24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
The Committee To Defend The President	C C00544767
Check if 24-hour report 48-hour report New report Amends report filed	i on Mam / Dad / Yayayay
Full Name of Payee CONNELL DONATELLI, INC.	Date of Public Distribution/Dissemination
·	05 12 2017
Mailing Address P.O. BOX 1877	Amount
City State Zip Code	5000.00
ALEXANDRIA VA 22313	Transaction ID : SE24.101747 Date of Disbursement or Obligation
Purpose of Expenditure ONLINE VOTER CONTACT Category/ Type	05 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offic	e Sought: House District:
TRUMP, DONALD, J, ,	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disb 2020	ursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
CONNELL DONATELLI, INC.	05 12 2017
Mailing Address P.O. BOX 1877	Amount
City State Zip Code ALEXANDRIA VA 22313	5000.00 Transaction ID : SE24.101748
	Date of Disbursement or Obligation
Purpose of Expenditure ONLINE VOTER CONTACT Category/ Type	05 / 12 / 2017
	e Sought: House District:
TRUMP, DONALD, J, ,	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disb 2020	ursement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	10000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
	05 14 2017
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
The Committee To Defend The President	C C00544767
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee THE STRATEGY GROUP FOR MEDIA	Date of Public Distribution/Dissemination
Mailing Address 7669 STAGGERS LOOPS	05 12 2017 Amount
City State Zip Code DELAWARE OH 43015	5598.20
Purpose of Expenditure AD PRODUCTION Category/ Type	Date of Disbursement or Obligation 05
Name of Foderal Condidate	ought: House District:
TRUMP DONALD I	ought: House District: resident Senate State:
	ement For: Primary General Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	, ,
Purpose of Expenditure Category/ Type	Date of Disbursement or Obligation
Name of Federal Candidate Support Office S Oppose	Sought: House District:
	ement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	5598.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	15598.20
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, o party committee) any political party committee or its agent.	
Backer, Dan, , , [Electronically Filed] Date 05	/ 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y