



**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"/>		126048.43
(b) Cash on Hand at Beginning of Reporting Period.....	62614.33	
(c) Total Receipts (from Line 19) .....	46904.91	135474.87
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	109519.24	261523.30
7. Total Disbursements (from Line 31).....	49206.75	201210.81
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	60312.49	60312.49
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

Write or Type Committee Name

**Committee to Defend the President**

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

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).....	0.00	500.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	500.00
(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) .....	0.00	500.00
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).....	0.00	18.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	46904.91	134956.87
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)).....▶	46904.91	135474.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	46904.91	135474.87

**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 .....	0.00	5962.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	5962.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	2000.00
24. Independent Expenditures (use Schedule E) .....	18597.12	50378.13
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 .....	342.00	1388.00
(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)).....	342.00	1388.00
29. Other Disbursements (Including Non-Federal Donations).....	28267.63	141481.88
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)) ..	49206.75	201210.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	49206.75	201210.81

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0.00	500.00
34. Total Contribution Refunds (from Line 28(d)) .....	342.00	1388.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	- 342.00	- 888.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	5962.80
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	18.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	5944.80

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

Form/Schedule: F3XA  
Transaction ID :

This report is correcting technical errors calculating year to date balances. Previous Text: This report is amended to reflect changes related to ADRs 849 and 856 and resulting internal audit of the Committees calendar year 2016 based on the available records. Original Previous Text: This report amended to update independent expenditure amounts and corresponding debts.

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 42
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input 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, DAVID, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10250 N 2315 E ROAD

City FAIRBURY	State IL	Zip Code 61739-8811
------------------	-------------	------------------------

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

Name of Employer (for Individual) UNITED SOILS INC.	Occupation (for Individual) SELF EMPLOYED
--	--

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
03	/	03	/	2016

**Transaction ID : SA17.263404**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 10250 N 2315 E ROAD

City FAIRBURY	State IL	Zip Code 61739-8811
------------------	-------------	------------------------

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

Name of Employer (for Individual) UNITED SOILS INC.	Occupation (for Individual) SELF EMPLOYED
--	--

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
03	/	21	/	2016

**Transaction ID : SA17.264088**

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 ▼  
390.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2016

**Transaction ID : SA17.253023**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

**SCHEDULE A (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 42
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<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  
ANDERSON, EDWIN, , ,

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 ▼  
390.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2016

**Transaction ID : SA17.253053**

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  
ANDERSON, EDWIN, , ,

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 ▼  
390.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		16		2016

**Transaction ID : SA17.264079**

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  
ANDERSON, EDWIN, , ,

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 ▼  
390.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		22		2016

**Transaction ID : SA17.264295**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 42
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. BARRETTE, CYNTHIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 5254  
 City HANOVER State NH Zip Code 03755-5254  
 FEC ID number of contributing 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 **03 / 21 / 2016**  
**Transaction ID : SA17.264109**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. BIGAR, PHILIPPE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 55 EAST 76TH STREET  
 55 EAST 76TH STREET  
 City NEW YORK State NY Zip Code 10021-1843  
 FEC ID number of contributing 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 **03 / 24 / 2016**  
**Transaction ID : SA17.264405**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. BRESNIK, ALBERT R., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 250.00

Date of Receipt **03 / 05 / 2016**  
**Transaction ID : SA17.263343**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 42
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. BRESNIK, ALBERT R., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 250.00

Date of Receipt **03 / 14 / 2016**  
**Transaction ID : SA17.263710**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. CRAN, GENEVIEVE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 537  
 City PAHALA State HI Zip Code 96777-0537  
 FEC ID number of contributing 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 **03 / 01 / 2016**  
**Transaction ID : SA17.263096**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. CRAN, GENEVIEVE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 537  
 City PAHALA State HI Zip Code 96777-0537  
 FEC ID number of contributing 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 **03 / 01 / 2016**  
**Transaction ID : SA17.263097**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

**SCHEDULE A (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 42
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. CRAN, GENEVIEVE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 537

City PAHALA	State HI	Zip Code 96777-0537
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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 ▼  
425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016

**Transaction ID : SA17.263098**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. CRAN, GENEVIEVE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 537

City PAHALA	State HI	Zip Code 96777-0537
----------------	-------------	------------------------

FEC ID number of contributing 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  
 03 / 07 / 2016

**Transaction ID : SA17.263389**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. CRAN, GENEVIEVE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 537

City PAHALA	State HI	Zip Code 96777-0537
----------------	-------------	------------------------

FEC ID number of contributing 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  
 03 / 21 / 2016

**Transaction ID : SA17.264103**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

**SCHEDULE A (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 42
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. CROUL, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 143  
 206 BITTERROOT RD  
 City SUN VALLEY State ID Zip Code 83353-0143  
 FEC ID number of contributing 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  
 03 / 21 / 2016  
**Transaction ID : SA17.264102**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. 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 ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2016  
**Transaction ID : SA17.264097**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. 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 ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2016  
**Transaction ID : SA17.264098**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

**SCHEDULE A (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 42
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<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 ▼ 400.00

Date of Receipt **03 / 17 / 2016**  
**Transaction ID : SA17.264099**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. 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 ▼ 300.00

Date of Receipt **03 / 05 / 2016**  
**Transaction ID : SA17.263351**  
 Amount of Each Receipt this Period 50.00  
 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 ▼ 960.55

Date of Receipt **03 / 03 / 2016**  
**Transaction ID : SA17.263146**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

**SCHEDULE A (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 42
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<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 ▼ 960.55

Date of Receipt 03 / 07 / 2016  
**Transaction ID : SA17.263275**  
 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 ▼ 960.55

Date of Receipt 03 / 09 / 2016  
**Transaction ID : SA17.263699**  
 Amount of Each Receipt this Period 50.00  
 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 ▼ 960.55

Date of Receipt 03 / 10 / 2016  
**Transaction ID : SA17.263703**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	135.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 42
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<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 ▼ 960.55

Date of Receipt **03 / 08 / 2016**  
**Transaction ID : SA17.263722**  
 Amount of Each Receipt this Period 100.00  
 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 ▼ 960.55

Date of Receipt **03 / 09 / 2016**  
**Transaction ID : SA17.263728**  
 Amount of Each Receipt this Period 150.00  
 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 ▼ 960.55

Date of Receipt **03 / 10 / 2016**  
**Transaction ID : SA17.263729**  
 Amount of Each Receipt this Period 550.55  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.55
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 42
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<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) SELF-EMPLOYED. Occupation (for Individual) PROPERTY MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1273.06

Date of Receipt **03 / 31 / 2016**  
**Transaction ID : SA17.253015**  
 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) SELF-EMPLOYED. Occupation (for Individual) PROPERTY MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1273.06

Date of Receipt **03 / 14 / 2016**  
**Transaction ID : SA17.263709**  
 Amount of Each Receipt this Period 50.00  
 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) SELF-EMPLOYED. Occupation (for Individual) PROPERTY MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1273.06

Date of Receipt **03 / 10 / 2016**  
**Transaction ID : SA17.263730**  
 Amount of Each Receipt this Period 960.88  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 1025.88  
**TOTAL** This Period (last page this line number only).....▶



**SCHEDULE A (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 42
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

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

Mailing Address 11346 W. BOWLES PLACE

City LITTLETON	State CO	Zip Code 80127-2431
-------------------	-------------	------------------------

FEC ID number of contributing 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
03	/	20	/	2016

**Transaction ID : SA17.264081**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 11346 W. BOWLES PLACE

City LITTLETON	State CO	Zip Code 80127-2431
-------------------	-------------	------------------------

FEC ID number of contributing 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
03	/	24	/	2016

**Transaction ID : SA17.264394**

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 ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2016

**Transaction ID : SA17.264105**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

**SCHEDULE A (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 42
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2016  
**Transaction ID : SA17.264106**  
 Amount of Each Receipt this Period  
 100.00  
 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2016  
**Transaction ID : SA17.264107**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 28 / 2016  
**Transaction ID : SA17.264404**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

**SCHEDULE A (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 42
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. LAMOTHE, ALEXIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13111 IRWIN WAY  
 City CARMEL State IN Zip Code 46032-9790  
 FEC ID number of contributing 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 03 / 22 / 2016  
**Transaction ID : SA17.264388**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. 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 ▼ 300.00

Date of Receipt 03 / 21 / 2016  
**Transaction ID : SA17.264108**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. PRATT, JOHN T., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1479 SW SHORELINE DRIVE  
 City PALM CITY State FL Zip Code 34990-4535  
 FEC ID number of contributing 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 03 / 15 / 2016  
**Transaction ID : SA17.264110**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 42
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<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 ▼ 850.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2016  
**Transaction ID : SA17.264403**  
 Amount of Each Receipt this Period  
 250.00  
 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2016  
**Transaction ID : SA17.264101**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2016  
**Transaction ID : SA17.264402**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

**SCHEDULE A (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 42
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. SIMONSEN, SVEN ERIK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 69 FLOOD CIRCLE  
 City ATHERTON State CA Zip Code 94027-2108  
 FEC ID number of contributing 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 03 / 31 / 2016  
**Transaction ID : SA17.251070**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. THOMPSON, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 330 FRANKLIN RD 135A-115  
 City BRENTWOOD State TN Zip Code 37027-3280  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TRINITY Occupation (for Individual) HEALTHCARE CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 31 / 2016  
**Transaction ID : SA17.253082**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. TROUTMAN, LESLIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3901 E PINNACLE PEAK RD 91  
 City PHOENIX State AZ Zip Code 85050-8109  
 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 ▼ 225.00

Date of Receipt 03 / 02 / 2016  
**Transaction ID : SA17.263244**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	525.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 42
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. TROUTMAN, LESLIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3901 E PINNACLE PEAK RD  
 91  
 City PHOENIX State AZ Zip Code 85050-8109  
 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 05 / 2016  
**Transaction ID : SA17.263245**  
 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 ▼ 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2016  
**Transaction ID : SA17.253046**  
 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 ▼ 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 05 / 2016  
**Transaction ID : SA17.263247**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 42
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<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 ▼  
420.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 01 / 2016

**Transaction ID : SA17.263248**

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 ▼  
420.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 07 / 2016

**Transaction ID : SA17.263279**

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 ▼  
420.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 09 / 2016

**Transaction ID : SA17.263620**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

**SCHEDULE A (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 42
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<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 ▼ 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2016  
**Transaction ID : SA17.263937**  
 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 ▼ 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2016  
**Transaction ID : SA17.263953**  
 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 ▼ 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2016  
**Transaction ID : SA17.264317**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (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 42
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. VOELL, RICHARD, A., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13611 DEERING BAY DRIVE  
1101

City MIAMI	State FL	Zip Code 33158-2839
---------------	-------------	------------------------

FEC ID number of contributing 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
03	/	22	/	2016

**Transaction ID : SA17.264400**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. VOELL, RICHARD, A., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13611 DEERING BAY DRIVE  
1101

City MIAMI	State FL	Zip Code 33158-2839
---------------	-------------	------------------------

FEC ID number of contributing 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
03	/	22	/	2016

**Transaction ID : SA17.264401**

Amount of Each Receipt this Period  
250.00

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 ▼  
630.16

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	03	/	2016

**Transaction ID : SA17.263257**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	525.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 42
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<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 ▼  
630.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016

**Transaction ID : SA17.263400**

Amount of Each Receipt this Period  
100.00

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 ▼  
630.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2016

**Transaction ID : SA17.263646**

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 ▼  
630.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2016

**Transaction ID : SA17.263720**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 42
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<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 ▼ 630.16

Date of Receipt 03 / 21 / 2016  
**Transaction ID : SA17.264014**  
 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 ▼ 630.16

Date of Receipt 03 / 24 / 2016  
**Transaction ID : SA17.264395**  
 Amount of Each Receipt this Period 100.00  
 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 ▼ 250.00

Date of Receipt 03 / 05 / 2016  
**Transaction ID : SA17.263265**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

**SCHEDULE A (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 42
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 22 / 2016  
**Transaction ID : SA17.264387**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT

**B. 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 ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2016  
**Transaction ID : SA17.253080**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT

**C. 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 ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2016  
**Transaction ID : SA17.263402**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT

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

**SCHEDULE A (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 42
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<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 ▼ 350.00

Date of Receipt 03 / 09 / 2016  
**Transaction ID : SA17.263702**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. ZEIGLER, JUNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 739 E 2ND ST N 142 142  
 City MORRISTOWN State TN Zip Code 37814-  
 FEC ID number of contributing 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 03 / 31 / 2016  
**Transaction ID : SA17.253069**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. ZEIGLER, JUNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 739 E 2ND ST N 142 142  
 City MORRISTOWN State TN Zip Code 37814-  
 FEC ID number of contributing 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 03 / 31 / 2016  
**Transaction ID : SA17.253070**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

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

**SCHEDULE A (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 42
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<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  
**ZEIGLER, JUNE, , ,**

Mailing Address **739 E 2ND ST N  
142 142**

City **MORRISTOWN** State **TN** Zip Code **37814-**

FEC ID number of contributing 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 **03 / 03 / 2016**

**Transaction ID : SA17.263268**

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

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

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>25.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>8621.43</b>

**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**

Full Name (Last, First, Middle Initial) <b>A. MOONEY FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 03 / 01 / 2016
Mailing Address P.O. BOX 1863		FEC Identification Number C 000506774 <b>Transaction ID : SB23.I124007</b>
City MARTINSBURG	State WV	Zip Code 25402
Purpose of Disbursement PRIMARY CONTRIBUTION		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>MOONEY, ALEXANDER , XAVIER , ,</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WV	District: 02	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. PATRICK MOONEY FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 03 / 09 / 2016
Mailing Address 150 GREENBRIAR AVE		FEC Identification Number C 000609016 <b>Transaction ID : SB23.I82816</b>
City ORMOND BEACH	State FL	Zip Code 32174
Purpose of Disbursement POLITICAL CONTRIBUTION		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>MOONEY, PATRICK, , ,</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL	District: 06	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
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:	<input type="checkbox"/> Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶

2000.00

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

2000.00

**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

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) <b>A. FERGUSON, DONNY, , ,</b>		Date of Disbursement MM / DD / YYYY 03 / 01 / 2016
Mailing Address 101 SKYHILL ROAD #203		FEC Identification Number C [ ] <b>Transaction ID : SB29.I82555</b> Amount of Each Disbursement this Period [ ] 2000.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement CAREY ACCT: POLITICAL AND CONTENT SERVICES CONSULTING		Category/Type [ ]
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CAMPAIGN SOLUTIONS</b>		Date of Disbursement MM / DD / YYYY 03 / 15 / 2016
Mailing Address 117 N SAINT ASAPH ST.		FEC Identification Number C [ ] <b>Transaction ID : SB29.I82560</b> Amount of Each Disbursement this Period [ ] 10827.99
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement CAREY ACCT: POLITICAL ADVOCACY AND EMAIL DEPLOYMENT		Category/Type [ ]
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DB CAPITOL STRATEGIES</b>		Date of Disbursement MM / DD / YYYY 03 / 08 / 2016
Mailing Address 203 SOUTH UNION STREET SUITE 300		FEC Identification Number C [ ] <b>Transaction ID : SB29.I82556</b> Amount of Each Disbursement this Period [ ] 3397.10
City ALEXANDRIA	State VA	Zip Code 22314-3356
Purpose of Disbursement CAREY ACCT: REIMBURSEMENT (SEE BELOW)		Category/Type [ ]
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 16225.09
<b>TOTAL</b> 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. CMDI**

Mailing Address 1593 SPRING HILL RD  
SUITE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement  
DATA PROCESSING 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  
03 / 08 / 2016

FEC Identification Number

C   
**Transaction ID : SB29.I82820**  
Amount of Each Disbursement this Period  
 1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. UNITED STATES POSTAL SERVICE**

Mailing Address 475 L'ENFANT PLAZA SW

City WASHINGTON State DC Zip Code 20260

Purpose of Disbursement  
POSTAGE

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  
03 / 08 / 2016

FEC Identification Number

C   
**Transaction ID : SB29.I82819**  
Amount of Each Disbursement this Period  
 237.10

Memo Item

Full Name (Last, First, Middle Initial)

**C. DB CAPITOL STRATEGIES**

Mailing Address 203 SOUTH UNION STREET  
SUITE 300

City ALEXANDRIA State VA Zip Code 22314-3356

Purpose of Disbursement  
CAREY ACCT: LEGAL/COMPLIANCE FEES AND 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  
03 / 30 / 2016

FEC Identification Number

C   
**Transaction ID : SB29.I82557**  
Amount of Each Disbursement this Period  
 5148.50

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

5148.50

**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**

Mailing Address 203 SOUTH UNION STREET  
SUITE 300

City  
ALEXANDRIA

State  
VA

Zip Code  
22314-3356

Purpose of Disbursement  
LEGAL AND COMPLIANCE SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	1	6

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.I82821

Amount of Each Disbursement this Period

[REDACTED] 5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. UNITED STATES POSTAL SERVICE**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTON

State  
DC

Zip Code  
20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	1	6

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.I82830

Amount of Each Disbursement this Period

[REDACTED] 73.50

Memo Item

Full Name (Last, First, Middle Initial)

**C. 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:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	1	6

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.I82811

Amount of Each Disbursement this Period

[REDACTED] 2481.46

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

[REDACTED] 2481.46

[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. 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	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	1	6

FEC Identification Number

**C** [ ]  
**Transaction ID : SB29.I82812**  
 Amount of Each Disbursement this Period  
 [ ] 1292.09

Memo Item

Full Name (Last, First, Middle Initial)

**B. 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	/	D	D	/	Y	Y	Y	Y
0	3		2	1		2	0	1	6

FEC Identification Number

**C** [ ]  
**Transaction ID : SB29.I82813**  
 Amount of Each Disbursement this Period  
 [ ] 1433.92

Memo Item

Full Name (Last, First, Middle Initial)

**C. 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	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	1	6

FEC Identification Number

**C** [ ]  
**Transaction ID : SB29.I82814**  
 Amount of Each Disbursement this Period  
 [ ] 1211.26

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

[ ] 3937.27

[ ]

# 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. 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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2016

FEC Identification Number

C

Transaction ID : SB29.I82815

Amount of Each Disbursement this Period

475.31

Memo Item

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

475.31

28267.63

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 37 OF 42
	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 <b>American Action News</b>			Nature of Debt (Purpose): FEBRUARY MONTHLY ONLINE ADVERTISING FEES
Mailing Address 203 S Union St Suite 300			
City Alexandria	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period 2236.01	Transaction ID : SD.201601002	
Amount Incurred This Period 0.00	Payment This Period 2236.01	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Campaign Solutions</b>			Nature of Debt (Purpose): FEBRUARY MONTHLY LIST RENTAL FEES
Mailing Address 117 N. SAINT ASAPH ST			
City Alexandria	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period 2271.66	Transaction ID : SD.201601003	
Amount Incurred This Period 0.00	Payment This Period 2271.66	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Political List Brokers</b>			Nature of Debt (Purpose): FEBRUARY MONTHLY LIST RENTAL FEES
Mailing Address 107 S. West St PMB 826			
City Alexandria	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period 5000.00	Transaction ID : SD.201601004	
Amount Incurred This Period 0.00	Payment This Period 5000.00	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	0.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	0.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Committee to Defend the President</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00544767
---	--

Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <input type="checkbox"/> Memo Item <b>AMERICAN ACTION NEWS, LLC</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 2331 MILL RD SUITE 100		Amount <input type="text"/>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : <b>SE24.57116</b>
Purpose of Expenditure FEBRUARY MONTHLY ONLINE ADVERTISING 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"/>		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 <b>CAMPAIGN SOLUTIONS</b>		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 : <b>SE24.81515</b>
Purpose of Expenditure MARCH 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"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	<input type="text"/>
(c) <b>TOTAL</b> 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
Mailing Address
117 N SAINT ASAPH ST.
City
ALEXANDRIA State
VA Zip Code
22314
Purpose of Expenditure
MARCH LIST RENTAL FEES
Category/Type

Date of Public Distribution/Dissemination
03 / 01 / 2016
Amount
79.65
Transaction ID : SE24.82562
Date of Disbursement or Obligation
03 / 14 / 2016

Name of Federal Candidate:
CLINTON, HILLARY, , ,
Support Oppose
Office Sought:
President Senate State:
Calendar Year-To-Date
Per Election for Office Sought
50378.13
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
CAMPAIGN SOLUTIONS
PART OF ESTIMATE SEE FEC-1047772, SE24.57113
Mailing Address
117 N SAINT ASAPH ST.
City
ALEXANDRIA State
VA Zip Code
22314
Purpose of Expenditure
EXTERNAL DEPLOYMENT COSTS
Category/Type

Date of Public Distribution/Dissemination
02 / 02 / 2016
Amount
2271.66
Transaction ID : SE24.57113
Date of Disbursement or Obligation
03 / 15 / 2016

Name of Federal Candidate:
CLINTON, HILLARY, , ,
Support Oppose
Office Sought:
President Senate State:
Calendar Year-To-Date
Per Election for Office Sought
50378.13
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures ..... 2351.31
(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 03 / 31 / 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
CAMPAIGN SOLUTIONS
Mailing Address
117 N SAINT ASAPH ST.
City
ALEXANDRIA State
VA Zip Code
22314
Purpose of Expenditure
MARCH LIST RENTAL FEES
Category/Type
Date of Public Distribution/Dissemination
03 / 02 / 2016
Amount
81.45
Transaction ID : SE24.82563
Date of Disbursement or Obligation
03 / 28 / 2016

Name of Federal Candidate:
CLINTON, HILLARY, ,
Support Oppose
Office Sought:
President Senate State:
Disbursement For:
Primary General
2016 Other (specify)

Full Name of Payee
CD, INC.
Mailing Address
P.O. BOX 1877
City
ALEXANDRIA State
VA Zip Code
22313
Purpose of Expenditure
MARCH LIST RENTAL FEES AND ONLINE ADVERTISING
Category/Type
Date of Public Distribution/Dissemination
03 / 01 / 2016
Amount
2000.00
Transaction ID : SE24.81518
Date of Disbursement or Obligation
03 / 10 / 2016

Name of Federal Candidate:
CLINTON, HILLARY, ,
Support Oppose
Office Sought:
President Senate State:
Disbursement For:
Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures ..... 2081.45
(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 03 / 31 / 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 CD, INC.
Mailing Address P.O. BOX 1877
City ALEXANDRIA State VA Zip Code 22313
Purpose of Expenditure MARCH LIST RENTAL FEES AND ONLINE ADVERTISING
Name of Federal Candidate: CLINTON, HILLARY, ,
Calendar Year-To-Date Per Election for Office Sought 50378.13
Date of Public Distribution/Dissemination 03 / 01 / 2016
Amount 1000.00
Transaction ID : SE24.82561
Date of Disbursement or Obligation 03 / 22 / 2016
Office Sought: President
Disbursement For: General 2016

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 FEBRUARY MONTHLY LIST RENTAL FEES
Name of Federal Candidate: CLINTON, HILLARY, ,
Calendar Year-To-Date Per Election for Office Sought 50378.13
Date of Public Distribution/Dissemination 02 / 01 / 2016
Amount 5000.00
Transaction ID : SE24.57117
Date of Disbursement or Obligation 03 / 01 / 2016
Office Sought: President
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures 6000.00
(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 03 / 31 / 2016
Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Committee to Defend the President</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> 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 <b>POLITICAL LIST BROKERS, LLC</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 107 S. WEST ST PMB 826 107 WEST STREET		Amount <input type="text"/>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : <b>SE24.81520</b>
Purpose of Expenditure MARCH 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"/>		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		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation
Purpose of Expenditure		Category/Type <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate:		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input 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 type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....	<input type="text"/>
<b>(c) TOTAL</b> 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