Amount of Each Receipt this Period 27.95
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. SMITH, GARNETT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1994 MERRIMAN WAY ROAD
 City MONETA State VA Zip Code 24121-3182
 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 **08 / 19 / 2016**
Transaction ID : SA17.504825
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. SMITH, LINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7666 N. ANDI LANE
 City FLORENCE State AZ Zip Code 85132-8945
 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 ▼ 227.95

Date of Receipt **08 / 23 / 2016**
Transaction ID : SA17.511468
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	377.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 529 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. SMITH, LINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7666 N. ANDI LANE

City FLORENCE	State AZ	Zip Code 85132-8945
------------------	-------------	------------------------

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 ▼
227.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2016

Transaction ID : SA17.523150

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. SMITH, LINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7666 N. ANDI LANE

City FLORENCE	State AZ	Zip Code 85132-8945
------------------	-------------	------------------------

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 ▼
227.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2016

Transaction ID : SA17.528501

Amount of Each Receipt this Period
27.95

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. SOCHAN, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13125

City BOWIE	State MD	Zip Code 20715-
---------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BOWIE STATE UNIVERSITY	Occupation (for Individual) PROFESSOR OF HISTORY
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
877.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2016

Transaction ID : SA17.499573

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	377.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 530 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SOCHAN, GEORGE, , ,

Mailing Address 13125

City BOWIE	State MD	Zip Code 20715-
----------------------	--------------------	---------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BOWIE STATE UNIVERSITY	Occupation (for Individual) PROFESSOR OF HISTORY
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
877.95

Date of Receipt
07 / 31 / 2016

Transaction ID : SA17.499814

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SOCHAN, GEORGE, , ,

Mailing Address 13125

City BOWIE	State MD	Zip Code 20715-
----------------------	--------------------	---------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BOWIE STATE UNIVERSITY	Occupation (for Individual) PROFESSOR OF HISTORY
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
877.95

Date of Receipt
08 / 16 / 2016

Transaction ID : SA17.501852

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SOCHAN, GEORGE, , ,

Mailing Address 13125

City BOWIE	State MD	Zip Code 20715-
----------------------	--------------------	---------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BOWIE STATE UNIVERSITY	Occupation (for Individual) PROFESSOR OF HISTORY
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
877.95

Date of Receipt
08 / 30 / 2016

Transaction ID : SA17.515697

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 531 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. SOCHAN, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13125
 City BOWIE State MD Zip Code 20715-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BOWIE STATE UNIVERSITY Occupation (for Individual) PROFESSOR OF HISTORY
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 877.95

Date of Receipt **09 / 19 / 2016**
Transaction ID : SA17.528503
 Amount of Each Receipt this Period 27.95
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. SPIKES, WARREN, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 578
 City HUGOTON State KS Zip Code 67951-0578
 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 ▼ 340.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498376
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. SPIKES, WARREN, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 578
 City HUGOTON State KS Zip Code 67951-0578
 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 ▼ 340.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.500516
 Amount of Each Receipt this Period 20.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	72.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 532 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. SPIKES, WARREN, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 578

City HUGOTON	State KS	Zip Code 67951-0578
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 340.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2016

Transaction ID : SA17.500990

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. SPIKES, WARREN, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 578

City HUGOTON	State KS	Zip Code 67951-0578
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 340.00

Date of Receipt
MM / DD / YYYY
09 / 05 / 2016

Transaction ID : SA17.520516

Amount of Each Receipt this Period
20.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. SPIKES, WARREN, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 578

City HUGOTON	State KS	Zip Code 67951-0578
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 340.00

Date of Receipt
MM / DD / YYYY
09 / 05 / 2016

Transaction ID : SA17.522097

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	70.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 533 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. SQUYRES, LIZ, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9033 PREMIER ROW
 City DALLAS State TX Zip Code 75247-5405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) B2B CASUALS, INC. Occupation (for Individual) B2B CASUALS, INC.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 05 / 2016
Transaction ID : SA17.523151
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. SQUYRES, LIZ, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9033 PREMIER ROW
 City DALLAS State TX Zip Code 75247-5405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) B2B CASUALS, INC. Occupation (for Individual) B2B CASUALS, INC.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 22 / 2016
Transaction ID : SA17.530277
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. SQUYRES, LIZ, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9033 PREMIER ROW
 City DALLAS State TX Zip Code 75247-5405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) B2B CASUALS, INC. Occupation (for Individual) B2B CASUALS, INC.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 27 / 2016
Transaction ID : SA17.532120
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 534 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. STAAB, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6655 BOTTLEBRUSH LN
 City NAPLES State FL Zip Code 34109-3813
 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 ▼ 300.00

Date of Receipt 07 / 11 / 2016
Transaction ID : SA17.499060
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. STAAB, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6655 BOTTLEBRUSH LN
 City NAPLES State FL Zip Code 34109-3813
 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 ▼ 300.00

Date of Receipt 07 / 11 / 2016
Transaction ID : SA17.499061
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. STAAB, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6655 BOTTLEBRUSH LN
 City NAPLES State FL Zip Code 34109-3813
 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 ▼ 300.00

Date of Receipt 08 / 19 / 2016
Transaction ID : SA17.504230
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 535 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. STAAB, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6655 BOTTLEBRUSH LN
 City NAPLES State FL Zip Code 34109-3813
 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 ▼ 300.00

Date of Receipt **08 / 22 / 2016**
Transaction ID : SA17.508196
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. STAAB, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6655 BOTTLEBRUSH LN
 City NAPLES State FL Zip Code 34109-3813
 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 ▼ 300.00

Date of Receipt **08 / 29 / 2016**
Transaction ID : SA17.514752
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. STAAB, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6655 BOTTLEBRUSH LN
 City NAPLES State FL Zip Code 34109-3813
 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 ▼ 300.00

Date of Receipt **09 / 02 / 2016**
Transaction ID : SA17.518428
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	125.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 536 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. STAAB, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6655 BOTTLEBRUSH LN
 City NAPLES State FL Zip Code 34109-3813
 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 ▼ 300.00

Date of Receipt 09 / 05 / 2016
Transaction ID : SA17.522103
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. STANDRIDGE, GEORGIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2119 COLUSA ST
 City CORNING State CA Zip Code 96021-2303
 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 ▼ 225.00

Date of Receipt 07 / 05 / 2016
Transaction ID : SA17.498663
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. STANDRIDGE, GEORGIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2119 COLUSA ST
 City CORNING State CA Zip Code 96021-2303
 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 ▼ 225.00

Date of Receipt 08 / 05 / 2016
Transaction ID : SA17.501280
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	125.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 537 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. STANDRIDGE, GEORGIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2119 COLUSA ST
 City CORNING State CA Zip Code 96021-2303
 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 ▼ 225.00

Date of Receipt **09 / 01 / 2016**
Transaction ID : SA17.516976
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. STANDRIDGE, GEORGIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2119 COLUSA ST
 City CORNING State CA Zip Code 96021-2303
 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 ▼ 225.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.522853
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. STEFFEN, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 BANK ST 115H
 City WHITE PLAINS State NY Zip Code 10606-1917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) E-J ELACTRIC Occupation (for Individual) CONSTRUCTION EXEC
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498742
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶ 175.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 538 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. STEIN, HELEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2937 NW 24TH TER
 STEIN RESIDENCE
 City BOCA RATON State FL Zip Code 33431-6203
 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 ▼ 278.00

Date of Receipt
 08 / 21 / 2016
Transaction ID : SA17.507201
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. STEIN, HELEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2937 NW 24TH TER
 STEIN RESIDENCE
 City BOCA RATON State FL Zip Code 33431-6203
 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 ▼ 278.00

Date of Receipt
 08 / 23 / 2016
Transaction ID : SA17.510830
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. STEIN, HELEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2937 NW 24TH TER
 STEIN RESIDENCE
 City BOCA RATON State FL Zip Code 33431-6203
 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 ▼ 278.00

Date of Receipt
 08 / 26 / 2016
Transaction ID : SA17.513456
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 539 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. STEIN, HELEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2937 NW 24TH TER
 STEIN RESIDENCE
 City BOCA RATON State FL Zip Code 33431-6203
 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 ▼ 278.00

Date of Receipt **08 / 29 / 2016**
Transaction ID : SA17.514760
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. STEIN, HELEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2937 NW 24TH TER
 STEIN RESIDENCE
 City BOCA RATON State FL Zip Code 33431-6203
 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 ▼ 278.00

Date of Receipt **09 / 01 / 2016**
Transaction ID : SA17.516978
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. STEIN, HELEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2937 NW 24TH TER
 STEIN RESIDENCE
 City BOCA RATON State FL Zip Code 33431-6203
 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 ▼ 278.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.522119
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 540 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. STEIN, HELEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2937 NW 24TH TER
 STEIN RESIDENCE
 City BOCA RATON State FL Zip Code 33431-6203
 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 ▼ 278.00

Date of Receipt **09 / 10 / 2016**
Transaction ID : SA17.524365
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. STEIN, HELEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2937 NW 24TH TER
 STEIN RESIDENCE
 City BOCA RATON State FL Zip Code 33431-6203
 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 ▼ 278.00

Date of Receipt **09 / 15 / 2016**
Transaction ID : SA17.526927
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. STEIN, HELEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2937 NW 24TH TER
 STEIN RESIDENCE
 City BOCA RATON State FL Zip Code 33431-6203
 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 ▼ 278.00

Date of Receipt **09 / 16 / 2016**
Transaction ID : SA17.527178
 Amount of Each Receipt this Period 3.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶ 53.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 541 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. STEIN, HELEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2937 NW 24TH TER
 STEIN RESIDENCE
 City BOCA RATON State FL Zip Code 33431-6203
 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 ▼ 278.00

Date of Receipt
 09 / 29 / 2016
Transaction ID : SA17.533273
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. STEIN, HELEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2937 NW 24TH TER
 STEIN RESIDENCE
 City BOCA RATON State FL Zip Code 33431-6203
 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 ▼ 278.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA17.534310
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. STEIN, HELEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2937 NW 24TH TER
 STEIN RESIDENCE
 City BOCA RATON State FL Zip Code 33431-6203
 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 ▼ 278.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA17.534311
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 542 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. STEPHENSON, ANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15406 PARK ESTATES LN
 City HOUSTON State TX Zip Code 77062-3654
 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 ▼ 300.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498743
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. STEPHENSON, ANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15406 PARK ESTATES LN
 City HOUSTON State TX Zip Code 77062-3654
 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 ▼ 300.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501354
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. STEPP, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1847 E. CIMA DRIVE
 City SANDY State UT Zip Code 84093-1473
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) LAND LORD
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt **09 / 02 / 2016**
Transaction ID : SA17.518484
 Amount of Each Receipt this Period 2700.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	2900.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 543 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. STEWART, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address RR 4 BOX 646
 City MARBLE HILL State MO Zip Code 63764-9418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) WRITER/SPEAKER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 19 / 2016
Transaction ID : SA17.504792
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. STEWART, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address RR 4 BOX 646
 City MARBLE HILL State MO Zip Code 63764-9418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) WRITER/SPEAKER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 25 / 2016
Transaction ID : SA17.513083
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. STEWART, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address RR 4 BOX 646
 City MARBLE HILL State MO Zip Code 63764-9418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) WRITER/SPEAKER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2016
Transaction ID : SA17.523152
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 544 OF 700
<input 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 checked="" 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)
Committee to Defend the President

A. STEWART, JERRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 305 OVERRIDGE COVE
 City HERMITAGE State TN Zip Code 37076-4419
 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 **09 / 27 / 2016**
Transaction ID : SA17.532129
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. STOCKTON, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4627 PINE VALLEY DR.
 City FRISCO State TX Zip Code 75034-6830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) THE CMI GROUP, INC. Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt **08 / 20 / 2016**
Transaction ID : SA17.506691
 Amount of Each Receipt this Period 2700.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. STONE, LOUIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O.BOX 21'2
 City GREENS FARMS State CT Zip Code 06838-0212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) OWNER, DRIVING SERVICE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498387
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	2975.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 545 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. STONE, LOUIS, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O.BOX 21'2

City GREENS FARMS	State CT	Zip Code 06838-0212
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) OWNER, DRIVING SERVICE
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	05	/	2016

Transaction ID : SA17.498388

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. STONE, LOUIS, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O.BOX 21'2

City GREENS FARMS	State CT	Zip Code 06838-0212
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) OWNER, DRIVING SERVICE
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	05	/	2016

Transaction ID : SA17.501005

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. STONE, LOUIS, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O.BOX 21'2

City GREENS FARMS	State CT	Zip Code 06838-0212
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) OWNER, DRIVING SERVICE
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2016

Transaction ID : SA17.504250

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 546 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. STONE, LOUIS, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O.BOX 21'2

City GREENS FARMS	State CT	Zip Code 06838-0212
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) OWNER, DRIVING SERVICE
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2016

Transaction ID : SA17.516985

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. STONE, LOUIS, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O.BOX 21'2

City GREENS FARMS	State CT	Zip Code 06838-0212
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) OWNER, DRIVING SERVICE
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2016

Transaction ID : SA17.522128

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. STONE, LOUIS, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O.BOX 21'2

City GREENS FARMS	State CT	Zip Code 06838-0212
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) OWNER, DRIVING SERVICE
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2016

Transaction ID : SA17.525261

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 547 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. STONE, LOUIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O.BOX 21'2
 City GREENS FARMS State CT Zip Code 06838-0212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) OWNER, DRIVING SERVICE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00

Date of Receipt **09 / 29 / 2016**
Transaction ID : SA17.533275
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. STORMONT, RICHARD M., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3747 PEACHTREE RD NE 723
 City ATLANTA State GA Zip Code 30319-1360
 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 ▼ 1000.00

Date of Receipt **08 / 23 / 2016**
Transaction ID : SA17.511534
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. STORMONT, RICHARD M., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3747 PEACHTREE RD NE 723
 City ATLANTA State GA Zip Code 30319-1360
 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 ▼ 1000.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.523228
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	1025.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 548 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
STOWBUNENKO, S D, , ,

Mailing Address 466 OAKLAND AVENUE

City CEDARHURST	State NY	Zip Code 11516-1325
--------------------	-------------	------------------------

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 ▼
347.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2016

Transaction ID : SA17.497892

Amount of Each Receipt this Period
22.50

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
STOWBUNENKO, S D, , ,

Mailing Address 466 OAKLAND AVENUE

City CEDARHURST	State NY	Zip Code 11516-1325
--------------------	-------------	------------------------

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 ▼
347.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		11		2016

Transaction ID : SA17.498996

Amount of Each Receipt this Period
18.25

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
STOWBUNENKO, S D, , ,

Mailing Address 466 OAKLAND AVENUE

City CEDARHURST	State NY	Zip Code 11516-1325
--------------------	-------------	------------------------

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 ▼
347.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

Transaction ID : SA17.500522

Amount of Each Receipt this Period
22.50

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	63.25
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 549 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. STOWBUNENKO, S D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 466 OAKLAND AVENUE
 City CEDARHURST State NY Zip Code 11516-1325
 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 ▼ 347.99

Date of Receipt 09 / 05 / 2016
Transaction ID : SA17.520527
 Amount of Each Receipt this Period 20.50
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. STOWBUNENKO, S D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 466 OAKLAND AVENUE
 City CEDARHURST State NY Zip Code 11516-1325
 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 ▼ 347.99

Date of Receipt 09 / 05 / 2016
Transaction ID : SA17.520529
 Amount of Each Receipt this Period 22.50
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. STOWBUNENKO, S D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 466 OAKLAND AVENUE
 City CEDARHURST State NY Zip Code 11516-1325
 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 ▼ 347.99

Date of Receipt 09 / 20 / 2016
Transaction ID : SA17.529059
 Amount of Each Receipt this Period 27.95
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	70.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 550 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. STOWBUNENKO, S D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 466 OAKLAND AVENUE
 City CEDARHURST State NY Zip Code 11516-1325
 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 ▼ 347.99

Date of Receipt 09 / 20 / 2016
Transaction ID : SA17.529060
 Amount of Each Receipt this Period 27.95
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. STOWBUNENKO, S D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 466 OAKLAND AVENUE
 City CEDARHURST State NY Zip Code 11516-1325
 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 ▼ 347.99

Date of Receipt 09 / 28 / 2016
Transaction ID : SA17.532344
 Amount of Each Receipt this Period 19.50
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. STRONG, CAROLYN, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6226 MILLWOOD DR.
 City WARRENTON State VA Zip Code 20187-7942
 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 ▼ 350.00

Date of Receipt 07 / 05 / 2016
Transaction ID : SA17.498391
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	72.45
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 551 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. STRONG, CAROLYN, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6226 MILLWOOD DR.
 City WARRENTON State VA Zip Code 20187-7942
 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 ▼ 350.00

Date of Receipt **07 / 11 / 2016**
Transaction ID : SA17.499063
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. STRONG, CAROLYN, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6226 MILLWOOD DR.
 City WARRENTON State VA Zip Code 20187-7942
 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 ▼ 350.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501008
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. STRONG, CAROLYN, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6226 MILLWOOD DR.
 City WARRENTON State VA Zip Code 20187-7942
 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 ▼ 350.00

Date of Receipt **08 / 19 / 2016**
Transaction ID : SA17.504255
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 552 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. STRONG, CAROLYN, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6226 MILLWOOD DR.
 City WARRENTON State VA Zip Code 20187-7942
 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 ▼ 350.00

Date of Receipt **08 / 23 / 2016**
Transaction ID : SA17.511265
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. STRONG, CAROLYN, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6226 MILLWOOD DR.
 City WARRENTON State VA Zip Code 20187-7942
 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 ▼ 350.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.522139
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. STRONG, CAROLYN, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6226 MILLWOOD DR.
 City WARRENTON State VA Zip Code 20187-7942
 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 ▼ 350.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.522861
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	125.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 553 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. STRONG, CAROLYN, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6226 MILLWOOD DR.
 City WARRENTON State VA Zip Code 20187-7942
 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 ▼ 350.00

Date of Receipt 09 / 10 / 2016
Transaction ID : SA17.524464
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. STRONG, CAROLYN, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6226 MILLWOOD DR.
 City WARRENTON State VA Zip Code 20187-7942
 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 ▼ 350.00

Date of Receipt 09 / 15 / 2016
Transaction ID : SA17.526930
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. STUCKY, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1804 FIREBOX
 City NEWTON State KS Zip Code 67114-5526
 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 ▼ 210.00

Date of Receipt 07 / 05 / 2016
Transaction ID : SA17.498393
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 554 OF 700
<input 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 checked="" 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)
Committee to Defend the President

A. STUCKY, JAMES, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1804 FIREBOX

City NEWTON	State KS	Zip Code 67114-5526
----------------	-------------	------------------------

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 ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2016

Transaction ID : SA17.499126

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. STUCKY, JAMES, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1804 FIREBOX

City NEWTON	State KS	Zip Code 67114-5526
----------------	-------------	------------------------

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 ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2016

Transaction ID : SA17.499552

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. STUCKY, JAMES, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1804 FIREBOX

City NEWTON	State KS	Zip Code 67114-5526
----------------	-------------	------------------------

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 ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

Transaction ID : SA17.501010

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 555 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. STUCKY, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1804 FIREBOX
 City NEWTON State KS Zip Code 67114-5526
 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 ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2016
Transaction ID : SA17.522143
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. SUHR, SARAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 SHADY OAK LANE
 City OIL CITY State PA Zip Code 16301-3045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) EXECUTIVE
 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
 09 / 26 / 2016
Transaction ID : SA17.531341
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. SUTHERLAND, DAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10039 HIGH GROVE RD
 City BLOOMFIELD State KY Zip Code 40008-7178
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BLEND PAK INC Occupation (for Individual) EXECUTIVE
 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
 09 / 01 / 2016
Transaction ID : SA17.517205
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	525.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 556 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. SWALE, JEROME, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 264 FOX TRAIL DRIVE
 City BOURBONNAIS State IL Zip Code 60914-1735
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SOLUTIONS IN SIGHT Occupation (for Individual) OPHTHALMOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 19 / 2016
Transaction ID : SA17.504839
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. SWANSON, RONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 DURANGO TRL
 City GEORGETOWN State TX Zip Code 78633-4875
 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 ▼ 207.95

Date of Receipt 08 / 16 / 2016
Transaction ID : SA17.501836
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. SWANSON, RONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 DURANGO TRL
 City GEORGETOWN State TX Zip Code 78633-4875
 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 ▼ 207.95

Date of Receipt 09 / 02 / 2016
Transaction ID : SA17.518430
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	1100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 557 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. SWANSON, RONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 DURANGO TRL
 City GEORGETOWN State TX Zip Code 78633-4875
 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 ▼ 207.95

Date of Receipt 09 / 20 / 2016
Transaction ID : SA17.529235
 Amount of Each Receipt this Period 57.95
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. SWANSON, RONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 DURANGO TRL
 City GEORGETOWN State TX Zip Code 78633-4875
 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 ▼ 207.95

Date of Receipt 09 / 28 / 2016
Transaction ID : SA17.532499
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. SWEET, DAVID, P., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 277 PISCASSIC RD
 City NEWFIELDS State NH Zip Code 03856-8109
 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 ▼ 208.00

Date of Receipt 07 / 05 / 2016
Transaction ID : SA17.497865
 Amount of Each Receipt this Period 15.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	122.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 558 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. SWEET, DAVID, P., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 277 PISCASSIC RD

City NEWFIELDS	State NH	Zip Code 03856-8109
-------------------	-------------	------------------------

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 ▼
208.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		11		2016

Transaction ID : SA17.499003

Amount of Each Receipt this Period
20.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. SWEET, DAVID, P., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 277 PISCASSIC RD

City NEWFIELDS	State NH	Zip Code 03856-8109
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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 ▼
208.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

Transaction ID : SA17.500496

Amount of Each Receipt this Period
15.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. SWEET, DAVID, P., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 277 PISCASSIC RD

City NEWFIELDS	State NH	Zip Code 03856-8109
-------------------	-------------	------------------------

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 ▼
208.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2016

Transaction ID : SA17.513649

Amount of Each Receipt this Period
20.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	55.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 559 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. SWEET, DAVID, P., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 277 PISCASSIC RD

City NEWFIELDS	State NH	Zip Code 03856-8109
-------------------	-------------	------------------------

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 ▼
208.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : SA17.517784

Amount of Each Receipt this Period
10.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. SWEET, DAVID, P., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 277 PISCASSIC RD

City NEWFIELDS	State NH	Zip Code 03856-8109
-------------------	-------------	------------------------

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 ▼
208.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2016

Transaction ID : SA17.518560

Amount of Each Receipt this Period
3.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. SWEET, DAVID, P., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 277 PISCASSIC RD

City NEWFIELDS	State NH	Zip Code 03856-8109
-------------------	-------------	------------------------

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 ▼
208.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2016

Transaction ID : SA17.520452

Amount of Each Receipt this Period
15.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	28.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 560 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. SYTZ, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1328 COVENANT DR.,
 1328 COVENANT DR.,
 City GASTONIA State NC Zip Code 28054-3826
 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 ▼ 275.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498667
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. SYTZ, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1328 COVENANT DR.,
 1328 COVENANT DR.,
 City GASTONIA State NC Zip Code 28054-3826
 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 ▼ 275.00

Date of Receipt **09 / 12 / 2016**
Transaction ID : SA17.525264
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. TAKAHASHI, MICHIO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 656 JOSHUA COURT
 City WALNUT CREEK State CA Zip Code 94598-1726
 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 ▼ 336.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498403
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 561 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. TAKAHASHI, MICHIO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 656 JOSHUA COURT
 City WALNUT CREEK State CA Zip Code 94598-1726
 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 ▼ 336.00

Date of Receipt 08 / 05 / 2016
Transaction ID : SA17.501018
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. TAKAHASHI, MICHIO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 656 JOSHUA COURT
 City WALNUT CREEK State CA Zip Code 94598-1726
 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 ▼ 336.00

Date of Receipt 08 / 10 / 2016
Transaction ID : SA17.501533
 Amount of Each Receipt this Period 33.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. TAKAHASHI, MICHIO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 656 JOSHUA COURT
 City WALNUT CREEK State CA Zip Code 94598-1726
 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 ▼ 336.00

Date of Receipt 09 / 05 / 2016
Transaction ID : SA17.522161
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	83.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 562 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. TANNER, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 1434
 City EUNICE State LA Zip Code 70535-1434
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **08 / 29 / 2016**
Transaction ID : SA17.515002
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. TANNER, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 1434
 City EUNICE State LA Zip Code 70535-1434
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.523219
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. TAPPAN, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3073 LYNDALD CT
 City EDGEWOOD State KY Zip Code 41017-2322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TAPPAN PROPERTIES Occupation (for Individual) COMMERCIAL REAL ESTATE OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 29 / 2016**
Transaction ID : SA17.533413
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 563 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. TARTAGLIA, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6428 RIDGE TERRACE #761
 #761
 City ORLANDO State FL Zip Code 32810-2523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UMBRA INSTITUTE Occupation (for Individual) EDUCATOR
 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
 07 / 28 / 2016
Transaction ID : SA17.499621
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. TATE, STANLEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1175 NE 125TH STREET, SUITE 102
 City NORTH MIAMI State FL Zip Code 33161-5009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) DEVELOPER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 278.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2016
Transaction ID : SA17.499616
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. TATE, STANLEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1175 NE 125TH STREET, SUITE 102
 City NORTH MIAMI State FL Zip Code 33161-5009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) DEVELOPER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 278.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 05 / 2016
Transaction ID : SA17.501284
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 564 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. TATE, STANLEY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1175 NE 125TH STREET, SUITE 102

City NORTH MIAMI	State FL	Zip Code 33161-5009
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) DEVELOPER
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
278.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 10 / 2016

Transaction ID : SA17.501529

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. TATE, STANLEY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1175 NE 125TH STREET, SUITE 102

City NORTH MIAMI	State FL	Zip Code 33161-5009
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) DEVELOPER
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
278.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 23 / 2016

Transaction ID : SA17.511475

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. TATE, STANLEY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1175 NE 125TH STREET, SUITE 102

City NORTH MIAMI	State FL	Zip Code 33161-5009
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) DEVELOPER
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
278.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 05 / 2016

Transaction ID : SA17.519388

Amount of Each Receipt this Period
3.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	128.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 565 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. TATE, STANLEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1175 NE 125TH STREET, SUITE 102

City NORTH MIAMI	State FL	Zip Code 33161-5009
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) DEVELOPER
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
278.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2016
Transaction ID : SA17.522863

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. TERAGAWA, GARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 865

City WILLIAMS	State CA	Zip Code 95987-0865
------------------	-------------	------------------------

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 ▼
327.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2016
Transaction ID : SA17.524469

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. TERAGAWA, GARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 865

City WILLIAMS	State CA	Zip Code 95987-0865
------------------	-------------	------------------------

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 ▼
327.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2016
Transaction ID : SA17.531274

Amount of Each Receipt this Period
27.95

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	277.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 566 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. TERAGAWA, GARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 865

City WILLIAMS	State CA	Zip Code 95987-0865
------------------	-------------	------------------------

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 ▼
327.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2016
Transaction ID : SA17.531335

Amount of Each Receipt this Period
 100.00

Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. TERRILL, MINERVA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3560 RANCHERO ROAD

City PLANO	State TX	Zip Code 75093-7606
---------------	-------------	------------------------

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 ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 23 / 2016
Transaction ID : SA17.511498

Amount of Each Receipt this Period
 200.00

Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. TERRILL, MINERVA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3560 RANCHERO ROAD

City PLANO	State TX	Zip Code 75093-7606
---------------	-------------	------------------------

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 ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2016
Transaction ID : SA17.523184

Amount of Each Receipt this Period
 200.00

Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 567 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. TEUFEL, DENNIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O.BOX 5596
 SCOTTSDALEAZ
 City SCOTTSDALE State AZ Zip Code 85261-5596
 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 ▼ 515.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2016
Transaction ID : SA17.498669
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. TEUFEL, DENNIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O.BOX 5596
 SCOTTSDALEAZ
 City SCOTTSDALE State AZ Zip Code 85261-5596
 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 ▼ 515.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 05 / 2016
Transaction ID : SA17.501286
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. TEUFEL, DENNIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O.BOX 5596
 SCOTTSDALEAZ
 City SCOTTSDALE State AZ Zip Code 85261-5596
 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 ▼ 515.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2016
Transaction ID : SA17.522867
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 568 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. THIEL, KATHERINE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 625 N. DOUSMAN RD.

City OCONOMOWOC	State WI	Zip Code 53066-9445
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ARTLINE, LTD.	Occupation (for Individual) SMALL BUSINESS OWNER
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
337.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2016

Transaction ID : SA17.498520

Amount of Each Receipt this Period
40.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. THIEL, KATHERINE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 625 N. DOUSMAN RD.

City OCONOMOWOC	State WI	Zip Code 53066-9445
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ARTLINE, LTD.	Occupation (for Individual) SMALL BUSINESS OWNER
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
337.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

Transaction ID : SA17.501146

Amount of Each Receipt this Period
40.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. THIEL, KATHERINE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 625 N. DOUSMAN RD.

City OCONOMOWOC	State WI	Zip Code 53066-9445
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ARTLINE, LTD.	Occupation (for Individual) SMALL BUSINESS OWNER
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
337.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2016

Transaction ID : SA17.522471

Amount of Each Receipt this Period
40.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 569 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. THIEL, KATHERINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 625 N. DOUSMAN RD.
 City OCONOMOWOC State WI Zip Code 53066-9445
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ARTLINE, LTD. Occupation (for Individual) SMALL BUSINESS OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 337.95

Date of Receipt **09 / 20 / 2016**
Transaction ID : SA17.529236
 Amount of Each Receipt this Period 57.95
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. THOMAS, BARB, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4851 BONITA BAY BLVD. 1204
 City BONITA SPRINGS State FL Zip Code 34134-1623
 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 **08 / 19 / 2016**
Transaction ID : SA17.504826
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. THRELKELD, KENNETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6605 HOLLY TREE CIR.
 City TYLER State TX Zip Code 75703-5776
 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 ▼ 500.00

Date of Receipt **09 / 29 / 2016**
Transaction ID : SA17.533415
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	807.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 570 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. TIDINGTON, PENNA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1350 HAUPT AVE
 1350 HAUPT AVE
 City RICHLAND State WA Zip Code 99354-3421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MOLINA HEALTHCARE OF CA Occupation (for Individual) ANALYST, CONFIG INFO MNGMNT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 253.00

Date of Receipt **07 / 28 / 2016**
Transaction ID : SA17.499610
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. TIDINGTON, PENNA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1350 HAUPT AVE
 1350 HAUPT AVE
 City RICHLAND State WA Zip Code 99354-3421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MOLINA HEALTHCARE OF CA Occupation (for Individual) ANALYST, CONFIG INFO MNGMNT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 253.00

Date of Receipt **08 / 17 / 2016**
Transaction ID : SA17.501899
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. TIDINGTON, PENNA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1350 HAUPT AVE
 1350 HAUPT AVE
 City RICHLAND State WA Zip Code 99354-3421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MOLINA HEALTHCARE OF CA Occupation (for Individual) ANALYST, CONFIG INFO MNGMNT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 253.00

Date of Receipt **09 / 02 / 2016**
Transaction ID : SA17.518281
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 571 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. TIDINGTON, PENNA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1350 HAUPT AVE
 1350 HAUPT AVE
 City RICHLAND State WA Zip Code 99354-3421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MOLINA HEALTHCARE OF CA Occupation (for Individual) ANALYST, CONFIG INFO MNGMNT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 253.00

Date of Receipt **09 / 30 / 2016**
Transaction ID : SA17.534385
 Amount of Each Receipt this Period 28.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. TIRRELL, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4678 WHITEHALL CHURCH RD.
 City WAYCROSS State GA Zip Code 31503-3452
 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 **09 / 04 / 2016**
Transaction ID : SA17.518899
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. TOLENTINO, ANTHONY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 HAMBLIN POINT ROAD
 City EAST FALMOUTH State MA Zip Code 02536-7708
 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 ▼ 290.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498521
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	318.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 572 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. TOLENTINO, ANTHONY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 HAMBLIN POINT ROAD
 City EAST FALMOUTH State MA Zip Code 02536-7708
 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 ▼ 290.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501147
 Amount of Each Receipt this Period 40.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. TOLENTINO, ANTHONY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 HAMBLIN POINT ROAD
 City EAST FALMOUTH State MA Zip Code 02536-7708
 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 ▼ 290.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.522472
 Amount of Each Receipt this Period 40.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. TOLENTINO, ANTHONY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 HAMBLIN POINT ROAD
 City EAST FALMOUTH State MA Zip Code 02536-7708
 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 ▼ 290.00

Date of Receipt **09 / 08 / 2016**
Transaction ID : SA17.523688
 Amount of Each Receipt this Period 10.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 573 OF 700
<input 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 checked="" 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)
Committee to Defend the President

A. TONEY, WALLACE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1150 S 6TH ST
 1150 S 6TH ST
 City SAINT CHARLES State MO Zip Code 63301-2424
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2016
Transaction ID : SA17.498672
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. TONEY, WALLACE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1150 S 6TH ST
 1150 S 6TH ST
 City SAINT CHARLES State MO Zip Code 63301-2424
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2016
Transaction ID : SA17.498673
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. TOOMEY, BEVERLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3539 KAHAWALU DR.
 RETIRED
 City HONOLULU State HI Zip Code 96817-1074
 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 ▼ 203.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 20 / 2016
Transaction ID : SA17.506566
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 574 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. TOOMEY, BEVERLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3539 KAHAWALU DR.
 RETIRED
 City HONOLULU State HI Zip Code 96817-1074
 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 ▼ 203.00

Date of Receipt 08 / 23 / 2016
Transaction ID : SA17.511273
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. TOOMEY, BEVERLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3539 KAHAWALU DR.
 RETIRED
 City HONOLULU State HI Zip Code 96817-1074
 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 ▼ 203.00

Date of Receipt 08 / 29 / 2016
Transaction ID : SA17.514925
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. TOOMEY, BEVERLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3539 KAHAWALU DR.
 RETIRED
 City HONOLULU State HI Zip Code 96817-1074
 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 ▼ 203.00

Date of Receipt 09 / 05 / 2016
Transaction ID : SA17.522878
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 575 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. TOOMEY, BEVERLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3539 KAHAWALU DR.
 RETIRED
 City HONOLULU State HI Zip Code 96817-1074
 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 ▼ 203.00

Date of Receipt 09 / 17 / 2016
Transaction ID : SA17.527515
 Amount of Each Receipt this Period 3.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. TOWERSEY, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2979 COLTON ROAD
 2979 COLTON ROAD
 City PEBBLE BEACH State CA Zip Code 93953-2944
 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 ▼ 225.00

Date of Receipt 07 / 01 / 2016
Transaction ID : SA17.497248
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. TRUPP, JEROME, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7281 AMBER CT.
 City BOYNTON BEACH State FL Zip Code 33437-
 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 ▼ 225.00

Date of Receipt 08 / 22 / 2016
Transaction ID : SA17.508265
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	203.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 576 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. TRUPP, JEROME, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7281 AMBER CT.
 City BOYNTON BEACH State FL Zip Code 33437-
 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 ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2016
Transaction ID : SA17.522224
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. TRUPP, JEROME, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7281 AMBER CT.
 City BOYNTON BEACH State FL Zip Code 33437-
 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 ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2016
Transaction ID : SA17.523163
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. TUCKER, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13313 GASPARILLA ROAD 602 C
 City PLACIDA State FL Zip Code 33946-2670
 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 M / D D D / Y Y Y Y Y Y
 08 / 25 / 2016
Transaction ID : SA17.513094
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	375.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 577 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. TUGAW, EDWARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 176 NORTH MAIN
 City BRIGHAM CITY State UT Zip Code 84302-2118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) REAL ESTATE BROKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498745
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. TUGAW, EDWARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 176 NORTH MAIN
 City BRIGHAM CITY State UT Zip Code 84302-2118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) REAL ESTATE BROKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501356
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. TUGAW, EDWARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 176 NORTH MAIN
 City BRIGHAM CITY State UT Zip Code 84302-2118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) REAL ESTATE BROKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.523164
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 578 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. TURNER, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14118 - 21ST DRIVE SE
 City MILL CREEK State WA Zip Code 98012-1322
 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 ▼ 222.95

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.497869
 Amount of Each Receipt this Period 15.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. TURNER, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14118 - 21ST DRIVE SE
 City MILL CREEK State WA Zip Code 98012-1322
 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 ▼ 222.95

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.500499
 Amount of Each Receipt this Period 15.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. TURNER, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14118 - 21ST DRIVE SE
 City MILL CREEK State WA Zip Code 98012-1322
 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 ▼ 222.95

Date of Receipt **08 / 23 / 2016**
Transaction ID : SA17.509676
 Amount of Each Receipt this Period 15.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	45.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 579 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. TURNER, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14118 - 21ST DRIVE SE
 City MILL CREEK State WA Zip Code 98012-1322
 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 ▼ 222.95

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.520456
 Amount of Each Receipt this Period 15.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. TURNER, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14118 - 21ST DRIVE SE
 City MILL CREEK State WA Zip Code 98012-1322
 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 ▼ 222.95

Date of Receipt **09 / 20 / 2016**
Transaction ID : SA17.529077
 Amount of Each Receipt this Period 27.95
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. TUTTLE, LEE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4718 HALLMARK DR. 102
 City HOUSTON State TX Zip Code 77056-3909
 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 ▼ 1030.00

Date of Receipt **07 / 31 / 2016**
Transaction ID : SA17.497315
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	67.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 580 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. TUTTLE, LEE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4718 HALLMARK DR.
 102
 City HOUSTON State TX Zip Code 77056-3909
 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 ▼ 1030.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2016
Transaction ID : SA17.498422
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. TUTTLE, LEE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4718 HALLMARK DR.
 102
 City HOUSTON State TX Zip Code 77056-3909
 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 ▼ 1030.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2016
Transaction ID : SA17.498875
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. TUTTLE, LEE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4718 HALLMARK DR.
 102
 City HOUSTON State TX Zip Code 77056-3909
 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 ▼ 1030.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2016
Transaction ID : SA17.499128
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 581 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. TUTTLE, LEE, , ,		Date of Receipt
Mailing Address 4718 HALLMARK DR. 102		<input type="text" value="07"/> / <input type="text" value="13"/> / <input type="text" value="2016"/>
City HOUSTON	State TX	Zip Code 77056-3909
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.499169
Name of Employer (for Individual) RETIRED		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Occupation (for Individual) RETIRED		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1030.00"/>	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. TUTTLE, LEE, , ,		Date of Receipt
Mailing Address 4718 HALLMARK DR. 102		<input type="text" value="07"/> / <input type="text" value="27"/> / <input type="text" value="2016"/>
City HOUSTON	State TX	Zip Code 77056-3909
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.499554
Name of Employer (for Individual) RETIRED		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Occupation (for Individual) RETIRED		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1030.00"/>	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. TUTTLE, LEE, , ,		Date of Receipt
Mailing Address 4718 HALLMARK DR. 102		<input type="text" value="07"/> / <input type="text" value="28"/> / <input type="text" value="2016"/>
City HOUSTON	State TX	Zip Code 77056-3909
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.499611
Name of Employer (for Individual) RETIRED		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Occupation (for Individual) RETIRED		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="1030.00"/>	NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 582 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. TUTTLE, LEE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4718 HALLMARK DR.
102

City HOUSTON State TX Zip Code 77056-3909

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 ▼
1030.00

Date of Receipt
MM / DD / YYYY
07 / 29 / 2016

Transaction ID : SA17.499644

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. TUTTLE, LEE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4718 HALLMARK DR.
102

City HOUSTON State TX Zip Code 77056-3909

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 ▼
1030.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2016

Transaction ID : SA17.501038

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. TUTTLE, LEE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4718 HALLMARK DR.
102

City HOUSTON State TX Zip Code 77056-3909

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 ▼
1030.00

Date of Receipt
MM / DD / YYYY
08 / 16 / 2016

Transaction ID : SA17.501803

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 583 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. TUTTLE, LEE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4718 HALLMARK DR.
 102
 City HOUSTON State TX Zip Code 77056-3909
 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 ▼ 1030.00

Date of Receipt **08 / 19 / 2016**
Transaction ID : SA17.504313
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. TUTTLE, LEE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4718 HALLMARK DR.
 102
 City HOUSTON State TX Zip Code 77056-3909
 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 ▼ 1030.00

Date of Receipt **08 / 31 / 2016**
Transaction ID : SA17.515969
 Amount of Each Receipt this Period 35.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. TUTTLE, LEE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4718 HALLMARK DR.
 102
 City HOUSTON State TX Zip Code 77056-3909
 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 ▼ 1030.00

Date of Receipt **09 / 01 / 2016**
Transaction ID : SA17.516999
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	85.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 584 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. VAN AUKEN, LAVERNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 86 CARRIE WAY DRIVE
 City INDEPENDENCE State KY Zip Code 41051-9584
 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 ▼ 500.00

Date of Receipt 09 / 29 / 2016
Transaction ID : SA17.533416
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT; REFUNDED \$500.00 ON 10/06/2016

B. VEGA, BETTY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4905 SW 140 TH TER
 City HOLLYWOOD State FL Zip Code 33027-6201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SALES PERSON Occupation (for Individual) SELFIE EMPLOYE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 05 / 2016
Transaction ID : SA17.498522
 Amount of Each Receipt this Period 40.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. VEGA, BETTY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4905 SW 140 TH TER
 City HOLLYWOOD State FL Zip Code 33027-6201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SALES PERSON Occupation (for Individual) SELFIE EMPLOYE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 08 / 05 / 2016
Transaction ID : SA17.501148
 Amount of Each Receipt this Period 40.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	580.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 585 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. VEGA, BETTY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4905 SW 140 TH TER

City HOLLYWOOD	State FL	Zip Code 33027-6201
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SALES PERSON	Occupation (for Individual) SELFIE EMPLOYE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2016

Transaction ID : SA17.522473

Amount of Each Receipt this Period
40.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. VITALE, ALBERTO, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 135 GRACE TRAIL

City PALM BEACH	State FL	Zip Code 33480-3909
--------------------	-------------	------------------------

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 ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	21	/	2016

Transaction ID : SA17.507291

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. VOLLRATH, CAROLYN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10413 FOX BOROUGH CT.

City OAKDALE	State CA	Zip Code 95361-7622
-----------------	-------------	------------------------

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 M	/	D D D	/	Y Y Y Y Y Y
08	/	23	/	2016

Transaction ID : SA17.511528

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	540.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 586 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. VUKOVICH, NATASHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5015 W KING CREST LN.
 City LITTLETON State CO Zip Code 80123-1579
 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 ▼ 325.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498674
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. VUKOVICH, NATASHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5015 W KING CREST LN.
 City LITTLETON State CO Zip Code 80123-1579
 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 ▼ 325.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501290
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. VUKOVICH, NATASHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5015 W KING CREST LN.
 City LITTLETON State CO Zip Code 80123-1579
 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 ▼ 325.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.522892
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 587 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. VUKOVICH, NATASHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5015 W KING CREST LN.
 City LITTLETON State CO Zip Code 80123-1579
 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 ▼ 325.00

Date of Receipt **09 / 29 / 2016**
Transaction ID : SA17.533296
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. WAGNER, JO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 SOLANA CT
 City SANTA BARBARA State CA Zip Code 93109-1046
 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 ▼ 225.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498433
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. WAGNER, JO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 SOLANA CT
 City SANTA BARBARA State CA Zip Code 93109-1046
 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 ▼ 225.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501050
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 588 OF 700
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. WAGNER, JO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 SOLANA CT
 City SANTA BARBARA State CA Zip Code 93109-1046
 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 ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2016
Transaction ID : SA17.522264
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. WAGNER, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5166 ALTURAS CIR
 City COLORADO SPRINGS State CO Zip Code 80911-3417
 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 ▼ 370.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2016
Transaction ID : SA17.497796
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. WAGNER, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5166 ALTURAS CIR
 City COLORADO SPRINGS State CO Zip Code 80911-3417
 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 ▼ 370.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2016
Transaction ID : SA17.498434
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 589 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. WAGNER, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5166 ALTURAS CIR
 City COLORADO SPRINGS State CO Zip Code 80911-3417
 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 ▼ 370.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498435
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. WAGNER, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5166 ALTURAS CIR
 City COLORADO SPRINGS State CO Zip Code 80911-3417
 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 ▼ 370.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.500430
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. WAGNER, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5166 ALTURAS CIR
 City COLORADO SPRINGS State CO Zip Code 80911-3417
 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 ▼ 370.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501051
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 590 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. WAGNER, MARY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5166 ALTURAS CIR

City COLORADO SPRINGS	State CO	Zip Code 80911-3417
--------------------------	-------------	------------------------

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 ▼
370.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	05	/	2016

Transaction ID : SA17.501052

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. WAGNER, MARY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5166 ALTURAS CIR

City COLORADO SPRINGS	State CO	Zip Code 80911-3417
--------------------------	-------------	------------------------

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 ▼
370.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2016

Transaction ID : SA17.501559

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. WAGNER, MARY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5166 ALTURAS CIR

City COLORADO SPRINGS	State CO	Zip Code 80911-3417
--------------------------	-------------	------------------------

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 ▼
370.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2016

Transaction ID : SA17.514794

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 591 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. WAGNER, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5166 ALTURAS CIR
 City COLORADO SPRINGS State CO Zip Code 80911-3417
 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 ▼ 370.00

Date of Receipt 09 / 05 / 2016
Transaction ID : SA17.520313
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. WAGNER, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5166 ALTURAS CIR
 City COLORADO SPRINGS State CO Zip Code 80911-3417
 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 ▼ 370.00

Date of Receipt 09 / 05 / 2016
Transaction ID : SA17.522265
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. WAGNER, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5166 ALTURAS CIR
 City COLORADO SPRINGS State CO Zip Code 80911-3417
 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 ▼ 370.00

Date of Receipt 09 / 12 / 2016
Transaction ID : SA17.525278
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 592 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. WAGNER, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5166 ALTURAS CIR
 City COLORADO SPRINGS State CO Zip Code 80911-3417
 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 ▼ 370.00

Date of Receipt **09 / 17 / 2016**
Transaction ID : SA17.527947
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. WAGNER, ROBERT R., E., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19575 VINTAGE TRACE CIRCLE
 City FORT MYERS State FL Zip Code 33967-5532
 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 ▼ 235.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.497797
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. WAGNER, ROBERT R., E., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19575 VINTAGE TRACE CIRCLE
 City FORT MYERS State FL Zip Code 33967-5532
 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 ▼ 235.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498436
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 593 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. WAGNER, ROBERT R., E., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19575 VINTAGE TRACE CIRCLE

City FORT MYERS	State FL	Zip Code 33967-5532
--------------------	-------------	------------------------

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 ▼
235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	11	/	2016

Transaction ID : SA17.498976

Amount of Each Receipt this Period
10.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. WAGNER, ROBERT R., E., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19575 VINTAGE TRACE CIRCLE

City FORT MYERS	State FL	Zip Code 33967-5532
--------------------	-------------	------------------------

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 ▼
235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	05	/	2016

Transaction ID : SA17.500431

Amount of Each Receipt this Period
10.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. WAGNER, ROBERT R., E., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19575 VINTAGE TRACE CIRCLE

City FORT MYERS	State FL	Zip Code 33967-5532
--------------------	-------------	------------------------

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 ▼
235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	05	/	2016

Transaction ID : SA17.501053

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	45.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 594 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. WAGNER, ROBERT R., E., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19575 VINTAGE TRACE CIRCLE
 City FORT MYERS State FL Zip Code 33967-5532
 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 ▼ 235.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.520314
 Amount of Each Receipt this Period 10.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. WAGNER, ROBERT R., E., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19575 VINTAGE TRACE CIRCLE
 City FORT MYERS State FL Zip Code 33967-5532
 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 ▼ 235.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.522266
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. WAGNER, ROBERT R., E., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19575 VINTAGE TRACE CIRCLE
 City FORT MYERS State FL Zip Code 33967-5532
 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 ▼ 235.00

Date of Receipt **09 / 06 / 2016**
Transaction ID : SA17.523386
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 595 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. WALTER, ANITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3600 SOUTHERN PINES DR.
 City MIDDLEBURG State FL Zip Code 32068-5830
 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 ▼ 260.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498441
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. WALTER, ANITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3600 SOUTHERN PINES DR.
 City MIDDLEBURG State FL Zip Code 32068-5830
 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 ▼ 260.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501058
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. WALTER, ANITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3600 SOUTHERN PINES DR.
 City MIDDLEBURG State FL Zip Code 32068-5830
 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 ▼ 260.00

Date of Receipt **08 / 20 / 2016**
Transaction ID : SA17.506569
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 596 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. WALTER, ANITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3600 SOUTHERN PINES DR.
 City MIDDLEBURG State FL Zip Code 32068-5830
 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 ▼ 260.00

Date of Receipt 09 / 05 / 2016
Transaction ID : SA17.522279
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. WALTER, ANITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3600 SOUTHERN PINES DR.
 City MIDDLEBURG State FL Zip Code 32068-5830
 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 ▼ 260.00

Date of Receipt 09 / 09 / 2016
Transaction ID : SA17.523842
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. WASHAM, LORI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3912 SEGUNDO
 City PLANO State TX Zip Code 75074-7926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FBCHURCH Occupation (for Individual) ASST DIR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 239.00

Date of Receipt 07 / 05 / 2016
Transaction ID : SA17.497801
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	45.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 597 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. WASHAM, LORI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3912 SEGUNDO
 City PLANO State TX Zip Code 75074-7926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FBCHURCH Occupation (for Individual) ASST DIR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.00

Date of Receipt 07 / 28 / 2016
Transaction ID : SA17.499592
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. WASHAM, LORI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3912 SEGUNDO
 City PLANO State TX Zip Code 75074-7926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FBCHURCH Occupation (for Individual) ASST DIR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.00

Date of Receipt 08 / 05 / 2016
Transaction ID : SA17.500437
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. WASHAM, LORI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3912 SEGUNDO
 City PLANO State TX Zip Code 75074-7926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FBCHURCH Occupation (for Individual) ASST DIR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.00

Date of Receipt 08 / 23 / 2016
Transaction ID : SA17.509138
 Amount of Each Receipt this Period 5.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	25.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 598 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. WASHAM, LORI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3912 SEGUNDO
 City PLANO State TX Zip Code 75074-7926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FBCHURCH Occupation (for Individual) ASST DIR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.00

Date of Receipt 09 / 01 / 2016
Transaction ID : SA17.516559
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. WASHAM, LORI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3912 SEGUNDO
 City PLANO State TX Zip Code 75074-7926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FBCHURCH Occupation (for Individual) ASST DIR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.00

Date of Receipt 09 / 05 / 2016
Transaction ID : SA17.519749
 Amount of Each Receipt this Period 5.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. WASHAM, LORI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3912 SEGUNDO
 City PLANO State TX Zip Code 75074-7926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FBCHURCH Occupation (for Individual) ASST DIR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.00

Date of Receipt 09 / 05 / 2016
Transaction ID : SA17.520324
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	25.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 599 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. WASHAM, LORI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3912 SEGUNDO
 City PLANO State TX Zip Code 75074-7926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FBCHURCH Occupation (for Individual) ASST DIR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.00

Date of Receipt 09 / 20 / 2016
Transaction ID : SA17.528650
 Amount of Each Receipt this Period 6.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. WASHAM, LORI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3912 SEGUNDO
 City PLANO State TX Zip Code 75074-7926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FBCHURCH Occupation (for Individual) ASST DIR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.00

Date of Receipt 09 / 22 / 2016
Transaction ID : SA17.530113
 Amount of Each Receipt this Period 15.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. WASHAM, LORI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3912 SEGUNDO
 City PLANO State TX Zip Code 75074-7926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FBCHURCH Occupation (for Individual) ASST DIR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.00

Date of Receipt 09 / 29 / 2016
Transaction ID : SA17.532979
 Amount of Each Receipt this Period 15.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	36.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 600 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. WEBER, EDWARD, V., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O BOX 1165

City PORT EWEN	State NY	Zip Code 12466-1165
-------------------	-------------	------------------------

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 ▼
1310.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	11	/	2016

Transaction ID : SA17.499084

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. WEBER, EDWARD, V., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O BOX 1165

City PORT EWEN	State NY	Zip Code 12466-1165
-------------------	-------------	------------------------

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 ▼
1310.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2016

Transaction ID : SA17.499555

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. WEBER, EDWARD, V., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O BOX 1165

City PORT EWEN	State NY	Zip Code 12466-1165
-------------------	-------------	------------------------

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 ▼
1310.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2016

Transaction ID : SA17.501488

Amount of Each Receipt this Period
20.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	95.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 601 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. WEBER, EDWARD, V., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address P O BOX 1165

City PORT EWEN	State NY	Zip Code 12466-1165
-------------------	-------------	------------------------

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 ▼
1310.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	11	/	2016

Transaction ID : SA17.501611

Amount of Each Receipt this Period
20.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. WEBER, EDWARD, V., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address P O BOX 1165

City PORT EWEN	State NY	Zip Code 12466-1165
-------------------	-------------	------------------------

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 ▼
1310.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2016

Transaction ID : SA17.501702

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. WEBER, EDWARD, V., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address P O BOX 1165

City PORT EWEN	State NY	Zip Code 12466-1165
-------------------	-------------	------------------------

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 ▼
1310.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	16	/	2016

Transaction ID : SA17.501809

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	95.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 602 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. WEBER, EDWARD, V., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 1165
 City PORT EWEN State NY Zip Code 12466-1165
 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 ▼ 1310.16

Date of Receipt **08 / 26 / 2016**
Transaction ID : SA17.513474
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. WEBER, EDWARD, V., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 1165
 City PORT EWEN State NY Zip Code 12466-1165
 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 ▼ 1310.16

Date of Receipt **09 / 01 / 2016**
Transaction ID : SA17.517016
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. WEBER, EDWARD, V., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 1165
 City PORT EWEN State NY Zip Code 12466-1165
 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 ▼ 1310.16

Date of Receipt **09 / 01 / 2016**
Transaction ID : SA17.517133
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 603 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. WEBER, EDWARD, V., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O BOX 1165

City PORT EWEN	State NY	Zip Code 12466-1165
-------------------	-------------	------------------------

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 ▼
1310.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2016

Transaction ID : SA17.525285

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. WEBER, EDWARD, V., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O BOX 1165

City PORT EWEN	State NY	Zip Code 12466-1165
-------------------	-------------	------------------------

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 ▼
1310.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2016

Transaction ID : SA17.526954

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. WEBER, EDWARD, V., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O BOX 1165

City PORT EWEN	State NY	Zip Code 12466-1165
-------------------	-------------	------------------------

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 ▼
1310.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2016

Transaction ID : SA17.529672

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 604 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. WEBER, EDWARD, V., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O BOX 1165

City PORT EWEN	State NY	Zip Code 12466-1165
-------------------	-------------	------------------------

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 ▼
1310.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : SA17.534353

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. WEEKES, WALLACE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6208 CEDARBROOK DRIVE

City LAS VEGAS	State NV	Zip Code 89146-1112
-------------------	-------------	------------------------

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 M	/	D D D	/	Y Y Y Y Y Y
07		05		2016

Transaction ID : SA17.498677

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. WEHDE, ROBERT, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 PRIMROSE CIR

City CLINTONVILLE	State WI	Zip Code 54929-9798
----------------------	-------------	------------------------

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 ▼
378.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2016

Transaction ID : SA17.497317

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 605 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. WEHDE, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 PRIMROSE CIR
 City CLINTONVILLE State WI Zip Code 54929-9798
 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 ▼ 378.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498524
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. WEHDE, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 PRIMROSE CIR
 City CLINTONVILLE State WI Zip Code 54929-9798
 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 ▼ 378.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501150
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. WEHDE, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 PRIMROSE CIR
 City CLINTONVILLE State WI Zip Code 54929-9798
 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 ▼ 378.00

Date of Receipt **08 / 17 / 2016**
Transaction ID : SA17.501900
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	105.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 606 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. WEHDE, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 PRIMROSE CIR
 City CLINTONVILLE State WI Zip Code 54929-9798
 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 ▼ 378.00

Date of Receipt 08 / 24 / 2016
Transaction ID : SA17.511695
 Amount of Each Receipt this Period 3.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. WEHRHEIM, NANCY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10254 CENTER OAK DR.
 City PITTSBURGH State PA Zip Code 15237-
 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 ▼ 242.95

Date of Receipt 08 / 23 / 2016
Transaction ID : SA17.511016
 Amount of Each Receipt this Period 30.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. WEHRHEIM, NANCY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10254 CENTER OAK DR.
 City PITTSBURGH State PA Zip Code 15237-
 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 ▼ 242.95

Date of Receipt 08 / 24 / 2016
Transaction ID : SA17.511899
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	43.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 607 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. WEHRHEIM, NANCY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10254 CENTER OAK DR.
 City PITTSBURGH State PA Zip Code 15237-
 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 ▼ 242.95

Date of Receipt **08 / 29 / 2016**
Transaction ID : SA17.514803
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. WEHRHEIM, NANCY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10254 CENTER OAK DR.
 City PITTSBURGH State PA Zip Code 15237-
 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 ▼ 242.95

Date of Receipt **09 / 01 / 2016**
Transaction ID : SA17.517019
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. WEHRHEIM, NANCY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10254 CENTER OAK DR.
 City PITTSBURGH State PA Zip Code 15237-
 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 ▼ 242.95

Date of Receipt **09 / 02 / 2016**
Transaction ID : SA17.518298
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 608 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. WEHRHEIM, NANCY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10254 CENTER OAK DR.
 City PITTSBURGH State PA Zip Code 15237-
 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 ▼ 242.95

Date of Receipt 09 / 05 / 2016
Transaction ID : SA17.522296
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. WEHRHEIM, NANCY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10254 CENTER OAK DR.
 City PITTSBURGH State PA Zip Code 15237-
 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 ▼ 242.95

Date of Receipt 09 / 16 / 2016
Transaction ID : SA17.527349
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. WEHRHEIM, NANCY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10254 CENTER OAK DR.
 City PITTSBURGH State PA Zip Code 15237-
 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 ▼ 242.95

Date of Receipt 09 / 26 / 2016
Transaction ID : SA17.531278
 Amount of Each Receipt this Period 27.95
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	77.95
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 609 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. WEHRHEIM, NANCY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10254 CENTER OAK DR.
 City PITTSBURGH State PA Zip Code 15237-
 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 ▼ 242.95

Date of Receipt 09 / 29 / 2016
Transaction ID : SA17.533299
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. WEHRHEIM, NANCY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10254 CENTER OAK DR.
 City PITTSBURGH State PA Zip Code 15237-
 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 ▼ 242.95

Date of Receipt 09 / 30 / 2016
Transaction ID : SA17.534356
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. WEINBERG, ALLYSON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2510 ALHAMBRA CT
 City CAMARILLO State CA Zip Code 93012-9326
 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 08 / 23 / 2016
Transaction ID : SA17.511529
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 610 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. WEISS, NITZA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 540 BARDINI DR. MELVILLE, NY

City MELVILLE	State NY	Zip Code 11747-5326
------------------	-------------	------------------------

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2016

Transaction ID : SA17.513555

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. WEISS, NITZA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 540 BARDINI DR. MELVILLE, NY

City MELVILLE	State NY	Zip Code 11747-5326
------------------	-------------	------------------------

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2016

Transaction ID : SA17.523171

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. WEISS, NITZA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 540 BARDINI DR. MELVILLE, NY

City MELVILLE	State NY	Zip Code 11747-5326
------------------	-------------	------------------------

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2016

Transaction ID : SA17.524466

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 611 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. WETZEL, AGGIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4454 KITTIWAKE WAY
 City OCEANSIDE State CA Zip Code 92057-7728
 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 09 / 10 / 2016
Transaction ID : SA17.524467
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. WETZEL, AGGIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4454 KITTIWAKE WAY
 City OCEANSIDE State CA Zip Code 92057-7728
 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 09 / 15 / 2016
Transaction ID : SA17.527067
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. WETZEL, AGGIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4454 KITTIWAKE WAY
 City OCEANSIDE State CA Zip Code 92057-7728
 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 09 / 22 / 2016
Transaction ID : SA17.530400
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 612 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. WETZEL, AGGIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4454 KITTIWAKE WAY
 City OCEANSIDE State CA Zip Code 92057-7728
 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 **09 / 23 / 2016**
Transaction ID : SA17.530683
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. WHEELER, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 684 NILES ROAD
 City NEW HARTFORD State CT Zip Code 06057-2412
 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 ▼ 400.00

Date of Receipt **08 / 26 / 2016**
Transaction ID : SA17.513559
 Amount of Each Receipt this Period 200.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. WHEELER, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 684 NILES ROAD
 City NEW HARTFORD State CT Zip Code 06057-2412
 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 ▼ 400.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.523185
 Amount of Each Receipt this Period 200.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 613 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. WHIPPLE, JR., LAWRENCE A., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26 CANNON COURT
 City BASKING RIDGE State NJ Zip Code 07920-3842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MSW CAPITAL, LLC Occupation (for Individual) LAWYER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 30 / 2016
Transaction ID : SA17.515698
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. WHITE, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 540572
 City WALTHAM State MA Zip Code 02454-0572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AFSSI Occupation (for Individual) BUSINESS PERSON
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 337.95

Date of Receipt 08 / 05 / 2016
Transaction ID : SA17.501294
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. WHITE, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 540572
 City WALTHAM State MA Zip Code 02454-0572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AFSSI Occupation (for Individual) BUSINESS PERSON
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 337.95

Date of Receipt 08 / 12 / 2016
Transaction ID : SA17.501686
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 614 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. WHITE, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 540572
 City WALTHAM State MA Zip Code 02454-0572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AFSSI Occupation (for Individual) BUSINESS PERSON
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 337.95

Date of Receipt 08 / 19 / 2016
Transaction ID : SA17.504348
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. WHITE, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 540572
 City WALTHAM State MA Zip Code 02454-0572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AFSSI Occupation (for Individual) BUSINESS PERSON
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 337.95

Date of Receipt 08 / 29 / 2016
Transaction ID : SA17.514933
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. WHITE, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 540572
 City WALTHAM State MA Zip Code 02454-0572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AFSSI Occupation (for Individual) BUSINESS PERSON
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 337.95

Date of Receipt 09 / 05 / 2016
Transaction ID : SA17.522903
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	125.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 615 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. WHITE, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 540572
 City WALTHAM State MA Zip Code 02454-0572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AFSSI Occupation (for Individual) BUSINESS PERSON
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 337.95

Date of Receipt **09 / 21 / 2016**
Transaction ID : SA17.529782
 Amount of Each Receipt this Period 47.95
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. WHITE, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 649 WHETSTONE ROAD
 City DAYTON State WA Zip Code 99328-9669
 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 ▼ 235.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498455
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. WHITE, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 649 WHETSTONE ROAD
 City DAYTON State WA Zip Code 99328-9669
 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 ▼ 235.00

Date of Receipt **07 / 16 / 2016**
Transaction ID : SA17.499292
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	112.95
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 616 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. WHITE, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1209 SAN SIMEON DR.
 City ROSEVILLE State CA Zip Code 95661-5363
 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 ▼ 500.00

Date of Receipt **08 / 30 / 2016**
Transaction ID : SA17.515699
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. WHITE, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1850 DELPHINA COURT
 City CAMERON PARK State CA Zip Code 95682-8963
 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 ▼ 525.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501357
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. WHITE, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1850 DELPHINA COURT
 City CAMERON PARK State CA Zip Code 95682-8963
 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 ▼ 525.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.523175
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	700.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 617 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. WILHELM, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 884 PEBBLEBROOK
 City EAST LANSING State MI Zip Code 48823-2164
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LOEYECARE Occupation (for Individual) OPHTHALMOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 08 / 2016
Transaction ID : SA17.501395
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. WILHELM, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 884 PEBBLEBROOK
 City EAST LANSING State MI Zip Code 48823-2164
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LOEYECARE Occupation (for Individual) OPHTHALMOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 22 / 2016
Transaction ID : SA17.508102
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. WILHELM, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 884 PEBBLEBROOK
 City EAST LANSING State MI Zip Code 48823-2164
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LOEYECARE Occupation (for Individual) OPHTHALMOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 05 / 2016
Transaction ID : SA17.522325
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 618 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. WILHELM, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 884 PEBBLEBROOK
 City EAST LANSING State MI Zip Code 48823-2164
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LOEYECARE Occupation (for Individual) OPHTHALMOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 12 / 2016
Transaction ID : SA17.525286
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. WILHELM, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 884 PEBBLEBROOK
 City EAST LANSING State MI Zip Code 48823-2164
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LOEYECARE Occupation (for Individual) OPHTHALMOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 17 / 2016
Transaction ID : SA17.527962
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. WILHELM, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 884 PEBBLEBROOK
 City EAST LANSING State MI Zip Code 48823-2164
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LOEYECARE Occupation (for Individual) OPHTHALMOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA17.534362
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 619 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. WILLIAMS, GEORGANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 07340

City FORT MYERS	State FL	Zip Code 33919-0340
--------------------	-------------	------------------------

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 ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 05 / 2016
Transaction ID : SA17.501358

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. WILLIAMS, GEORGANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 07340

City FORT MYERS	State FL	Zip Code 33919-0340
--------------------	-------------	------------------------

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 ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2016
Transaction ID : SA17.501565

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. WILLIAMS, GEORGANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 07340

City FORT MYERS	State FL	Zip Code 33919-0340
--------------------	-------------	------------------------

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 ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : SA17.527113

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 620 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. WILLIAMSON, JERRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3419 WESTMINSTER AVE
 306-G
 City DALLAS State TX Zip Code 75205-1387
 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 ▼ 1700.00

Date of Receipt 08 / 19 / 2016
Transaction ID : SA17.504840
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. WILLIAMSON, JERRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3419 WESTMINSTER AVE
 306-G
 City DALLAS State TX Zip Code 75205-1387
 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 ▼ 1700.00

Date of Receipt 08 / 26 / 2016
Transaction ID : SA17.513558
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. WILLIAMSON, JERRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3419 WESTMINSTER AVE
 306-G
 City DALLAS State TX Zip Code 75205-1387
 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 ▼ 1700.00

Date of Receipt 09 / 01 / 2016
Transaction ID : SA17.517207
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	1600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 621 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. WILLIAMS, LEAH, A., MS., PH.D.

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

Mailing Address 322 HORSESHOE RD

City MORGANTOWN	State WV	Zip Code 26508-5308
--------------------	-------------	------------------------

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2016

Transaction ID : SA17.498680

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. WILLIAMS, LEAH, A., MS., PH.D.

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

Mailing Address 322 HORSESHOE RD

City MORGANTOWN	State WV	Zip Code 26508-5308
--------------------	-------------	------------------------

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

Transaction ID : SA17.501295

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. WILLIAMS, LEAH, A., MS., PH.D.

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

Mailing Address 322 HORSESHOE RD

City MORGANTOWN	State WV	Zip Code 26508-5308
--------------------	-------------	------------------------

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2016

Transaction ID : SA17.522908

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 622 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. WILLIAMS, RENOVA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4505 DARTMOORE LAME
 City COLLEYVILLE State TX Zip Code 76034-4262
 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 ▼ 400.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498746
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. WILLIAMS, RENOVA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4505 DARTMOORE LAME
 City COLLEYVILLE State TX Zip Code 76034-4262
 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 ▼ 400.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501359
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. WILLIAMS, RENOVA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4505 DARTMOORE LAME
 City COLLEYVILLE State TX Zip Code 76034-4262
 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 ▼ 400.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.523176
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 623 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. WILLIAMS, RYAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 142 WASHAKIE ST
 City LANDER State WY Zip Code 82520-2852
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ACADEMI Occupation (for Individual) CONTRACTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.498489
 Amount of Each Receipt this Period 35.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. WILLIAMS, RYAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 142 WASHAKIE ST
 City LANDER State WY Zip Code 82520-2852
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ACADEMI Occupation (for Individual) CONTRACTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt **07 / 06 / 2016**
Transaction ID : SA17.498853
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. WILLIAMS, RYAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 142 WASHAKIE ST
 City LANDER State WY Zip Code 82520-2852
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ACADEMI Occupation (for Individual) CONTRACTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA17.501111
 Amount of Each Receipt this Period 35.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	170.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 624 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. WILLIAMS, RYAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 142 WASHAKIE ST
 City LANDER State WY Zip Code 82520-2852
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ACADEMI Occupation (for Individual) CONTRACTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.522438
 Amount of Each Receipt this Period 35.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. WILLISAMS, THEODORE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 329 MELODY DRIVE
 City JESUP State GA Zip Code 31545-8541
 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 ▼ 400.00

Date of Receipt **08 / 23 / 2016**
Transaction ID : SA17.511492
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. WILLISAMS, THEODORE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 329 MELODY DRIVE
 City JESUP State GA Zip Code 31545-8541
 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 ▼ 400.00

Date of Receipt **08 / 30 / 2016**
Transaction ID : SA17.515695
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	235.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 625 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. WILLISAMS, THEODORE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 329 MELODY DRIVE
 City JESUP State GA Zip Code 31545-8541
 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 ▼ 400.00

Date of Receipt **08 / 31 / 2016**
Transaction ID : SA17.515999
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. WILLISAMS, THEODORE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 329 MELODY DRIVE
 City JESUP State GA Zip Code 31545-8541
 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 ▼ 400.00

Date of Receipt **09 / 15 / 2016**
Transaction ID : SA17.527114
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. WISEMAN, DENISE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9810 STATE HIGHWAY 220
 City CASPER State WY Zip Code 82604-9184
 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 ▼ 300.00

Date of Receipt **07 / 11 / 2016**
Transaction ID : SA17.499095
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 626 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. WITT, HARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8969 BAY COLONY DRIVE
 801
 City NAPLES State FL Zip Code 34108-
 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 ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2016
Transaction ID : SA17.498462
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. WITT, HARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8969 BAY COLONY DRIVE
 801
 City NAPLES State FL Zip Code 34108-
 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 ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2016
Transaction ID : SA17.498463
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. WITT, HARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8969 BAY COLONY DRIVE
 801
 City NAPLES State FL Zip Code 34108-
 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 ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 05 / 2016
Transaction ID : SA17.501076
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 627 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. WITT, HARRY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8969 BAY COLONY DRIVE
801

City NAPLES State FL Zip Code 34108-

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 ▼
365.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2016

Transaction ID : SA17.501077

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. WITT, HARRY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8969 BAY COLONY DRIVE
801

City NAPLES State FL Zip Code 34108-

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 ▼
365.00

Date of Receipt
MM / DD / YYYY
08 / 16 / 2016

Transaction ID : SA17.501838

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. WITT, HARRY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8969 BAY COLONY DRIVE
801

City NAPLES State FL Zip Code 34108-

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 ▼
365.00

Date of Receipt
MM / DD / YYYY
09 / 05 / 2016

Transaction ID : SA17.522344

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 628 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. WITT, HARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8969 BAY COLONY DRIVE
 801
 City NAPLES State FL Zip Code 34108-
 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 ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2016
Transaction ID : SA17.522345
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. WOLSKE, KENNETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1422 LARPEN TEUR AVE WEST
 City FALCON HEIGHTS State MN Zip Code 55113-6303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BAROLE Occupation (for Individual) TRUCK DRIVER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2016
Transaction ID : SA17.498684
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. WOLSKE, KENNETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1422 LARPEN TEUR AVE WEST
 City FALCON HEIGHTS State MN Zip Code 55113-6303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BAROLE Occupation (for Individual) TRUCK DRIVER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 05 / 2016
Transaction ID : SA17.501299
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	125.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 629 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. WOLSKE, KENNETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1422 LARPENTEUR AVE WEST
 City FALCON HEIGHTS State MN Zip Code 55113-6303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BAROLE Occupation (for Individual) TRUCK DRIVER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 02 / 2016
Transaction ID : SA17.518317
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. WOLSKE, KENNETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1422 LARPENTEUR AVE WEST
 City FALCON HEIGHTS State MN Zip Code 55113-6303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BAROLE Occupation (for Individual) TRUCK DRIVER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 05 / 2016
Transaction ID : SA17.522914
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. WOODRUFF, ALBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 150 GUS LANE
 City NEW BERN State NC Zip Code 28562-8628
 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 ▼ 500.00

Date of Receipt 08 / 19 / 2016
Transaction ID : SA17.504832
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	575.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 630 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. WOOLSEY, WARREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14213 NW 59TH PLACE
 City GAINESVILLE State FL Zip Code 32653-2572
 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 ▼ 387.95

Date of Receipt **08 / 26 / 2016**
Transaction ID : SA17.513480
 Amount of Each Receipt this Period 30.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. WOOLSEY, WARREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14213 NW 59TH PLACE
 City GAINESVILLE State FL Zip Code 32653-2572
 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 ▼ 387.95

Date of Receipt **09 / 01 / 2016**
Transaction ID : SA17.517195
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. WOOLSEY, WARREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14213 NW 59TH PLACE
 City GAINESVILLE State FL Zip Code 32653-2572
 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 ▼ 387.95

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.522391
 Amount of Each Receipt this Period 30.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	160.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 631 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. WOOLSEY, WARREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14213 NW 59TH PLACE
 City Gainesville State FL Zip Code 32653-2572
 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 ▼ 387.95

Date of Receipt 09 / 15 / 2016
Transaction ID : SA17.527116
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. WOOLSEY, WARREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14213 NW 59TH PLACE
 City Gainesville State FL Zip Code 32653-2572
 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 ▼ 387.95

Date of Receipt 09 / 18 / 2016
Transaction ID : SA17.528194
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. WOOLSEY, WARREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14213 NW 59TH PLACE
 City Gainesville State FL Zip Code 32653-2572
 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 ▼ 387.95

Date of Receipt 09 / 19 / 2016
Transaction ID : SA17.528541
 Amount of Each Receipt this Period 27.95
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	227.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 632 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. WORKMAN, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1598 E NORMANDY BLVD
 City DELTONA State FL Zip Code 32725-7569
 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 ▼ 700.00

Date of Receipt **08 / 22 / 2016**
Transaction ID : SA17.508275
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. WORKMAN, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1598 E NORMANDY BLVD
 City DELTONA State FL Zip Code 32725-7569
 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 ▼ 700.00

Date of Receipt **08 / 25 / 2016**
Transaction ID : SA17.513088
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. WORKMAN, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1598 E NORMANDY BLVD
 City DELTONA State FL Zip Code 32725-7569
 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 ▼ 700.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.523220
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 633 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. WRIGHT, KARRIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 E 75TH ST
 7E
 City NEW YORK State NY Zip Code 10021-2625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) SELF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2016
Transaction ID : SA17.498469
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. WRIGHT, KARRIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 E 75TH ST
 7E
 City NEW YORK State NY Zip Code 10021-2625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) SELF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 05 / 2016
Transaction ID : SA17.501083
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. WRIGHT, KARRIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 E 75TH ST
 7E
 City NEW YORK State NY Zip Code 10021-2625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) SELF
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2016
Transaction ID : SA17.522361
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 634 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. WYANT, MARTHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10606 DEER RUN
 City COLLEGE STATION State TX Zip Code 77845-7841
 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 ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2016
Transaction ID : SA17.517196
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. WYATT, PHILIP, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 891 NORTH BRAND
 City GLENDALE State CA Zip Code 91203-1215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEDNET Occupation (for Individual) PRES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2016
Transaction ID : SA17.523573
 Amount of Each Receipt this Period
 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. WYATT, PHILIP, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 891 NORTH BRAND
 City GLENDALE State CA Zip Code 91203-1215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEDNET Occupation (for Individual) PRES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2016
Transaction ID : SA17.523574
 Amount of Each Receipt this Period
 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	180.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 635 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. WYATT, PHILIP, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 891 NORTH BRAND
 City GLENDALE State CA Zip Code 91203-1215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEDNET Occupation (for Individual) PRES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 15 / 2016
Transaction ID : SA17.527117
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. WYNNE, WILLARD, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 473 NANCY JACK ROAD
 City GERRARDSTOWN State WV Zip Code 25420-3826
 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 ▼ 560.00

Date of Receipt 07 / 11 / 2016
Transaction ID : SA17.499088
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. WYNNE, WILLARD, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 473 NANCY JACK ROAD
 City GERRARDSTOWN State WV Zip Code 25420-3826
 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 ▼ 560.00

Date of Receipt 08 / 01 / 2016
Transaction ID : SA17.499885
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 636 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WYNNE, WILLARD, J., ,

Mailing Address 473 NANCY JACK ROAD

City GERRARDSTOWN	State WV	Zip Code 25420-3826
----------------------	-------------	------------------------

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 ▼
560.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2016

Transaction ID : SA17.501566

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WYNNE, WILLARD, J., ,

Mailing Address 473 NANCY JACK ROAD

City GERRARDSTOWN	State WV	Zip Code 25420-3826
----------------------	-------------	------------------------

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 ▼
560.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	16	/	2016

Transaction ID : SA17.501814

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WYNNE, WILLARD, J., ,

Mailing Address 473 NANCY JACK ROAD

City GERRARDSTOWN	State WV	Zip Code 25420-3826
----------------------	-------------	------------------------

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 ▼
560.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2016

Transaction ID : SA17.526972

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 637 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. YAZDAN.MD., DAVID, A., DR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 CHANNEL DR.
1013

City MONMOUTH BEACH State NJ Zip Code 07750-1365

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 ▼
400.00

Date of Receipt
MM / DD / YYYY
07 / 05 / 2016

Transaction ID : SA17.498747

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. YAZDAN.MD., DAVID, A., DR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 CHANNEL DR.
1013

City MONMOUTH BEACH State NJ Zip Code 07750-1365

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 ▼
400.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2016

Transaction ID : SA17.501360

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. YAZDAN.MD., DAVID, A., DR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 CHANNEL DR.
1013

City MONMOUTH BEACH State NJ Zip Code 07750-1365

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 ▼
400.00

Date of Receipt
MM / DD / YYYY
09 / 05 / 2016

Transaction ID : SA17.523180

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 638 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. YAZDAN.MD., DAVID, A., DR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 CHANNEL DR.
1013

City MONMOUTH BEACH State NJ Zip Code 07750-1365

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 ▼ 400.00

Date of Receipt **09 / 30 / 2016**

Transaction ID : SA17.534512

Amount of Each Receipt this Period 100.00

Memo Item CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. YEAMAN, SCOTT, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 969 A LA MESA TERRACE
2025 E. BAYSHORE RD

City SUNNYVALE State CA Zip Code 94086-2444

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF Occupation (for Individual) AUTO COLLISION SHOP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt **07 / 01 / 2016**

Transaction ID : SA17.497250

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. YOUNG, RICHARD, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2117 RIVERSHORE RD.

City ELIZABETH CITY State NC Zip Code 27909-6213

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 325.00

Date of Receipt **07 / 05 / 2016**

Transaction ID : SA17.498473

Amount of Each Receipt this Period 25.00

Memo Item CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	375.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 639 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. YOUNG, RICHARD, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2117 RIVERSHORE RD.

City ELIZABETH CITY	State NC	Zip Code 27909-6213
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED	Occupation (for Individual) INFORMATION REQUESTED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2016

Transaction ID : SA17.498748

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. YOUNG, RICHARD, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2117 RIVERSHORE RD.

City ELIZABETH CITY	State NC	Zip Code 27909-6213
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED	Occupation (for Individual) INFORMATION REQUESTED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2016

Transaction ID : SA17.499567

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. YOUNG, RICHARD, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2117 RIVERSHORE RD.

City ELIZABETH CITY	State NC	Zip Code 27909-6213
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED	Occupation (for Individual) INFORMATION REQUESTED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

Transaction ID : SA17.501087

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	175.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 640 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. YOUNG, RICHARD, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2117 RIVERSHORE RD.

City ELIZABETH CITY	State NC	Zip Code 27909-6213
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED	Occupation (for Individual) INFORMATION REQUESTED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2016

Transaction ID : SA17.515992

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. YOUNG, RICHARD, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2117 RIVERSHORE RD.

City ELIZABETH CITY	State NC	Zip Code 27909-6213
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED	Occupation (for Individual) INFORMATION REQUESTED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2016

Transaction ID : SA17.517038

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. YOUNG, RICHARD, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2117 RIVERSHORE RD.

City ELIZABETH CITY	State NC	Zip Code 27909-6213
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED	Occupation (for Individual) INFORMATION REQUESTED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2016

Transaction ID : SA17.522374

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 641 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. YUKI, TOM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14800 OKA RD
 City LOS GATOS State CA Zip Code 95032-1920
 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 ▼ 1100.00

Date of Receipt **08 / 19 / 2016**
Transaction ID : SA17.504833
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. YUKI, TOM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14800 OKA RD
 City LOS GATOS State CA Zip Code 95032-1920
 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 ▼ 1100.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.523229
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. ZACHARIAS, MARGARET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 780 BUTTERCUP TRACE
 City ALPHARETTA State GA Zip Code 30022-5174
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RZIM Occupation (for Individual) VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt **09 / 02 / 2016**
Transaction ID : SA17.518481
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 642 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. ZACHARIAS, MARGARET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 780 BUTTERCUP TRACE
 City ALPHARETTA State GA Zip Code 30022-5174
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RZIM Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt **09 / 29 / 2016**
Transaction ID : SA17.533316
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. ZAMRZLA, JOHNNY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2229 EAST AVENUE Q
 City PALMDALE State CA Zip Code 93550-4140
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WESTERN PACIFIC Occupation (for Individual) ROOFING & SHEETMETAL CONTRAC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **08 / 19 / 2016**
Transaction ID : SA17.504640
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. ZAMRZLA, JOHNNY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2229 EAST AVENUE Q
 City PALMDALE State CA Zip Code 93550-4140
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WESTERN PACIFIC Occupation (for Individual) ROOFING & SHEETMETAL CONTRAC
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **08 / 19 / 2016**
Transaction ID : SA17.504811
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ▶ 175.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 643 OF 700
<input 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 checked="" 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)
Committee to Defend the President

A. ZAMRZLA, JOHNNY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2229 EAST AVENUE Q
 City PALMDALE State CA Zip Code 93550-4140
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WESTERN PACIFIC Occupation (for Individual) ROOFING & SHEETMETAL CONTRAC
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA17.523181
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. ZLOCHEVSKY, ALEX, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2981 CORAL ST
 City CORONA State CA Zip Code 92882-6169
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EPHESOFT Occupation (for Individual) SOFTWARE ENGINEER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 251.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.497537
 Amount of Each Receipt this Period 5.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. ZLOCHEVSKY, ALEX, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2981 CORAL ST
 City CORONA State CA Zip Code 92882-6169
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EPHESOFT Occupation (for Individual) SOFTWARE ENGINEER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 251.00

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA17.497538
 Amount of Each Receipt this Period 5.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	110.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 644 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ZLOCHEVSKY, ALEX, , ,

Mailing Address **2981 CORAL ST**

City CORONA	State CA	Zip Code 92882-6169
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) EPHESOFT	Occupation (for Individual) SOFTWARE ENGINEER
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
251.00

Date of Receipt
07 / 05 / 2016

Transaction ID : SA17.497824

Amount of Each Receipt this Period
10.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ZLOCHEVSKY, ALEX, , ,

Mailing Address **2981 CORAL ST**

City CORONA	State CA	Zip Code 92882-6169
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) EPHESOFT	Occupation (for Individual) SOFTWARE ENGINEER
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
251.00

Date of Receipt
07 / 05 / 2016

Transaction ID : SA17.497825

Amount of Each Receipt this Period
10.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ZLOCHEVSKY, ALEX, , ,

Mailing Address **2981 CORAL ST**

City CORONA	State CA	Zip Code 92882-6169
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) EPHESOFT	Occupation (for Individual) SOFTWARE ENGINEER
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
251.00

Date of Receipt
07 / 11 / 2016

Transaction ID : SA17.498984

Amount of Each Receipt this Period
10.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 645 OF 700
<input 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 checked="" 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)
Committee to Defend the President

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ZLOCHEVSKY, ALEX, , ,

Mailing Address **2981 CORAL ST**

City CORONA	State CA	Zip Code 92882-6169
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) EPHESOFT	Occupation (for Individual) SOFTWARE ENGINEER
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
251.00

Date of Receipt
08 / 05 / 2016

Transaction ID : SA17.500160

Amount of Each Receipt this Period
5.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ZLOCHEVSKY, ALEX, , ,

Mailing Address **2981 CORAL ST**

City CORONA	State CA	Zip Code 92882-6169
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) EPHESOFT	Occupation (for Individual) SOFTWARE ENGINEER
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
251.00

Date of Receipt
08 / 05 / 2016

Transaction ID : SA17.500161

Amount of Each Receipt this Period
5.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ZLOCHEVSKY, ALEX, , ,

Mailing Address **2981 CORAL ST**

City CORONA	State CA	Zip Code 92882-6169
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) EPHESOFT	Occupation (for Individual) SOFTWARE ENGINEER
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
251.00

Date of Receipt
08 / 05 / 2016

Transaction ID : SA17.500456

Amount of Each Receipt this Period
10.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	20.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 646 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ZLOCHEVSKY, ALEX, , ,

Mailing Address **2981 CORAL ST**

City CORONA	State CA	Zip Code 92882-6169
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) EPHESOFT	Occupation (for Individual) SOFTWARE ENGINEER
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
251.00

Date of Receipt
08 / 05 / 2016

Transaction ID : SA17.500457

Amount of Each Receipt this Period
10.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ZLOCHEVSKY, ALEX, , ,

Mailing Address **2981 CORAL ST**

City CORONA	State CA	Zip Code 92882-6169
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) EPHESOFT	Occupation (for Individual) SOFTWARE ENGINEER
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
251.00

Date of Receipt
08 / 22 / 2016

Transaction ID : SA17.507662

Amount of Each Receipt this Period
10.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ZLOCHEVSKY, ALEX, , ,

Mailing Address **2981 CORAL ST**

City CORONA	State CA	Zip Code 92882-6169
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) EPHESOFT	Occupation (for Individual) SOFTWARE ENGINEER
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
251.00

Date of Receipt
09 / 01 / 2016

Transaction ID : SA17.516293

Amount of Each Receipt this Period
3.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	23.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 647 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ZLOCHEVSKY, ALEX, , ,

Mailing Address **2981 CORAL ST**

City CORONA	State CA	Zip Code 92882-6169
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) EPHESOFT	Occupation (for Individual) SOFTWARE ENGINEER
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
251.00

Date of Receipt
09 / 05 / 2016

Transaction ID : SA17.519767

Amount of Each Receipt this Period
5.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ZLOCHEVSKY, ALEX, , ,

Mailing Address **2981 CORAL ST**

City CORONA	State CA	Zip Code 92882-6169
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) EPHESOFT	Occupation (for Individual) SOFTWARE ENGINEER
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
251.00

Date of Receipt
09 / 05 / 2016

Transaction ID : SA17.519768

Amount of Each Receipt this Period
5.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ZLOCHEVSKY, ALEX, , ,

Mailing Address **2981 CORAL ST**

City CORONA	State CA	Zip Code 92882-6169
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) EPHESOFT	Occupation (for Individual) SOFTWARE ENGINEER
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
251.00

Date of Receipt
09 / 05 / 2016

Transaction ID : SA17.520360

Amount of Each Receipt this Period
10.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	20.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 648 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ZLOCHEVSKY, ALEX, , ,

Mailing Address **2981 CORAL ST**

City CORONA	State CA	Zip Code 92882-6169
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) EPHESOFT	Occupation (for Individual) SOFTWARE ENGINEER
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
251.00

Date of Receipt
09 / 05 / 2016

Transaction ID : SA17.520361

Amount of Each Receipt this Period
10.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ZLOCHEVSKY, ALEX, , ,

Mailing Address **2981 CORAL ST**

City CORONA	State CA	Zip Code 92882-6169
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) EPHESOFT	Occupation (for Individual) SOFTWARE ENGINEER
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
251.00

Date of Receipt
09 / 05 / 2016

Transaction ID : SA17.520362

Amount of Each Receipt this Period
10.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ZLOCHEVSKY, ALEX, , ,

Mailing Address **2981 CORAL ST**

City CORONA	State CA	Zip Code 92882-6169
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) EPHESOFT	Occupation (for Individual) SOFTWARE ENGINEER
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
251.00

Date of Receipt
09 / 29 / 2016

Transaction ID : SA17.532760

Amount of Each Receipt this Period
3.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	23.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 649 OF 700
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. POLITICAL LIST BROKERS, LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 107 S. WEST ST PMB 826
 107 WEST STREET
 City ALEXANDRIA State VA Zip Code 22314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2200.14

Date of Receipt 08 / 01 / 2016
Transaction ID : SA17.92553
 Amount of Each Receipt this Period 2200.14
 Memo Item
 CAREY ACCT: LIST RENTAL INCOME

B. VICTORYSTORE.COM
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5200 S W 30TH ST
 City DAVENPORT State IA Zip Code 52802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 327.87

Date of Receipt 09 / 13 / 2016
Transaction ID : SA17.92550
 Amount of Each Receipt this Period 104.70
 Memo Item
 LIST RENTAL INCOME

C. VICTORYSTORE.COM
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5200 S W 30TH ST
 City DAVENPORT State IA Zip Code 52802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 327.87

Date of Receipt 08 / 16 / 2016
Transaction ID : SA17.92551
 Amount of Each Receipt this Period 149.07
 Memo Item
 LIST RENTAL INCOME

SUBTOTAL of Receipts This Page (optional).....	2453.91
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 650 OF 700
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. VICTORYSTORE.COM

Mailing Address 5200 S W 30TH ST

City DAVENPORT State IA Zip Code 52802

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
327.87

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 25 / 2016

Transaction ID : SA17.92552

Amount of Each Receipt this Period
29.70

Memo Item
LIST RENTAL INCOME

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	29.70
TOTAL This Period (last page this line number only).....	219918.38

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

Full Name (Last, First, Middle Initial) A. DELANO, JOSHUA, , ,		Date of Disbursement MM / DD / YYYY 08 / 11 / 2016
Mailing Address P.O. BOX 423		FEC Identification Number C Transaction ID : SB21B.I9256I Amount of Each Disbursement this Period 50.00
City ORANGFIELD	State TX	
Zip Code 77639		Memo Item <input type="checkbox"/>
Purpose of Disbursement CAREY ACCT: MEDIA SERVICES		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. ELAVON, INC.		Date of Disbursement MM / DD / YYYY 07 / 05 / 2016
Mailing Address TWO CONCOURSE PARKWAY STE 800		FEC Identification Number C Transaction ID : SB21B.I9244I Amount of Each Disbursement this Period 217.88
City ATLANTA	State GA	
Zip Code 30328		Memo Item <input type="checkbox"/>
Purpose of Disbursement CAGING AND PAYMENT PROCESSING FEES		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. ELAVON, INC.		Date of Disbursement MM / DD / YYYY 07 / 05 / 2016
Mailing Address TWO CONCOURSE PARKWAY STE 800		FEC Identification Number C Transaction ID : SB21B.I9244I Amount of Each Disbursement this Period 15.00
City ATLANTA	State GA	
Zip Code 30328		Memo Item <input type="checkbox"/>
Purpose of Disbursement CAGING AND PAYMENT PROCESSING FEES		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

282.88

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

Full Name (Last, First, Middle Initial)

A. ELAVON, INC.

Mailing Address TWO CONCOURSE PARKWAY
STE 800

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement
CAGING AND PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 02 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I9244I
Amount of Each Disbursement this Period
473.69

Memo Item

Full Name (Last, First, Middle Initial)

B. ELAVON, INC.

Mailing Address TWO CONCOURSE PARKWAY
STE 800

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement
CAGING AND PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I9244I
Amount of Each Disbursement this Period
25.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ELAVON, INC.

Mailing Address TWO CONCOURSE PARKWAY
STE 800

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement
CAGING AND PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 12 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I9244I
Amount of Each Disbursement this Period
25.00

Memo Item

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

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

523.69

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

Full Name (Last, First, Middle Initial)

A. ELAVON, INC.

Mailing Address TWO CONCOURSE PARKWAY
STE 800

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement CAGING AND PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I9244!
Amount of Each Disbursement this Period
336.05

Memo Item

Full Name (Last, First, Middle Initial)

B. ELAVON, INC.

Mailing Address TWO CONCOURSE PARKWAY
STE 800

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement CAGING AND PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I9245C
Amount of Each Disbursement this Period
100.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DELANO, JOSHUA, , ,

Mailing Address P.O. BOX 423

City ORANGEFIELD State TX Zip Code 77639

Purpose of Disbursement MEDIA SERVICES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
07 / 14 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I9253
Amount of Each Disbursement this Period
1625.00

Memo Item

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

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

336.05
1142.62

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. DONALD J. TRUMP FOR PRESIDENT, INC

Full Name (Last, First, Middle Initial)
Date of Disbursement: MM / DD / YYYY
07 / 27 / 2016

Mailing Address 725 FIFTH AVENUE

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement CONTRIBUTION

Candidate Name TRUMP, DONALD, J., ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

FEC Identification Number C C00580100
Transaction ID : SB23.I92589
Amount of Each Disbursement this Period 5000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

Full Name (Last, First, Middle Initial) A. BROUSSARD, CECIL, , ,		Date of Disbursement MM / DD / YYYY 09 / 23 / 2016	
Mailing Address P.O. BOX 13031. NEW IBERIA, LOUISI		FEC Identification Number C [] Transaction ID : SB28A.I92597 Amount of Each Disbursement this Period [] 250.00	
City NEW IBERIA	State LA	Zip Code 70562	Category/ Type []
Purpose of Disbursement REFUND OF CONTRIBUTION			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. COATS, YVONNE, , ,		Date of Disbursement MM / DD / YYYY 09 / 13 / 2016	
Mailing Address 622 N FLAGLER DR. APT 703		FEC Identification Number C [] Transaction ID : SB28A.I92597 Amount of Each Disbursement this Period [] 250.00	
City WEST PALM BEACH	State FL	Zip Code 33401	Category/ Type []
Purpose of Disbursement REFUND OF CONTRIBUTION			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. COOPER, CURT, , ,		Date of Disbursement MM / DD / YYYY 08 / 22 / 2016	
Mailing Address 2460 WHITE OAK PL		FEC Identification Number C [] Transaction ID : SB28A.I9258 Amount of Each Disbursement this Period [] 100.00	
City DANVILLE	State CA	Zip Code 94506	Category/ Type []
Purpose of Disbursement REFUND OF CONTRIBUTIONS			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 600.00
TOTAL This Period (last page this line number only).....▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

Full Name (Last, First, Middle Initial) A. COOPER, CURT, , ,		Date of Disbursement MM / DD / YYYY 08 / 15 / 2016
Mailing Address 2460 WHITE OAK PL		FEC Identification Number C Transaction ID : SB28A.I9258! Amount of Each Disbursement this Period 100.00
City DANVILLE	State CA	
Purpose of Disbursement REFUND OF CONTRIBUTION		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. CRANDALL, GARY, , ,		Date of Disbursement MM / DD / YYYY 09 / 06 / 2016
Mailing Address W 3932 CRANDALL LANE		FEC Identification Number C Transaction ID : SB28A.I9259! Amount of Each Disbursement this Period 250.00
City SPOKANE	State WA	
Purpose of Disbursement REFUND OF CONTRIBUTION		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. GONZALES, RITA, , ,		Date of Disbursement MM / DD / YYYY 09 / 23 / 2016
Mailing Address 1248 E 11TH ST		FEC Identification Number C Transaction ID : SB28A.I9245 Amount of Each Disbursement this Period 200.00
City DOUGLAS	State AZ	
Purpose of Disbursement REFUND OF CONTRIBUTION		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	550.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. KINNEAR, MICHAEL, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4620 MAPLEWOOD DRIVE

City **SULPHUR** State **LA** Zip Code **70663**

Purpose of Disbursement **REFUND OF CONTRIBUTION**

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **08 / 24 / 2016**

FEC Identification Number: **C**

Transaction ID : SB28A.I92595

Amount of Each Disbursement this Period: **1000.00**

Memo Item

B. KNOFF, CHARLES, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 6680 SE HARBOR CIRCLE

City **STUART** State **FL** Zip Code **34996**

Purpose of Disbursement **REFUND OF CONTRIBUTION**

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **09 / 06 / 2016**

FEC Identification Number: **C**

Transaction ID : SB28A.I92595

Amount of Each Disbursement this Period: **500.00**

Memo Item

C. LASKER, MARK, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 2 SPRING MARSH CIRCLE

City **SAVANNAH** State **GA** Zip Code **31411**

Purpose of Disbursement **REFUND OF CONTRIBUTION**

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **07 / 12 / 2016**

FEC Identification Number: **C**

Transaction ID : SB28A.I9261

Amount of Each Disbursement this Period: **100.00**

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ **1600.00**

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MAGNUSSON, ROBERT, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 2013 MISTY HAVEN LANE

City PLANO State TX Zip Code 75093

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 06 / 2016

FEC Identification Number: C

Transaction ID : SB28A.I9259!

Amount of Each Disbursement this Period: 250.00

Memo Item

B. MCCLOY, RITA, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 5100 DUPONT BLVDDD
7A

City FORT LAUDERDALE State FL Zip Code 33308

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 09 / 2016

FEC Identification Number: C

Transaction ID : SB28A.I9260C

Amount of Each Disbursement this Period: 250.00

Memo Item

C. NORRIS, LARRY, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 5268 MILL BRANCH RD

City GROVETOWN State GA Zip Code 30813

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 16 / 2016

FEC Identification Number: C

Transaction ID : SB28A.I9262

Amount of Each Disbursement this Period: 100.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 600.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. NORRIS, LARRY, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 5268 MILL BRANCH RD

City GROVETOWN State GA Zip Code 30813

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 19 / 2016

FEC Identification Number: C

Transaction ID : SB28A.I9266

Amount of Each Disbursement this Period: 50.00

Memo Item

B. NORRIS, LARRY, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 5268 MILL BRANCH RD

City GROVETOWN State GA Zip Code 30813

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 19 / 2016

FEC Identification Number: C

Transaction ID : SB28A.I9266

Amount of Each Disbursement this Period: 50.00

Memo Item

C. NORRIS, LARRY, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 5268 MILL BRANCH RD

City GROVETOWN State GA Zip Code 30813

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 19 / 2016

FEC Identification Number: C

Transaction ID : SB28A.I9266

Amount of Each Disbursement this Period: 50.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 150.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. RHOADS, FORREST, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 2162 VISTA ENTRADA

City NEWPORT BEACH State CA Zip Code 92660

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 16 / 2016

FEC Identification Number: C

Transaction ID : SB28A.I9267

Amount of Each Disbursement this Period: 50.00

Memo Item

B. RHOADS, FORREST, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 2162 VISTA ENTRADA

City NEWPORT BEACH State CA Zip Code 92660

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 16 / 2016

FEC Identification Number: C

Transaction ID : SB28A.I9267

Amount of Each Disbursement this Period: 50.00

Memo Item

C. RHOADS, FORREST, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 2162 VISTA ENTRADA

City NEWPORT BEACH State CA Zip Code 92660

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 16 / 2016

FEC Identification Number: C

Transaction ID : SB28A.I9267

Amount of Each Disbursement this Period: 50.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 150.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. RHOADS, FORREST, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 2162 VISTA ENTRADA

City NEWPORT BEACH State CA Zip Code 92660

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 16 / 2016

FEC Identification Number: C

Transaction ID : SB28A.I9267

Amount of Each Disbursement this Period: 50.00

Memo Item

B. RHOADS, FORREST, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 2162 VISTA ENTRADA

City NEWPORT BEACH State CA Zip Code 92660

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 16 / 2016

FEC Identification Number: C

Transaction ID : SB28A.I9267

Amount of Each Disbursement this Period: 50.00

Memo Item

C. RHOADS, FORREST, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 2162 VISTA ENTRADA

City NEWPORT BEACH State CA Zip Code 92660

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 16 / 2016

FEC Identification Number: C

Transaction ID : SB28A.I9267

Amount of Each Disbursement this Period: 50.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 150.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 662 OF 700		
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. RHOADS, FORREST, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 2162 VISTA ENTRADA

City NEWPORT BEACH State CA Zip Code 92660

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President
 State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement: / /

FEC Identification Number
Transaction ID : SB28A.I9294!
 Amount of Each Disbursement this Period

Memo Item

B. ROEDIGER, JANICE, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 231 SEELY AVE

City AROMAS State CA Zip Code 95004

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President
 State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement: / /

FEC Identification Number
Transaction ID : SB28A.I92594
 Amount of Each Disbursement this Period

Memo Item

C. SMYTHE, RICHARD, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1131 RAMILLO AVE

City LONG BEACH State CA Zip Code 90815

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President
 State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement: / /

FEC Identification Number
Transaction ID : SB28A.I9257
 Amount of Each Disbursement this Period

Memo Item

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

Full Name (Last, First, Middle Initial) A. SMYTHE, RICHARD, , ,		Date of Disbursement MM / DD / YYYY 08 / 15 / 2016
Mailing Address 1131 RAMILLO AVE		FEC Identification Number C Transaction ID : SB28A.I9258 Amount of Each Disbursement this Period 100.00
City LONG BEACH	State CA	
Zip Code 90815	Purpose of Disbursement REFUND OF CONTRIBUTIONS	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. TANNER, BRIAN, , ,		Date of Disbursement MM / DD / YYYY 09 / 06 / 2016
Mailing Address P.O. BOX 1434		FEC Identification Number C Transaction ID : SB28A.I92601 Amount of Each Disbursement this Period 250.00
City EUNICE	State LA	
Zip Code 70535	Purpose of Disbursement REFUND OF CONTRIBUTION	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. CAMPAIGN SOLUTIONS		Date of Disbursement MM / DD / YYYY 08 / 22 / 2016
Mailing Address 117 N SAINT ASAPH ST.		FEC Identification Number C Transaction ID : SB28A.I9258 Amount of Each Disbursement this Period 75.00
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement CHARGEBACK FEE	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	425.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. CAMPAIGN SOLUTIONS

Full Name (Last, First, Middle Initial)
Mailing Address 117 N SAINT ASAPH ST.

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CHARGEBACK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
08 / 15 / 2016

FEC Identification Number
C

Transaction ID : SB28A.I9258;
Amount of Each Disbursement this Period
75.00

Memo Item

B.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	5410.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

Full Name (Last, First, Middle Initial) A. DELANO, JOSHUA, , ,		Date of Disbursement MM / DD / YYYY 08 / 11 / 2016	
Mailing Address P.O. BOX 423		FEC Identification Number C [] Transaction ID : SB29.I92559 Amount of Each Disbursement this Period [] 50.00	
City ORANGFIELD	State TX	Zip Code 77639	Category/ Type []
Purpose of Disbursement CAREY ACCT: MEDIA SERVICES		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. DELANO, JOSHUA, , ,		Date of Disbursement MM / DD / YYYY 08 / 25 / 2016	
Mailing Address P.O. BOX 423		FEC Identification Number C [] Transaction ID : SB29.I92561 Amount of Each Disbursement this Period [] 50.00	
City ORANGFIELD	State TX	Zip Code 77639	Category/ Type []
Purpose of Disbursement CAREY ACCT: MEDIA SERVICES		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. DELANO, JOSHUA, , ,		Date of Disbursement MM / DD / YYYY 08 / 23 / 2016	
Mailing Address P.O. BOX 423		FEC Identification Number C [] Transaction ID : SB29.I92562 Amount of Each Disbursement this Period [] 100.00	
City ORANGFIELD	State TX	Zip Code 77639	Category/ Type []
Purpose of Disbursement CAREY ACCT: MEDIA SERVICES		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	[] 200.00
TOTAL This Period (last page this line number only).....▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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)
Committee to Defend the President

Full Name (Last, First, Middle Initial) A. DELANO, JOSHUA, , ,		Date of Disbursement MM / DD / YYYY 08 / 23 / 2016	
Mailing Address P.O. BOX 423		FEC Identification Number C [REDACTED] Transaction ID : SB29.I92563 Amount of Each Disbursement this Period 50.00	
City ORANGFIELD	State TX	Zip Code 77639	Category/ Type
Purpose of Disbursement CAREY ACCT: MEDIA SERVICES			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. DELANO, JOSHUA, , ,		Date of Disbursement MM / DD / YYYY 08 / 24 / 2016	
Mailing Address P.O. BOX 423		FEC Identification Number C [REDACTED] Transaction ID : SB29.I92564 Amount of Each Disbursement this Period 500.00	
City ORANGFIELD	State TX	Zip Code 77639	Category/ Type
Purpose of Disbursement CAREY ACCT: MEDIA SERVICES			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. DELANO, JOSHUA, , ,		Date of Disbursement MM / DD / YYYY 08 / 25 / 2016	
Mailing Address P.O. BOX 423		FEC Identification Number C [REDACTED] Transaction ID : SB29.I92565 Amount of Each Disbursement this Period 50.00	
City ORANGFIELD	State TX	Zip Code 77639	Category/ Type
Purpose of Disbursement CAREY ACCT: MEDIA SERVICES			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

Full Name (Last, First, Middle Initial) A. DELANO, JOSHUA, , ,		Date of Disbursement MM / DD / YYYY 08 / 25 / 2016	
Mailing Address P.O. BOX 423			
City ORANGFIELD	State TX	Zip Code 77639	
Purpose of Disbursement CAREY ACCT: MEDIA SERVICES		<input type="checkbox"/> Category/Type	
Candidate Name		FEC Identification Number C	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Amount of Each Disbursement this Period 50.00		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. DELANO, JOSHUA, , ,		Date of Disbursement MM / DD / YYYY 08 / 26 / 2016	
Mailing Address P.O. BOX 423			
City ORANGFIELD	State TX	Zip Code 77639	
Purpose of Disbursement CAREY ACCT: MEDIA SERVICES		<input type="checkbox"/> Category/Type	
Candidate Name		FEC Identification Number C	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Amount of Each Disbursement this Period 50.00		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. DELANO, JOSHUA, , ,		Date of Disbursement MM / DD / YYYY 08 / 26 / 2016	
Mailing Address P.O. BOX 423			
City ORANGFIELD	State TX	Zip Code 77639	
Purpose of Disbursement CAREY ACCT: MEDIA SERVICES		<input type="checkbox"/> Category/Type	
Candidate Name		FEC Identification Number C	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Amount of Each Disbursement this Period 50.00		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

Full Name (Last, First, Middle Initial) A. DELANO, JOSHUA, , ,		Date of Disbursement MM / DD / YYYY 08 / 26 / 2016	
Mailing Address P.O. BOX 423		FEC Identification Number C [REDACTED] Transaction ID : SB29.I92569 Amount of Each Disbursement this Period 50.00	
City ORANGFIELD	State TX	Zip Code 77639	Category/ Type
Purpose of Disbursement CAREY ACCT: MEDIA SERVICES			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. DELANO, JOSHUA, , ,		Date of Disbursement MM / DD / YYYY 09 / 12 / 2016	
Mailing Address P.O. BOX 423		FEC Identification Number C [REDACTED] Transaction ID : SB29.I92570 Amount of Each Disbursement this Period 500.00	
City ORANGFIELD	State TX	Zip Code 77639	Category/ Type
Purpose of Disbursement CAREY ACCT: MEDIA SERVICES			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. DELANO, JOSHUA, , ,		Date of Disbursement MM / DD / YYYY 09 / 12 / 2016	
Mailing Address P.O. BOX 423		FEC Identification Number C [REDACTED] Transaction ID : SB29.I92571 Amount of Each Disbursement this Period 250.00	
City ORANGFIELD	State TX	Zip Code 77639	Category/ Type
Purpose of Disbursement CAREY ACCT: MEDIA SERVICES			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

SUBTOTAL of Disbursements This Page (optional).....▶	800.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

Full Name (Last, First, Middle Initial) A. DELANO, JOSHUA, , ,		Date of Disbursement MM / DD / YYYY 09 / 19 / 2016	
Mailing Address P.O. BOX 423			
City ORANGFIELD	State TX	Zip Code 77639	FEC Identification Number C [] Transaction ID : SB29.I92572
Purpose of Disbursement CAREY ACCT: MEDIA SERVICES		Category/ Type []	Amount of Each Disbursement this Period [] 100.00
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. DELANO, JOSHUA, , ,		Date of Disbursement MM / DD / YYYY 09 / 26 / 2016	
Mailing Address P.O. BOX 423			
City ORANGFIELD	State TX	Zip Code 77639	FEC Identification Number C [] Transaction ID : SB29.I92573
Purpose of Disbursement CAREY ACCT: MEDIA SERVICES		Category/ Type []	Amount of Each Disbursement this Period [] 250.00
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. DELANO, JOSHUA, , ,		Date of Disbursement MM / DD / YYYY 09 / 30 / 2016	
Mailing Address P.O. BOX 423			
City ORANGFIELD	State TX	Zip Code 77639	FEC Identification Number C [] Transaction ID : SB29.I92575
Purpose of Disbursement CAREY ACCT: MEDIA SERVICES		Category/ Type []	Amount of Each Disbursement this Period [] 150.00
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 500.00
TOTAL This Period (last page this line number only).....▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

Full Name (Last, First, Middle Initial) A. FERGUSON, DONNY, , ,		Date of Disbursement MM / DD / YYYY 07 / 01 / 2016
Mailing Address 101 SKYHILL ROAD #203		FEC Identification Number C Transaction ID : SB29.I92473 Amount of Each Disbursement this Period 2000.00
City ALEXANDRIA	State VA	
Purpose of Disbursement CAREY ACCT: POLITICAL & CONTENT SERVICES CONSULTING		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. FERGUSON, DONNY, , ,		Date of Disbursement MM / DD / YYYY 07 / 29 / 2016
Mailing Address 101 SKYHILL ROAD #203		FEC Identification Number C Transaction ID : SB29.I92474 Amount of Each Disbursement this Period 2000.00
City ALEXANDRIA	State VA	
Purpose of Disbursement CAREY ACCT: POLITICAL & CONTENT SERVICES CONSULTING		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. FERGUSON, DONNY, , ,		Date of Disbursement MM / DD / YYYY 08 / 31 / 2016
Mailing Address 101 SKYHILL ROAD #203		FEC Identification Number C Transaction ID : SB29.I92475 Amount of Each Disbursement this Period 2000.00
City ALEXANDRIA	State VA	
Purpose of Disbursement CAREY ACCT: POLITICAL & CONTENT SERVICES CONSULTING		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	6000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

Full Name (Last, First, Middle Initial) A. FERGUSON, DONNY, , ,		Date of Disbursement MM / DD / YYYY 09 / 29 / 2016
Mailing Address 101 SKYHILL ROAD #203		FEC Identification Number C Transaction ID : SB29.I92476 Amount of Each Disbursement this Period 2000.00
City ALEXANDRIA	State VA	
Purpose of Disbursement CAREY ACCT: POLITICAL & CONTENT SERVICES CONSULTING		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. HARVEY, WILLIAM, , ,		Date of Disbursement MM / DD / YYYY 07 / 11 / 2016
Mailing Address 3010 WYECLIFF LANE		FEC Identification Number C Transaction ID : SB29.I92531 Amount of Each Disbursement this Period 4000.00
City HIGHLANDS RANCH	State CO	
Purpose of Disbursement CAREY ACCCT: PAC MANAGEMENT CONSULTING		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. HARVEY, WILLIAM, , ,		Date of Disbursement MM / DD / YYYY 08 / 08 / 2016
Mailing Address 3010 WYECLIFF LANE		FEC Identification Number C Transaction ID : SB29.I92536 Amount of Each Disbursement this Period 4339.57
City HIGHLANDS RANCH	State CO	
Purpose of Disbursement CAREY ACCCT: PAC MANAGEMENT CONSULTING		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	10339.57
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. CAMPAIGN SOLUTIONS

Full Name (Last, First, Middle Initial)
Mailing Address 117 N SAINT ASAPH ST.

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement CAREY ACCT: DIGITAL IMAGES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 14 / 2016

FEC Identification Number: C
Transaction ID : SB29.I92532
Amount of Each Disbursement this Period: 25.50

Memo Item

B. CAMPAIGN SOLUTIONS

Full Name (Last, First, Middle Initial)
Mailing Address 117 N SAINT ASAPH ST.

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement CAREY ACCT: ONLINE SERVICES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 28 / 2016

FEC Identification Number: C
Transaction ID : SB29.I92533
Amount of Each Disbursement this Period: 81.48

Memo Item

C. CAMPAIGN SOLUTIONS

Full Name (Last, First, Middle Initial)
Mailing Address 117 N SAINT ASAPH ST.

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement CAREY ACCT: ONLINE SERVICES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 22 / 2016

FEC Identification Number: C
Transaction ID : SB29.I92546
Amount of Each Disbursement this Period: 6000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6106.98

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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)
Committee to Defend the President

Full Name (Last, First, Middle Initial) A. DB CAPITOL STRATEGIES		Date of Disbursement MM / DD / YYYY 07 / 14 / 2016
Mailing Address 203 SOUTH UNION STREET SUITE 300		FEC Identification Number C [REDACTED] Transaction ID : SB29.I92529 Amount of Each Disbursement this Period [REDACTED] 1625.00
City ALEXANDRIA	State VA	Zip Code 22314-3356
Purpose of Disbursement CAREY ACCT: REIMBURSEMENT: SEE BELOW		Category/Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. DB CAPITOL STRATEGIES		Date of Disbursement MM / DD / YYYY 09 / 01 / 2016
Mailing Address 203 SOUTH UNION STREET SUITE 300		FEC Identification Number C [REDACTED] Transaction ID : SB29.I92540 Amount of Each Disbursement this Period [REDACTED] 5000.00
City ALEXANDRIA	State VA	Zip Code 22314-3356
Purpose of Disbursement CAREY ACCT: LEGAL AND COMPLIANCE SERVICES		Category/Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. DB CAPITOL STRATEGIES		Date of Disbursement MM / DD / YYYY 09 / 01 / 2016
Mailing Address 203 SOUTH UNION STREET SUITE 300		FEC Identification Number C [REDACTED] Transaction ID : SB29.I92541 Amount of Each Disbursement this Period [REDACTED] 1100.00
City ALEXANDRIA	State VA	Zip Code 22314-3356
Purpose of Disbursement CAREY ACCT: REIMBURSEMENT: SEE BELOW		Category/Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

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

[REDACTED] 7725.00
[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

Full Name (Last, First, Middle Initial) A. DELANO, JOSHUA, , ,		Date of Disbursement MM / DD / YYYY 09 / 01 / 2016	
Mailing Address P.O. BOX 423		FEC Identification Number C [] Transaction ID : SB29.I92543 Amount of Each Disbursement this Period [] 100.00	
City ORANGFIELD	State TX	Zip Code 77639	Category/ Type []
Purpose of Disbursement MEDIA SERVICES		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. CMDI		Date of Disbursement MM / DD / YYYY 09 / 01 / 2016	
Mailing Address 1593 SPRING HILL RD SUITE 400		FEC Identification Number C [] Transaction ID : SB29.I92542 Amount of Each Disbursement this Period [] 1000.00	
City VIENNA	State VA	Zip Code 22182	Category/ Type []
Purpose of Disbursement COMPLIANCE SOFTWARE		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. DB CAPITOL STRATEGIES		Date of Disbursement MM / DD / YYYY 07 / 28 / 2016	
Mailing Address 203 SOUTH UNION STREET SUITE 300		FEC Identification Number C [] Transaction ID : SB29.I92555 Amount of Each Disbursement this Period [] 5000.00	
City ALEXANDRIA	State VA	Zip Code 22314-3356	Category/ Type []
Purpose of Disbursement CAREY ACCT: LEGAL AND COMPLIANCE SERVICES		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	[] 5000.00
TOTAL This Period (last page this line number only).....▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

Full Name (Last, First, Middle Initial)

A. DB CAPITOL STRATEGIES

Mailing Address 203 SOUTH UNION STREET
SUITE 300

City ALEXANDRIA State VA Zip Code 22314-3356

Purpose of Disbursement CAREY ACCT: REIMBURSEMENT: SEE BELOW

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 28 / 2016

FEC Identification Number

C
Transaction ID : SB29.I92556
Amount of Each Disbursement this Period
 1075.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DELANO, JOSHUA, , ,

Mailing Address P.O. BOX 423

City ORANGEFIELD State TX Zip Code 77639

Purpose of Disbursement MEDIA SERVICES

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 28 / 2016

FEC Identification Number

C
Transaction ID : SB29.I92558
Amount of Each Disbursement this Period
 125.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL RD
SUITE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement COMPLIANCE SOFTWARE SERVICES

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 28 / 2016

FEC Identification Number

C
Transaction ID : SB29.I92557
Amount of Each Disbursement this Period
 500.00

Memo Item

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

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

1075.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

Full Name (Last, First, Middle Initial)

A. EDONATION

Mailing Address 117 NORTH SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CAREY ACCT: PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2016

FEC Identification Number

C
Transaction ID : SB29.I92592
Amount of Each Disbursement this Period
 46391.37

Memo Item

Full Name (Last, First, Middle Initial)

B. SAME DAY PROCESSING

Mailing Address P.O. BOX 251382

City ST. PAUL State MN Zip Code 55125

Purpose of Disbursement
CAREY ACCT: CAGING AND PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 10 / 2016

FEC Identification Number

C
Transaction ID : SB29.I92535
Amount of Each Disbursement this Period
 391.25

Memo Item

Full Name (Last, First, Middle Initial)

C. SAME DAY PROCESSING

Mailing Address P.O. BOX 251382

City ST. PAUL State MN Zip Code 55125

Purpose of Disbursement
CAREY ACCT: CAGING AND PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2016

FEC Identification Number

C
Transaction ID : SB29.I92548
Amount of Each Disbursement this Period
 175.05

Memo Item

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

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

46957.67

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. THE RAINMAKERS

Full Name (Last, First, Middle Initial)

Mailing Address 5211 PORT ROYAL ROAD
STE 500

City SPRINGFIELD State VA Zip Code 22151

Purpose of Disbursement CAREY ACCCT: FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 31 / 2016

FEC Identification Number: C

Transaction ID : SB29.192539

Amount of Each Disbursement this Period: 2500.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2500.00

TOTAL This Period (last page this line number only)..... ▶ 87954.22

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 678 OF 700
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Campaign Solutions		Nature of Debt (Purpose): Online Voter Contact	
Mailing Address 117 N Saint Asaph St			
City Alexandria	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period 0.00	Transaction ID : 1	
Amount Incurred This Period 42888.79	Payment This Period 0.00	Outstanding Balance at Close of This Period 42888.79

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Campaign Solutions		Nature of Debt (Purpose): Email Deployment Costs	
Mailing Address 117 N. Saint Asaph St.			
City Alexandria	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period 15442.21	Transaction ID : SD.92579	
Amount Incurred This Period 0.00	Payment This Period 15442.21	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Infocision Management Corporation		Nature of Debt (Purpose): Telephone Voter Contact	
Mailing Address 325 Springside Drive			
City Akron	State OH	Zip Code 44333	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD.93943	
Amount Incurred This Period 23834.41	Payment This Period 0.00	Outstanding Balance at Close of This Period 23834.41

1) SUBTOTALS This Period This Page (optional)..... ▶	66723.20
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : 1

IE disseminated in September. Late arriving invoice paid next period.

Form/Schedule:

Transaction ID:

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 680 OF 700
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MDS Communications			Nature of Debt (Purpose): Phone Voter Contact
Mailing Address 545 W Juanita Ave			
City Mesa	State AZ	Zip Code 85210	

Outstanding Balance Beginning This Period		Transaction ID : SD.92554	
9310.25			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	9310.25	0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional)..... ▶	0.00
2) TOTALS This Period (last page this line number only)..... ▶	66723.20
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	66723.20

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Committee to Defend the President	FEC IDENTIFICATION NUMBER ▼ C C00544767
---	---

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee CAMPAIGN SOLUTIONS PART OF PREVIOUSLY REPORTED ESTIMATE		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 117 N SAINT ASAPH ST.			Amount <input type="text"/>
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.92579
Purpose of Expenditure EMAIL DEPLOYMENT COSTS		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		954837.15	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee CAMPAIGN SOLUTIONS PART OF PREVIOUSLY REPORTED ESTIMATE		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 117 N SAINT ASAPH ST.			Amount <input type="text"/>
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.92534
Purpose of Expenditure ONLINE VOTER CONTACT		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		954837.15	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	▶	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	<input type="text"/>
(c) TOTAL Independent Expenditures	▶	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

BACKER, DAN, , ,

[Electronically Filed]

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Committee to Defend the President
FEC IDENTIFICATION NUMBER
C C00544767

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
CAMPAIGN SOLUTIONS
PART OF PREVIOUSLY REPORTED ESTIMATE

Date of Public Distribution/Dissemination
08 / 22 / 2016

Mailing Address
117 N SAINT ASAPH ST.

Amount
17250.00

City State Zip Code
ALEXANDRIA VA 22314

Transaction ID : SE24.92538

Purpose of Expenditure
ANTI-HILLARY ONLINE VOTER CONTACT
Category/Type

Date of Disbursement or Obligation
08 / 22 / 2016

Name of Federal Candidate:
CLINTON, HILLARY, , ,
Support Oppose

Office Sought:
House Senate
President State:

Calendar Year-To-Date
Per Election for Office Sought
954837.15

Disbursement For:
Primary General
Other (specify)

Full Name of Payee
CAMPAIGN SOLUTIONS
PART OF PREVIOUSLY REPORTED AUG. ESTIMATE

Date of Public Distribution/Dissemination
08 / 24 / 2016

Mailing Address
117 N SAINT ASAPH ST.

Amount
5750.00

City State Zip Code
ALEXANDRIA VA 22314

Transaction ID : SE24.90326

Purpose of Expenditure
ONLINE VOTER CONTACT
Category/Type

Date of Disbursement or Obligation
08 / 24 / 2016

Name of Federal Candidate:
CLINTON, HILLARY, , ,
Support Oppose

Office Sought:
House Senate
President State:

Calendar Year-To-Date
Per Election for Office Sought
954837.15

Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 23000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

BACKER, DAN, , , [Electronically Filed]
Signature Date 08 / 22 / 2016

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Committee to Defend the President	FEC IDENTIFICATION NUMBER ▼ C C00544767
---	--

Check if 24-hour report 48-hour report **▶** New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item CAMPAIGN SOLUTIONS PART OF PREVIOUSLY REPORTED ESTIMATE		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 117 N SAINT ASAPH ST.		Amount <input type="text"/> 5175.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.92537
Purpose of Expenditure LIST RENTAL FEES		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 954837.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item CAMPAIGN SOLUTIONS PART OF PREVIOUSLY REPORTED ESTIMATE		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 117 N SAINT ASAPH ST.		Amount <input type="text"/> 21562.50	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.92545
Purpose of Expenditure ONLINE VOTER CONTACT		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 954837.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 26737.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

BACKER, DAN, , , *[Electronically Filed]* Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Committee to Defend the President
FEC IDENTIFICATION NUMBER
C C00544767

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
CAMPAIGN SOLUTIONS
PART OF PREVIOUSLY REPORTED ESTIMATE
Mailing Address 117 N SAINT ASAPH ST.
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure
EMAIL DEPLOYMENT AND LIST RENTAL FEES
Category/Type
Date of Public Distribution/Dissemination 09/01/2016
Amount 23438.04
Transaction ID : SE24.92588
Date of Disbursement or Obligation 09/30/2016

Name of Federal Candidate:
CLINTON, HILLARY, , ,
Support Oppose
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 954837.15

Full Name of Payee
CAMPAIGN SOLUTIONS
PART OF PREVIOUSLY REPORTED JULY, AUG, & SEPT. ESTIMATES
Mailing Address 117 N SAINT ASAPH ST.
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure
FUNDRAISING FEES
Category/Type
Date of Public Distribution/Dissemination 07/01/2016
Amount 96116.32
Transaction ID : SE24.92590
Date of Disbursement or Obligation 09/30/2016

Name of Federal Candidate:
CLINTON, HILLARY, , ,
Support Oppose
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 954837.15

(a) SUBTOTAL of Itemized Independent Expenditures 119554.36
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

BACKER, DAN, , ,
Signature

[Electronically Filed]

Date 09/01/2016

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Committee to Defend the President	FEC IDENTIFICATION NUMBER ▼ C C00544767
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item CAMPAIGN SOLUTIONS PART OF PREVIOUSLY REPORTED JULY, AUG, & SEPT ESTIMATES		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 117 N SAINT ASAPH ST.		Amount <input type="text"/>
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure LIST RENTAL FEES		Transaction ID : SE24.92591 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item CONNELL DONATELLI, INC.		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 117 NORTH SAINT ASAPH STREET		Amount <input type="text"/>
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure ANTI-HILLARY ONLINE ADS		Transaction ID : SE24.85818 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

BACKER, DAN, , ,
Signature

[Electronically Filed]

Date / /

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Committee to Defend the President
FEC IDENTIFICATION NUMBER
C C00544767

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
CONNELL DONATELLI, INC.
ACTUAL PAYMENT DATE UPDATED FROM IE REPORT

Date of Public Distribution/Dissemination
07 / 28 / 2016

Mailing Address
117 NORTH SAINT ASAPH STREET

Amount
5000.00

City State Zip Code
ALEXANDRIA VA 22314

Transaction ID : SE24.90241

Purpose of Expenditure
ONLINE ADVERTISING
Category/Type

Date of Disbursement or Obligation
07 / 26 / 2016

Name of Federal Candidate:
CLINTON, HILLARY, , ,
Support Oppose

Office Sought:
President Senate State:
House District:
General

Calendar Year-To-Date
Per Election for Office Sought
954837.15

Disbursement For:
Primary General
Other (specify)

Full Name of Payee
CONNELL DONATELLI, INC.

Date of Public Distribution/Dissemination
08 / 16 / 2016

Mailing Address
117 NORTH SAINT ASAPH STREET

Amount
2000.00

City State Zip Code
ALEXANDRIA VA 22314

Transaction ID : SE24.90476

Purpose of Expenditure
ONLINE VOTER CONTACT
Category/Type

Date of Disbursement or Obligation
08 / 17 / 2016

Name of Federal Candidate:
CLINTON, HILLARY, , ,
Support Oppose

Office Sought:
President Senate State:
House District:
General

Calendar Year-To-Date
Per Election for Office Sought
954837.15

Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 7000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

BACKER, DAN, , , [Electronically Filed] Date 07 / 28 / 2016
Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Committee to Defend the President	FEC IDENTIFICATION NUMBER ▼ C C00544767
---	--

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item CONNELL DONATELLI, INC.	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 117 NORTH SAINT ASAPH STREET	Amount <input type="text"/> 10000.00 Transaction ID : SE24.91308 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City ALEXANDRIA State VA Zip Code 22314	
Purpose of Expenditure ONLINE VOTER CONTACT Category/Type <input type="text"/>	
Name of Federal Candidate: CLINTON, HILLARY, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 954837.15	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item CONNELL DONATELLI, INC.	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 117 NORTH SAINT ASAPH STREET	Amount <input type="text"/> 10000.00 Transaction ID : SE24.91309 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City ALEXANDRIA State VA Zip Code 22314	
Purpose of Expenditure ONLINE VOTER CONTACT Category/Type <input type="text"/>	
Name of Federal Candidate: CLINTON, HILLARY, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 954837.15	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 20000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

BACKER, DAN, , ,

[Electronically Filed]

Date / /

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Committee to Defend the President	FEC IDENTIFICATION NUMBER ▼ C C00544767
---	--

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item CONNELL DONATELLI, INC.	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 117 NORTH SAINT ASAPH STREET	Amount <input type="text"/> 2000.00 Transaction ID : SE24.91323 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure Category/Type ONLINE VOTER CONTACT <input type="text"/>	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, HILLARY, , ,	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 954837.15	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item CONNELL DONATELLI, INC.	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 117 NORTH SAINT ASAPH STREET	Amount <input type="text"/> 5000.00 Transaction ID : SE24.91402 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure Category/Type ONLINE VOTER CONTACT <input type="text"/>	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, HILLARY, , ,	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 954837.15	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 7000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

BACKER, DAN, , ,

[Electronically Filed]

Date

/ /

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Committee to Defend the President	FEC IDENTIFICATION NUMBER ▼ C C00544767
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item CONNELL DONATELLI, INC.		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 117 NORTH SAINT ASAPH STREET		Amount <input type="text"/>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.92256
Purpose of Expenditure ONLINE VOTER CONTACT		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item CONNELL DONATELLI, INC.		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 117 NORTH SAINT ASAPH STREET		Amount <input type="text"/>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.92261
Purpose of Expenditure ONLINE ADS		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

BACKER, DAN, , , [Electronically Filed] Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Committee to Defend the President
FEC IDENTIFICATION NUMBER
C C00544767

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee CONNELL DONATELLI, INC.
Mailing Address 117 NORTH SAINT ASAPH STREET
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure ONLINE VOTER CONTACT
Name of Federal Candidate: CLINTON, HILLARY, , ,
Calendar Year-To-Date Per Election for Office Sought 954837.15
Disbursement For: General 2016

Full Name of Payee GAGE GROUP, LLC
Mailing Address 66 CANAL CENTER PLAZA SUITE 555
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure TV AD TEST AIRING
Name of Federal Candidate: CLINTON, HILLARY, , ,
Calendar Year-To-Date Per Election for Office Sought 954837.15
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures 22500.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

BACKER, DAN, , ,

[Electronically Filed]

Date 09 / 28 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Committee to Defend the President
FEC IDENTIFICATION NUMBER
C C00544767

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
GAGE GROUP, LLC
Mailing Address
66 CANAL CENTER PLAZA
SUITE 555
City
ALEXANDRIA
State
VA
Zip Code
22314
Purpose of Expenditure
TV AD TEST AIRING
Category/Type
Date of Public Distribution/Dissemination
09 / 26 / 2016
Amount
1500.00
Transaction ID : SE24.92231
Date of Disbursement or Obligation
09 / 20 / 2016

Name of Federal Candidate:
CLINTON, HILLARY, ,
Support
Oppose
Office Sought:
President
House
Senate
State:
Disbursement For:
General
Primary
Other (specify)

Full Name of Payee
GRAVIS MARKETING
Mailing Address
910 BELLE AVE
#1180
City
WINTER SPRINGS
State
FL
Zip Code
32708
Purpose of Expenditure
YARD SIGNS
Category/Type
Date of Public Distribution/Dissemination
09 / 30 / 2016
Amount
9950.00
Transaction ID : SE24.92253
Date of Disbursement or Obligation
09 / 22 / 2016

Name of Federal Candidate:
CLINTON, HILLARY, ,
Support
Oppose
Office Sought:
President
House
Senate
State:
Disbursement For:
General
Primary
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 11450.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

BACKER, DAN, ,

[Electronically Filed]

Date 09 / 20 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Committee to Defend the President
FEC IDENTIFICATION NUMBER
C C00544767

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORPORATION
Mailing Address P.O. BOX 932441
City CLEVELAND State OH Zip Code 44193
Purpose of Expenditure PHONE VOTER CONTACT
Name of Federal Candidate: CLINTON, HILLARY, , ,
Calendar Year-To-Date Per Election for Office Sought 954837.15
Disbursement For: General 2016

Full Name of Payee
INFOCISION MANAGEMENT CORPORATION
PART OF PREVIOUSLY REPORTED ESTIMATE
Mailing Address P.O. BOX 932441
City CLEVELAND State OH Zip Code 44193
Purpose of Expenditure PHONE VOTER CONTACT
Name of Federal Candidate: CLINTON, HILLARY, , ,
Calendar Year-To-Date Per Election for Office Sought 954837.15
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures 7907.11
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

BACKER, DAN, ,

[Electronically Filed]

Date 08 / 17 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Committee to Defend the President
FEC IDENTIFICATION NUMBER
C C00544767

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
MDS COMMUNICATIONS CORPORATIONS
PART OF PREVIOUSLY REPORTED ESTIMATE
Mailing Address 545 W. JUANITA AVENUE
City MESA State AZ Zip Code 85210
Purpose of Expenditure LIST RENTAL FEES
Category/Type
Date of Public Distribution/Dissemination 07/06/2016
Amount 184.25
Transaction ID : SE24.92576
Date of Disbursement or Obligation 07/06/2016

Name of Federal Candidate: CLINTON, HILLARY, ,
Support Oppose
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 954837.15

Full Name of Payee
MDS COMMUNICATIONS CORPORATIONS
PART OF PREVIOUSLY REPORTED ESTIMATE
Mailing Address 545 W. JUANITA AVENUE
City MESA State AZ Zip Code 85210
Purpose of Expenditure LIST RENTAL FEES
Category/Type
Date of Public Distribution/Dissemination 10/12/2016
Amount 162.25
Transaction ID : SE24.92577
Date of Disbursement or Obligation 07/12/2016

Name of Federal Candidate: CLINTON, HILLARY, ,
Support Oppose
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 954837.15

(a) SUBTOTAL of Itemized Independent Expenditures 346.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

BACKER, DAN, ,

[Electronically Filed]

Date 07/06/2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Committee to Defend the President	FEC IDENTIFICATION NUMBER ▼ C C00544767
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item MDS COMMUNICATIONS CORPORATIONS PART OF PREVIOUSLY REPORTED ESTIMATE		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 545 W. JUANITA AVENUE		Amount <input type="text"/>	
City MESA	State AZ	Zip Code 85210	Transaction ID : SE24.92554
Purpose of Expenditure PHONE VOTER CONTACT		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item MDS COMMUNICATIONS CORPORATIONS PART OF JULY ESTIMATE		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 545 W. JUANITA AVENUE		Amount <input type="text"/>	
City MESA	State AZ	Zip Code 85210	Transaction ID : SE24.85824
Purpose of Expenditure POLITICAL ADVOCACY CALLS		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

BACKER, DAN, , ,
Signature

[Electronically Filed]

Date / /

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Committee to Defend the President
FEC IDENTIFICATION NUMBER
C C00544767

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: MDS COMMUNICATIONS CORPORATIONS
PART OF PREVIOUSLY REPORTED ESTIMATE
Mailing Address: 545 W. JUANITA AVENUE
City: MESA, State: AZ, Zip Code: 85210
Purpose of Expenditure: PHONE VOTER CONTACT
Category/Type:
Name of Federal Candidate: CLINTON, HILLARY, , ,
Support: [], Oppose: [x]
Office Sought: [x] President, [] House, [] Senate
State:
Calendar Year-To-Date Per Election for Office Sought: 954837.15
Disbursement For: [] Primary, [x] General 2016, [] Other (specify)

Full Name of Payee: POLITICAL LIST BROKERS, LLC
PART OF PREVIOUSLY REPORTED ESTIMATE
Mailing Address: 107 S. WEST ST PMB 826
107 WEST STREET
City: ALEXANDRIA, State: VA, Zip Code: 22314
Purpose of Expenditure: LIST RENTAL FEES AND ONLINE ADVERTISING
Category/Type:
Name of Federal Candidate: CLINTON, HILLARY, , ,
Support: [], Oppose: [x]
Office Sought: [x] President, [] House, [] Senate
State:
Calendar Year-To-Date Per Election for Office Sought: 954837.15
Disbursement For: [] Primary, [x] General 2016, [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 17443.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

BACKER, DAN, , ,

[Electronically Filed]

Date 08 / 01 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Committee to Defend the President
FEC IDENTIFICATION NUMBER
C C00544767

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: POLITICAL LIST BROKERS, LLC
Mailing Address: 107 S. WEST ST PMB 826, 107 WEST STREET
City: ALEXANDRIA, State: VA, Zip Code: 22314
Purpose of Expenditure: ANTI-HILLARY ONLINE VOTER CONTACT
Date of Public Distribution/Dissemination: 08/17/2016
Amount: 10000.00
Transaction ID: SE24.90472
Date of Disbursement or Obligation: 08/16/2016
Name of Federal Candidate: CLINTON, HILLARY, , ,
Office Sought: President
Disbursement For: General

Full Name of Payee: STRATEGIC MEDIA PLACEMENT
Mailing Address: 7669 STAGERS LOOP
City: DELAWARE, State: OH, Zip Code: 43015
Purpose of Expenditure: MEDIA PLACEMENT
Date of Public Distribution/Dissemination: 07/28/2016
Amount: 15000.00
Transaction ID: SE24.90243
Date of Disbursement or Obligation: 07/26/2016
Name of Federal Candidate: CLINTON, HILLARY, , ,
Office Sought: President
Disbursement For: General

(a) SUBTOTAL of Itemized Independent Expenditures 25000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

BACKER, DAN, , ,
Signature

[Electronically Filed]

Date 08/17/2016

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Committee to Defend the President	FEC IDENTIFICATION NUMBER ▼ C C00544767
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item THE STRATEGY GROUP FOR MEDIA		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 7669 STAGGERS LOOPS		Amount <input type="text"/>	
City DELAWARE	State OH	Zip Code 43015	Transaction ID : SE24.90242
Purpose of Expenditure AD PRODUCTION		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item THE STRATEGY GROUP FOR MEDIA		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 7669 STAGGERS LOOPS		Amount <input type="text"/>	
City DELAWARE	State OH	Zip Code 43015	Transaction ID : SE24.92232
Purpose of Expenditure VIDEO PRODUCTION		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

BACKER, DAN, , ,

[Electronically Filed]

Date

/ /

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Committee to Defend the President	FEC IDENTIFICATION NUMBER ▼ C C00544767
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item THE STRATEGY GROUP FOR MEDIA		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 7669 STAGGERS LOOPS		Amount <input type="text"/> 200000.00
City DELAWARE	State OH	
Zip Code 43015	Purpose of Expenditure TV ADS	Transaction ID : SE24.92259
Category/Type <input type="text"/>		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 954837.15		2016

Full Name of Payee <input type="checkbox"/> Memo Item THE STRATEGY GROUP FOR MEDIA		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 7669 STAGGERS LOOPS		Amount <input type="text"/> 7600.00
City DELAWARE	State OH	
Zip Code 43015	Purpose of Expenditure TV AD PRODUCTION	Transaction ID : SE24.92317
Category/Type <input type="text"/>		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 954837.15		2016

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 207600.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

BACKER, DAN, , ,

[Electronically Filed]

Date / /

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Committee to Defend the President	FEC IDENTIFICATION NUMBER ▼ C C00544767
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Check if 24-hour report 48-hour report ➤ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item THE STRATEGY GROUP FOR MEDIA		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 26 / 2016	
Mailing Address 7669 STAGGERS LOOPS		Amount 2200.00	
City DELAWARE	State OH	Zip Code 43015	Transaction ID : SE24.92326
Purpose of Expenditure TV AD PRODUCTION		Category/Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 28 / 2016
Name of Federal Candidate: CLINTON, HILLARY, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 954837.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item CAMPAIGN SOLUTIONS PART OF PREVIOUSLY REPORTED ESTIMATE		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 01 / 2016	
Mailing Address 117 N SAINT ASAPH ST.		Amount 42888.79	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.93315
Purpose of Expenditure ONLINE VOTER CONTACT		Category/Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 04 / 2016
Name of Federal Candidate: CLINTON, HILLARY, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 954837.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	2200.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures	

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BACKER, DAN, , , *[Electronically Filed]* Date M M / D D / Y Y Y Y Y Y
09 / 28 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Committee to Defend the President
FEC IDENTIFICATION NUMBER
C C00544767

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORPORATION
PART OF PREVIOUSLY REPORTED ESTIMATE. LATE ARRIVING INVOICE.
Mailing Address P.O. BOX 932441
City CLEVELAND State OH Zip Code 44193
Purpose of Expenditure TELEPHONE VOTER CONTACT
Category/Type
Date of Public Distribution/Dissemination 09/22/2016
Amount 23834.41
Transaction ID: SE24.93943
Date of Disbursement or Obligation 10/25/2016

Name of Federal Candidate: CLINTON, HILLARY, , ,
Support Oppose
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 954837.15

Full Name of Payee
Mailing Address
City
State
Zip Code
Purpose of Expenditure
Category/Type
Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation

Name of Federal Candidate:
Support Oppose
Office Sought:
Disbursement For:
Calendar Year-To-Date Per Election for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 818723.09

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

BACKER, DAN, , ,

[Electronically Filed]

Date

08/22/2016

Signature