



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**The 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="2018"/>	<input type="text" value="2080731.79"/>	<input type="text" value="2080731.79"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="2080731.79"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="305072.65"/>	<input type="text" value="305072.65"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="2385804.44"/>	<input type="text" value="2385804.44"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="329737.45"/>	<input type="text" value="329737.45"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="2056066.99"/>	<input type="text" value="2056066.99"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="16874.96"/>	

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

**For further information contact:**

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

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

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**The Committee To Defend The President**

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 02 / 2018 To: M M / D D / Y Y Y Y 01 / 31 / 2018

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).....	5390.00	5390.00
(ii) Unitemized .....	50784.99	50784.99
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	56174.99	56174.99
(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) .....	56174.99	56174.99
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).....	1198.35	1198.35
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	247699.31	247699.31
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)).....▶	305072.65	305072.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	305072.65	305072.65

**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 .....	1832.30	1832.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1832.30	1832.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	10000.00
24. Independent Expenditures (use Schedule E) .....	192807.58	192807.58
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 .....	15093.00	15093.00
(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)).....	15093.00	15093.00
29. Other Disbursements (Including Non-Federal Donations).....	110004.57	110004.57
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)) ..	329737.45	329737.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	329737.45	329737.45

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

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) .....	56174.99	56174.99
34. Total Contribution Refunds (from Line 28(d)) .....	15093.00	15093.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	41081.99	41081.99
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1832.30	1832.30
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1198.35	1198.35
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	633.95	633.95

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

**A. BULL, REED, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 232 FORECASTLE CT.  
 City LEXINGTON State SC Zip Code 29072-8990  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00

Date of Receipt 01 / 05 / 2018  
**Transaction ID : SA11A.1125450**  
 Amount of Each Receipt this Period 240.00  
 Memo Item CONTRIBUTION

**B. CHAVEZ, KATHLEEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 144 COTTONWOOD DR.  
 City GRANTS State NM Zip Code 87020-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SLS NM Occupation (for Individual) MANAGING OWNER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt 01 / 12 / 2018  
**Transaction ID : SA11A.1125610**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. CHAVEZ, KATHLEEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 144 COTTONWOOD DR.  
 City GRANTS State NM Zip Code 87020-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SLS NM Occupation (for Individual) MANAGING OWNER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt 01 / 12 / 2018  
**Transaction ID : SA11A.1125612**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	490.00
<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 7 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

**A. CHAVEZ, KATHLEEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 144 COTTONWOOD DR.  
 City GRANTS State NM Zip Code 87020-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SLS NM Occupation (for Individual) MANAGING OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 01 / 24 / 2018  
**Transaction ID : SA11A.1126191**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
**CONTRIBUTION**

**B. DRANEY, JERALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4320 FOREST HILL DRIVE 237  
 City FAIRFAX State VA Zip Code 22030-5766  
 FEC ID number of contributing 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 01 / 19 / 2018  
**Transaction ID : SA11A.1126012**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
**CONTRIBUTION**

**C. GRIEVE, GILBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 240 TELEGRAPH ST  
 City RENO State NV Zip Code 89502-2211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) CONCOURSE BODY SHOP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 26 / 2018  
**Transaction ID : SA11A.1126367**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<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 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

**A. KELLY, PHILLIP, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 730 GOLF VIEW DR.  
 City JACKSON State AL Zip Code 36545-3230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GEORGIC PACIFIC Occupation (for Individual) ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 26 / 2018  
**Transaction ID : SA11A.1126217**  
 Amount of Each Receipt this Period  
 375.00  
 Memo Item  
 CONTRIBUTION

**B. KENNEDY, GERALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5707 EAST 32ND ST BOX1243  
 City YUMA State AZ Zip Code 85365-1278  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 26 / 2018  
**Transaction ID : SA11A.1126469**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**C. MARTIN, SHIRLEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1373 FLANAGAN DR.  
 City CHRISTIANSBURG State VA Zip Code 24073-7175  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 19 / 2018  
**Transaction ID : SA11A.1126019**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	875.00
<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 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

**A. MILLER, DALE W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6311 CLAIR DR.  
 City HUNTINGDON State PA Zip Code 16652-8505  
 FEC ID number of contributing 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 01 / 26 / 2018  
**Transaction ID : SA11A.1126398**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**B. PARRIOTT, FOSTER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 WESTERLY LN  
 City SAINT LOUIS State MO Zip Code 63124-1747  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) PARR LLC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 26 / 2018  
**Transaction ID : SA11A.1126341**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

**C. RATH, EUNICE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1720 E LAWN DR.  
 City SAVANNA State IL Zip Code 61074-1810  
 FEC ID number of contributing 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 01 / 24 / 2018  
**Transaction ID : SA11A.1126160**  
 Amount of Each Receipt this Period 300.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<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 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

**A. SCHALLER, ROGER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8210 LAKESHORE RD.  
 City BURTCHVILLE State MI Zip Code 48059-1324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 05 / 2018  
**Transaction ID : SA11A.1125458**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**B. SELICH, JUDITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 358  
 City SOUTH BEACH State OR Zip Code 97366-0358  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 3250.00

Date of Receipt 01 / 12 / 2018  
**Transaction ID : SA11A.1125729**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**C. SELICH, JUDITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 358  
 City SOUTH BEACH State OR Zip Code 97366-0358  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 3250.00

Date of Receipt 01 / 31 / 2018  
**Transaction ID : SA11A.1126591**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 1525.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (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 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

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

Mailing Address **4181 WILLIAMSON TRL**

City <b>LIBERTY</b>	State <b>PA</b>	Zip Code <b>16930-9167</b>
------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>SECETARLY ACCT</b>	Occupation (for Individual) <b>SELF EMPLOYED</b>
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1100.00**

Date of Receipt  
**01 / 19 / 2018**

**Transaction ID : SA11A.1125949**

Amount of Each Receipt this Period  
**100.00**

Memo Item  
**CONTRIBUTION**

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

Mailing Address **4181 WILLIAMSON TRL**

City <b>LIBERTY</b>	State <b>PA</b>	Zip Code <b>16930-9167</b>
------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>SECETARLY ACCT</b>	Occupation (for Individual) <b>SELF EMPLOYED</b>
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1100.00**

Date of Receipt  
**01 / 31 / 2018**

**Transaction ID : SA11A.1126557**

Amount of Each Receipt this Period  
**1000.00**

Memo Item  
**CONTRIBUTION**

**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>1100.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>5390.00</b>

**SCHEDULE A (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 100
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

**A. EDONATION**

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

Mailing Address 117 NORTH SAINT ASAPH ST

City ALEXANDRIA	State VA	Zip Code 22314
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : SA15.113421**

Amount of Each Receipt this Period

Memo Item  
**REFUND OF LIST RENTAL FEES**

**B. EDONATION**

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

Mailing Address 117 NORTH SAINT ASAPH ST

City ALEXANDRIA	State VA	Zip Code 22314
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : SA15.113422**

Amount of Each Receipt this Period

Memo Item  
**REFUND OF LIST RENTAL FEES**

**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.

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).....	<input type="text" value="1198.35"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text" value="1198.35"/>

**SCHEDULE A (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 100
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

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

Mailing Address P O BOX 3908

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	04	/	2018

**Transaction ID : SA17.1113284**

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  
AINLEY, PAT, , ,

Mailing Address P O BOX 3908

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2018

**Transaction ID : SA17.1113285**

Amount of Each Receipt this Period  
75.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address P O BOX 3908

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	15	/	2018

**Transaction ID : SA17.1113286**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<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 100
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 13 / 2018  
**Transaction ID : SA17.1113287**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 18 / 2018  
**Transaction ID : SA17.1113288**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. BALLARD, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 845 12TH STREET WEST

City BILLINGS	State MT	Zip Code 59106-
------------------	-------------	--------------------

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

Name of Employer (for Individual) BALLARD PETROLEUM HOLDINGS LLC	Occupation (for Individual) OIL & GAS E & P
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2018  
**Transaction ID : SA17.1113785**

Amount of Each Receipt this Period  
25.00

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 15 OF 100
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

**A. BALLARD, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 845 12TH STREET WEST  
 City BILLINGS State MT Zip Code 59106-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BALLARD PETROLEUM HOLDINGS LLC Occupation (for Individual) OIL & GAS E& P  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00

Date of Receipt **01 / 19 / 2018**  
**Transaction ID : SA17.1113787**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. BALLARD, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 845 12TH STREET WEST  
 City BILLINGS State MT Zip Code 59106-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BALLARD PETROLEUM HOLDINGS LLC Occupation (for Individual) OIL & GAS E& P  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00

Date of Receipt **01 / 24 / 2018**  
**Transaction ID : SA17.1113788**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. BARKER, VALERIE J., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13771 N. FOUNTAIN HILLS BLVD.  
 114-310  
 City FOUNTAIN HILLS State AZ Zip Code 85268-3762  
 FEC ID number of contributing 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 **01 / 02 / 2018**  
**Transaction ID : SA17.1113822**  
 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 16 OF 100
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

**A. BENNETT, LYNNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 581 BUCKEYE COURT  
 City SANTA ROSA State CA Zip Code 95409-5926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MYSELF Occupation (for Individual) BUSINESS OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 05 / 2018**  
**Transaction ID : SA17.1114057**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. BRATTON, JOE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 878  
 City ODESSA State FL Zip Code 33556-0878  
 FEC ID number of contributing 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 **01 / 29 / 2018**  
**Transaction ID : SA17.1114499**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. BRENNAN, EDWARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19669 GLEEDSVILLE RD  
 City LEESBURG State VA Zip Code 20175-8848  
 FEC ID number of contributing 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 **01 / 04 / 2018**  
**Transaction ID : SA17.1114511**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<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 17 OF 100
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

**A. BRITT, HENRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 37135  
 City JACKSONVILLE State FL Zip Code 32236-7135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) COURIER TRANSPORTATION Occupation (for Individual) MGR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 05 / 2018  
**Transaction ID : SA17.1114548**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. BRITT, HENRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 37135  
 City JACKSONVILLE State FL Zip Code 32236-7135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) COURIER TRANSPORTATION Occupation (for Individual) MGR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 05 / 2018  
**Transaction ID : SA17.1114549**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. BRYANT, VERNON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1712 CARLETON AVE.  
 City FORT WORTH State TX Zip Code 76107-3858  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SOUTHWEST BANK FORT WORTH Occupation (for Individual) BANKER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 05 / 2018  
**Transaction ID : SA17.1114671**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<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 100
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

**A. BURKETT, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18124 WEDGE PARKWAY  
 509  
 City RENO State NV Zip Code 89511-8134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SNOASPEN INSURANCE GROUP, INC. Occupation (for Individual) INSURANCE BROKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 05 / 2018**  
**Transaction ID : SA17.1113388**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. CALI, JOANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5419 HOLLYWOOD BLVD  
 C814  
 City LOS ANGELES State CA Zip Code 90027-3480  
 FEC ID number of contributing 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 **01 / 30 / 2018**  
**Transaction ID : SA17.1114844**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. CALI, JOANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5419 HOLLYWOOD BLVD  
 C814  
 City LOS ANGELES State CA Zip Code 90027-3480  
 FEC ID number of contributing 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 **01 / 25 / 2018**  
**Transaction ID : SA17.1114845**  
 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 19 OF 100
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

**A. CARTER, CHRIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3881 QUARRY MOUNTAIN RD  
 City PARK CITY State UT Zip Code 84098-6617  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HELMS DEEP CAPITAL Occupation (for Individual) BANKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 05 / 2018  
**Transaction ID : SA17.1114998**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. CARTER, CHRIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3881 QUARRY MOUNTAIN RD  
 City PARK CITY State UT Zip Code 84098-6617  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HELMS DEEP CAPITAL Occupation (for Individual) BANKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 05 / 2018  
**Transaction ID : SA17.1115001**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. CAWLEY, PATRICK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6719 MYRTLE AVE  
 City RIDGEWOOD State NY Zip Code 11385-7056  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT  
 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  
 01 / 05 / 2018  
**Transaction ID : SA17.1115051**  
 Amount of Each Receipt this Period 250.00  
 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 20 OF 100
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

**A. COOPER, GARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3807 HARDING PLACE  
 City NASHVILLE State TN Zip Code 37215-4030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) COOPER STEEL Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 05 / 2018  
**Transaction ID : SA17.1115464**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT

**B. COSTELLO, MARGARET, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 1252  
 City CARMEL State CA Zip Code 93921-1252  
 FEC ID number of contributing 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 01 / 05 / 2018  
**Transaction ID : SA17.1115520**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT

**C. CRAIG, JENNY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11601 WILSHIRE BLVD STE 1840  
 City LOS ANGELES State CA Zip Code 90025-1754  
 FEC ID number of contributing 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 01 / 31 / 2018  
**Transaction ID : SA17.1115568**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<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 100
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

**A. CRUNK, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6108 PLEASANT WATER LANE  
 City BRENTWOOD State TN Zip Code 37027-6213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RJYOUNG CO. Occupation (for Individual) RJYOUNG CO.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 02 / 2018  
**Transaction ID : SA17.1115657**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. CUMMINS, BOB, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 650 N LINCOLN ST  
 City SPRING HILL State KS Zip Code 66083-8356  
 FEC ID number of contributing 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 01 / 16 / 2018  
**Transaction ID : SA17.1115690**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. DAVIS, CHRISTINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 710 MARGARET STREET  
 City SAN JOSE State CA Zip Code 95112-2309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TMFC, INC Occupation (for Individual) CONSULTANT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 05 / 2018  
**Transaction ID : SA17.1115837**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<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 100
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input 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)  
**The Committee To Defend The President**

**A. DEANGELO, OSMANY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20975 SW 220TH ST  
 City MIAMI State FL Zip Code 33170-1019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 17 / 2018**  
**Transaction ID : SA17.1115877**  
 Amount of Each Receipt this Period 250.00  
 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 ▼ 250.00

Date of Receipt **01 / 05 / 2018**  
**Transaction ID : SA17.1116038**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. DRANEY, JERALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4320 FOREST HILL DRIVE 237  
 City FAIRFAX State VA Zip Code 22030-5766  
 FEC ID number of contributing 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 **01 / 06 / 2018**  
**Transaction ID : SA17.1116166**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	550.00
<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 100
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

**A. DRANEY, JERALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4320 FOREST HILL DRIVE  
 237  
 City FAIRFAX State VA Zip Code 22030-5766  
 FEC ID number of contributing 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 01 / 23 / 2018  
**Transaction ID : SA17.1116167**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. DRANEY, JERALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4320 FOREST HILL DRIVE  
 237  
 City FAIRFAX State VA Zip Code 22030-5766  
 FEC ID number of contributing 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 01 / 07 / 2018  
**Transaction ID : SA17.1116168**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. FERNANDEZ, MARTA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 625 BILTMORE WAY  
 APT 505  
 City MIAMI State FL Zip Code 33134-7537  
 FEC ID number of contributing 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 01 / 05 / 2018  
**Transaction ID : SA17.1116622**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<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 100
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

**A. FORD, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5585 CENTER ST  
 City JUPITER State FL Zip Code 33458-3941  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PALM BEACH CAST STONE INC Occupation (for Individual) SELF EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 31 / 2018**  
**Transaction ID : SA17.1116764**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. FUNGHINI, STEVE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27304 CALLE PALO  
 City SUN CITY State CA Zip Code 92586-4507  
 FEC ID number of contributing 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 **01 / 15 / 2018**  
**Transaction ID : SA17.1116942**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. FUNGHINI, STEVE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27304 CALLE PALO  
 City SUN CITY State CA Zip Code 92586-4507  
 FEC ID number of contributing 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 **01 / 20 / 2018**  
**Transaction ID : SA17.1116943**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<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 100
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

**A. FUNGHINI, STEVE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27304 CALLE PALO  
 City SUN CITY State CA Zip Code 92586-4507  
 FEC ID number of contributing 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 **01 / 28 / 2018**  
**Transaction ID : SA17.1116944**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. FUNGHINI, STEVE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27304 CALLE PALO  
 City SUN CITY State CA Zip Code 92586-4507  
 FEC ID number of contributing 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 **01 / 05 / 2018**  
**Transaction ID : SA17.1116945**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. GAMBLE, KENNETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 175 HUGUENOT ST PH501  
 City NEW ROCHELLE State NY Zip Code 10801-7767  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt **01 / 05 / 2018**  
**Transaction ID : SA17.1116994**  
 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 26 OF 100
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

**A. GAMBLE, KENNETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 175 HUGUENOT ST  
 PH501  
 City NEW ROCHELLE State NY Zip Code 10801-7767  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 05 / 2018  
**Transaction ID : SA17.1116995**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. GAMBLE, KENNETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 175 HUGUENOT ST  
 PH501  
 City NEW ROCHELLE State NY Zip Code 10801-7767  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 21 / 2018  
**Transaction ID : SA17.1116996**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. HIATT, NANCY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9293 POPLAR AVE.  
 339  
 City GERMANTOWN State TN Zip Code 38138-7921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 11 / 2018  
**Transaction ID : SA17.1117973**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050.00
<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 100
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

**A. HIATT, NANCY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9293 POPLAR AVE.  
 339  
 City GERMANTOWN State TN Zip Code 38138-7921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 05 / 2018  
**Transaction ID : SA17.1117974**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. HIATT, NANCY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9293 POPLAR AVE.  
 339  
 City GERMANTOWN State TN Zip Code 38138-7921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 21 / 2018  
**Transaction ID : SA17.1117975**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. HOPPE, DARYL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1329 EAST PARK  
 City GRANTS PASS State OR Zip Code 97527-4920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) GLASS GLASER  
 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  
 01 / 18 / 2018  
**Transaction ID : SA17.1118150**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<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 100
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

**A. JONES, IRVIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address BOX 491  
 City LOVINGSTON State VA Zip Code 22949-0491  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DATASOLUTIONSCORP (DSC) DSCINV.COM Occupation (for Individual) CORPORATE CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 05 / 2018  
**Transaction ID : SA17.1118636**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. KEINATH, WARREN, C., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24 RAVENS POINTE DR.  
 City LAKE SAINT LOUIS State MO Zip Code 63367-2238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 05 / 2018  
**Transaction ID : SA17.1118766**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. KEINATH, WARREN, C., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24 RAVENS POINTE DR.  
 City LAKE SAINT LOUIS State MO Zip Code 63367-2238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 05 / 2018  
**Transaction ID : SA17.1118767**  
 Amount of Each Receipt this Period  
 250.00  
 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 29 OF 100
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

**A. KIRK, ROGER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1140 BIMINI LANE  
 City SINGER ISLAND State FL Zip Code 33404-2706  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ADS Occupation (for Individual) CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 05 / 2018  
**Transaction ID : SA17.1118914**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. KORNEGAY, GARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 841285  
 City HOUSTON State TX Zip Code 77284-1285  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 11 / 2018  
**Transaction ID : SA17.1118551**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. KUMMER, KEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27281 LAKEWAY CT.  
 City BONITA SPRINGS State FL Zip Code 34134-8701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 05 / 2018  
**Transaction ID : SA17.1118990**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<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 100
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

**A. LANE, CATHARINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 9595  
 City AMARILLO State TX Zip Code 79105-9595  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CATHARINE LANE Occupation (for Individual) SELF-EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **01 / 13 / 2018**  
**Transaction ID : SA17.1119223**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. LAUGHLIN, SANDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address BOX 769  
 City PEBBLE BEACH State CA Zip Code 93953-0769  
 FEC ID number of contributing 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 **01 / 31 / 2018**  
**Transaction ID : SA17.1119292**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. LAWSON, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2301 SPANISH RIVER RD  
 City BOCA RATON State FL Zip Code 33432-8515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LAWSON GROUP LLC Occupation (for Individual) CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 05 / 2018**  
**Transaction ID : SA17.1119195**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<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 31 OF 100
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

**A. LEAVITT, DENNIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 229 LAS VEGAS BLVD DI  
 City LAS VEGAS State NV Zip Code 89101-5720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LEAVITT LAW FIRM Occupation (for Individual) LAWYER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 05 / 2018**  
**Transaction ID : SA17.119122**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. LIEBER, CLARENCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 224 INDIANA P.O. BOX 3268  
 City WICHITA State KS Zip Code 67214-4033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WASHER SPECIALTIES CO. Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **01 / 10 / 2018**  
**Transaction ID : SA17.1119482**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. LOGAN, ALEXANDER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 1489  
 City SANIBEL State FL Zip Code 33957-1489  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED--A SCOTT LOGAN JD, LLM(T) Occupation (for Individual) FINANCIAL PLANNER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 21 / 2018**  
**Transaction ID : SA17.1119563**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 100
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

**A. MARTIN, SHIRLEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1373 FLANAGAN DR.  
 City CHRISTIANSBURG State VA Zip Code 24073-7175  
 FEC ID number of contributing 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 **01 / 18 / 2018**  
**Transaction ID : SA17.1119949**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MATHEWS, GILBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 911  
 City BURNSVILLE State MN Zip Code 55337-0911  
 FEC ID number of contributing 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 **01 / 30 / 2018**  
**Transaction ID : SA17.1119995**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MEAD, GARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8302 CR 6945  
 City LUBBOCK State TX Zip Code 79407-5751  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1025.00

Date of Receipt **01 / 05 / 2018**  
**Transaction ID : SA17.1120263**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	575.00
<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 33 OF 100
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

**A. MEAD, GARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8302 CR 6945

City LUBBOCK	State TX	Zip Code 79407-5751
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1025.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2018  
**Transaction ID : SA17.1120264**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. MEADOWS, GILBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 807 CONTOUR DR.

City SAN ANTONIO	State TX	Zip Code 78212-1703
---------------------	-------------	------------------------

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

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

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  
 01 / 31 / 2018  
**Transaction ID : SA17.1120268**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. MOCK, DANIEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 118 ADLIN AVE

City HOUSTON	State PA	Zip Code 15342-
-----------------	-------------	--------------------

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

Name of Employer (for Individual) LAUREL SAND AND STONE	Occupation (for Individual) VP
--	-----------------------------------

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  
 01 / 05 / 2018  
**Transaction ID : SA17.1120517**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<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 34 OF 100
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

**A. MORTON, BILL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 CANTERBURY ROAD  
 City BIRMINGHAM State AL Zip Code 35223-1201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ROBINS & MORTON Occupation (for Individual) COMMERCIAL BUILDER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 20 / 2018**  
**Transaction ID : SA17.1119440**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MUNSON, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5128 BROOKVIEW DRIVE  
 City DALLAS State TX Zip Code 75220-2206  
 FEC ID number of contributing 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 **01 / 05 / 2018**  
**Transaction ID : SA17.1120722**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. NAEGELE, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4300 BAKER ROAD  
 City HOPKINS State MN Zip Code 55343-8600  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RESTAURANTS NO LIMIT INC. Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **01 / 11 / 2018**  
**Transaction ID : SA17.1120824**  
 Amount of Each Receipt this Period 100.00  
 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 35 OF 100
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

**A. NAEGELE, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4300 BAKER ROAD  
 City HOPKINS State MN Zip Code 55343-8600  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RESTAURANTS NO LIMIT INC. Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 01 / 04 / 2018  
**Transaction ID : SA17.1120825**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. OSBORNE, LOLA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 570 RANCHEROS RD #100  
 City SAN MARCOS State CA Zip Code 92069-2938  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 01 / 22 / 2018  
**Transaction ID : SA17.1121192**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT; REFUNDED \$250.00 ON 01/22/2018

**C. PABIS, BARBARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 N LAKE CIRCLE  
 City WHITE PLAINS State NY Zip Code 10605-4200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ECCLESIA, LTD Occupation (for Individual) EXECUTIVE DIRECTOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 05 / 2018  
**Transaction ID : SA17.1121234**  
 Amount of Each Receipt this Period 300.00  
 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 36 OF 100
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

**A. PARRIOTT, FOSTER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 WESTERLY LN  
 City SAINT LOUIS State MO Zip Code 63124-1747  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) PARR LLC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 05 / 2018  
**Transaction ID : SA17.1121340**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. PENDERGAST, JAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1170 UPLAND WAY  
 City CUPERTINO State CA Zip Code 95014-  
 FEC ID number of contributing 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 01 / 31 / 2018  
**Transaction ID : SA17.1121082**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. RAHN, NOEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7119 ANTRIM CT.  
 City MINNEAPOLIS State MN Zip Code 55439-1702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GERONIMO ENERGY Occupation (for Individual) ALTERNATIVE ENERGIES.  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 05 / 2018  
**Transaction ID : SA17.1121881**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1300.00
<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 37 OF 100
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

**A. ROEL, LAWRENCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 131 CRAGMOOR DR.  
 City ROEBUCK State SC Zip Code 29376-3508  
 FEC ID number of contributing 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 **01 / 17 / 2018**  
**Transaction ID : SA17.1122279**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. ROTEN, BETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17342 FOUNTAIN MIST  
 City SAN ANTONIO State TX Zip Code 78248-1929  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **01 / 26 / 2018**  
**Transaction ID : SA17.1122377**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. SANFILIPPO, PATRICIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 116 TOR CIRCLE  
 City GIBSONIA State PA Zip Code 15044-6033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 31 / 2018**  
**Transaction ID : SA17.1122594**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<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 38 OF 100
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

**A. SANSOM, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9455 PENSACOLA BOULEVARD  
 SUITE B  
 City PENSACOLA State FL Zip Code 32534-1237  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JOHN M. SANSOM, P.A. Occupation (for Individual) ACCOUNTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 05 / 2018**  
**Transaction ID : SA17.1122598**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. SCHULTZ, PETER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1890 S. HERITAGE DR.  
 City GILBERT State AZ Zip Code 85295-4854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) ENGINEER, INVEST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 13 / 2018**  
**Transaction ID : SA17.1122792**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. SELICH, JUDITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 358  
 City SOUTH BEACH State OR Zip Code 97366-0358  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3250.00

Date of Receipt **01 / 05 / 2018**  
**Transaction ID : SA17.1122870**  
 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 39 OF 100
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

**A. SELICH, JUDITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 358

City SOUTH BEACH	State OR	Zip Code 97366-0358
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 3250.00

Date of Receipt  
 01 / 16 / 2018  
**Transaction ID : SA17.1122871**

Amount of Each Receipt this Period  
 50.00

Memo Item  
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. SELICH, JUDITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 358

City SOUTH BEACH	State OR	Zip Code 97366-0358
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 3250.00

Date of Receipt  
 01 / 22 / 2018  
**Transaction ID : SA17.1122872**

Amount of Each Receipt this Period  
 50.00

Memo Item  
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. SELICH, JUDITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 358

City SOUTH BEACH	State OR	Zip Code 97366-0358
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 3250.00

Date of Receipt  
 01 / 05 / 2018  
**Transaction ID : SA17.1122873**

Amount of Each Receipt this Period  
 100.00

Memo Item  
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<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 40 OF 100
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

**A. SELICH, JUDITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 358

City SOUTH BEACH	State OR	Zip Code 97366-0358
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 10 / 2018  
**Transaction ID : SA17.1122874**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. SELICH, JUDITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 358

City SOUTH BEACH	State OR	Zip Code 97366-0358
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2018  
**Transaction ID : SA17.1122875**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. SELICH, JUDITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 358

City SOUTH BEACH	State OR	Zip Code 97366-0358
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
3250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2018  
**Transaction ID : SA17.1122876**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<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 41 OF 100
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

**A. SELICH, JUDITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 358  
 City SOUTH BEACH State OR Zip Code 97366-0358  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3250.00

Date of Receipt **01 / 31 / 2018**  
**Transaction ID : SA17.1122877**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. SELICH, JUDITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 358  
 City SOUTH BEACH State OR Zip Code 97366-0358  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3250.00

Date of Receipt **01 / 17 / 2018**  
**Transaction ID : SA17.1122878**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. SHANNON, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11403 N. 58TH DRIVE  
 City GLENDALE State AZ Zip Code 85304-3312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt **01 / 09 / 2018**  
**Transaction ID : SA17.1122945**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT; REFUNDED \$250.00 ON 01/11/2018

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<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 42 OF 100
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

**A. SHAPIRO, MARC, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 736 KIWI CIR  
 City WINTER PARK State FL Zip Code 32789-3223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EXCELLENCE IN MRI Occupation (for Individual) DR.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 15 / 2018**  
**Transaction ID : SA17.1122947**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. SHEEHY, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 330 SOUTH MAIN STREET  
 City ANDOVER State MA Zip Code 01810-4925  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WHITTEMORE COMPANY Occupation (for Individual) WHITTEMORE COMPANY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 05 / 2018**  
**Transaction ID : SA17.1122986**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. SICARI, JOSEOH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25439 N 89TH ST  
 City SCOTTSDALE State AZ Zip Code 85255-3680  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PARAGON VISION SCIENCES Occupation (for Individual) CEO & OWNER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 05 / 2018**  
**Transaction ID : SA17.1123064**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<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 43 OF 100
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

**A. STEWART, FRANK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7598 CARAH DR.  
 City SAINT FRANCISVILLE State LA Zip Code 70775-4737  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) HEALTHCARE ADM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 01 / 05 / 2018  
**Transaction ID : SA17.1123453**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. STEWART, FRANK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7598 CARAH DR.  
 City SAINT FRANCISVILLE State LA Zip Code 70775-4737  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) HEALTHCARE ADM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 01 / 05 / 2018  
**Transaction ID : SA17.1123459**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. STOKER, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6899 COLLINS AVE. N 606  
 City MIAMI BEACH State FL Zip Code 33141-7400  
 FEC ID number of contributing 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 01 / 07 / 2018  
**Transaction ID : SA17.1123488**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1525.00
<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 44 OF 100
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

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

Mailing Address 3709 MAPLEWOOD AV

City DALLAS	State TX	Zip Code 75205-2826
----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	22	/	2018

**Transaction ID : SA17.1123704**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. TOOHEY, MARY HOLLY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 144 E KNIGHTON PL

City ELMHURST	State IL	Zip Code 60126-5102
------------------	-------------	------------------------

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

Name of Employer (for Individual) AMERICAN AIRLINES	Occupation (for Individual) FLIGHT ATTENDANT
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	05	/	2018

**Transaction ID : SA17.1123918**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address P.O. BOX 196

City MIDLAND	State TX	Zip Code 79702-0196
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	05	/	2018

**Transaction ID : SA17.1124321**

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 45 OF 100
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

**A. WALLACE, DEBRA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 196  
 City MIDLAND State TX Zip Code 79702-0196  
 FEC ID number of contributing 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 **01 / 05 / 2018**  
**Transaction ID : SA17.1124322**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. WALLACE, DEBRA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 196  
 City MIDLAND State TX Zip Code 79702-0196  
 FEC ID number of contributing 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 **01 / 07 / 2018**  
**Transaction ID : SA17.1124324**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. WATKINS, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 2426  
 City SAN BENITO State TX Zip Code 78586-0024  
 FEC ID number of contributing 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 **01 / 31 / 2018**  
**Transaction ID : SA17.1124401**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	700.00
<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 46 OF 100
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

**A. WEISZ, WAYNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O.BOX 1284

City LODI	State CA	Zip Code 95241-1284
--------------	-------------	------------------------

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

Name of Employer (for Individual) CEN-CAL FIRE SYSTEMS INC.	Occupation (for Individual) CEN-CAL FIRE SYSTEMS INC.
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 05 / 2018  
**Transaction ID : SA17.1124500**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. WILLIAMS, THEODORE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 329 MELODY DRIVE

City JESUP	State GA	Zip Code 31545-8541
---------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 30 / 2018  
**Transaction ID : SA17.1124743**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. WILLIAMS, THEODORE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 329 MELODY DRIVE

City JESUP	State GA	Zip Code 31545-8541
---------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 30 / 2018  
**Transaction ID : SA17.1124745**

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 47 OF 100
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

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

Mailing Address 1114 EAST RUSSELL AVE.

City CARROLLTON	State TX	Zip Code 75006-3908
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	29	/	2018

**Transaction ID : SA17.1124916**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address P.O. BOX 3930

City ALBUQUERQUE	State NM	Zip Code 87190-3930
---------------------	-------------	------------------------

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

Name of Employer (for Individual) ACE METALS	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
01	/	05	/	2018

**Transaction ID : SA17.1124944**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 6 VENTURE SUITE 215

City IRVINE	State CA	Zip Code 92618-7364
----------------	-------------	------------------------

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

Name of Employer (for Individual) YELLAND OROPERTIES	Occupation (for Individual) MANAGER.
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	15	/	2018

**Transaction ID : SA17.1124970**

Amount of Each Receipt this Period  
100.00

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 48 OF 100
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

**A. YELLAND, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 VENTURE SUITE 215  
 City IRVINE State CA Zip Code 92618-7364  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) YELLAND OROPERTIES Occupation (for Individual) MANAGER.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 01 / 17 / 2018  
**Transaction ID : SA17.1124971**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. YELLAND, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 VENTURE SUITE 215  
 City IRVINE State CA Zip Code 92618-7364  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) YELLAND OROPERTIES Occupation (for Individual) MANAGER.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 01 / 02 / 2018  
**Transaction ID : SA17.1124972**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. ZINK, DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21710 DUNRUBIN WAY  
 City YORBA LINDA State CA Zip Code 92887-2610  
 FEC ID number of contributing 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 01 / 10 / 2018  
**Transaction ID : SA17.1125085**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<b>TOTAL</b> This Period (last page this line number only).....	29125.00

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

Full Name (Last, First, Middle Initial)

**A. ELAVON, INC.**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	1	8

Mailing Address TWO CONCOURSE PARKWAY  
STE 800

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement  
PAYMENT PROCESSING FEES

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I1137  
Amount of Each Disbursement this Period

[REDACTED] 1282.30

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**B. ELAVON, INC.**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	1	8

Mailing Address TWO CONCOURSE PARKWAY  
STE 800

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement  
PAYMENT PROCESSING FEES

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I1137  
Amount of Each Disbursement this Period

[REDACTED] 300.00

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**C. ELAVON, INC.**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	7		2	0	1	8

Mailing Address TWO CONCOURSE PARKWAY  
STE 800

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement  
PAYMENT PROCESSING FEES

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I1137  
Amount of Each Disbursement this Period

[REDACTED] 50.00

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

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

[REDACTED] 1632.30

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

[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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

Full Name (Last, First, Middle Initial)

**A. ELAVON, INC.**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		2	6		2	0	1	8		

Mailing Address TWO CONCOURSE PARKWAY  
STE 800

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.I1137**  
Amount of Each Disbursement this Period  
[ ] 200.00

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement  
PAYMENT PROCESSING FEES

[ ]  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

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

Mailing Address

FEC Identification Number

**C** [ ]  
Amount of Each Disbursement this Period  
[ ]

City State Zip Code

Purpose of Disbursement

[ ]  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

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

Mailing Address

FEC Identification Number

**C** [ ]  
Amount of Each Disbursement this Period  
[ ]

City State Zip Code

Purpose of Disbursement

[ ]  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Memo Item

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

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

200.00
1832.30

**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)  
**The Committee To Defend The President**

Full Name (Last, First, Middle Initial) <b>A. RICK FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 01 / 19 / 2018
Mailing Address 404 BOSTON HOLLOW RD		FEC Identification Number C 000658708 <b>Transaction ID : SB23.I113751</b>
City ELIZABETH	State PA	Zip Code 15037
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 5000.00
Candidate Name <b>SACCONE, RICK, , ,</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special General	<input type="checkbox"/> Memo Item
State: PA	District: 18	

Full Name (Last, First, Middle Initial) <b>B. GREAT AMERICA COMMITTEE</b>		Date of Disbursement MM / DD / YYYY 01 / 29 / 2018
Mailing Address PO BOX 28022		FEC Identification Number C 000640664 <b>Transaction ID : SB23.I113750</b>
City WASHINGTON	State DC	Zip Code 20038
Purpose of Disbursement POLITICAL CONTRIBUTION		Amount of Each Disbursement this Period 5000.00
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)	<input type="checkbox"/> Memo Item
State:	District:	

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) ▼	<input type="checkbox"/> Memo Item
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	10000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	10000.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

**A. EDENS, WALTER, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 4002 BELL MOUNTAIN DRIVE

City CASTLE ROCK State CO Zip Code 80104

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 08 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1138I

Amount of Each Disbursement this Period: 100.00

Memo Item

**B. EDENS, WALTER, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 4002 BELL MOUNTAIN DRIVE

City CASTLE ROCK State CO Zip Code 80104

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 08 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1138I

Amount of Each Disbursement this Period: 100.00

Memo Item

**C. EDENS, WALTER, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 4002 BELL MOUNTAIN DRIVE

City CASTLE ROCK State CO Zip Code 80104

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 08 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1138I

Amount of Each Disbursement this Period: 100.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 300.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

**A. EDENS, WALTER, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 4002 BELL MOUNTAIN DRIVE

City CASTLE ROCK State CO Zip Code 80104

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
01 / 08 / 2018

FEC Identification Number: C [ ]  
Transaction ID : SB28A.I1138'  
Amount of Each Disbursement this Period: [ ] 100.00

Memo Item

**B. EDENS, WALTER, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 4002 BELL MOUNTAIN DRIVE

City CASTLE ROCK State CO Zip Code 80104

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
01 / 08 / 2018

FEC Identification Number: C [ ]  
Transaction ID : SB28A.I1138'  
Amount of Each Disbursement this Period: [ ] 100.00

Memo Item

**C. EDENS, WALTER, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 4002 BELL MOUNTAIN DRIVE

City CASTLE ROCK State CO Zip Code 80104

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
01 / 08 / 2018

FEC Identification Number: C [ ]  
Transaction ID : SB28A.I1138'  
Amount of Each Disbursement this Period: [ ] 100.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ [ ] 300.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

Full Name (Last, First, Middle Initial) <b>A. EDENS, WALTER, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 08 / 2018	
Mailing Address 4002 BELL MOUNTAIN DRIVE		FEC Identification Number C [ ] <b>Transaction ID : SB28A.I1138'</b> Amount of Each Disbursement this Period [ ] 100.00	
City CASTLE ROCK	State CO	Zip Code 80104	Category/ Type [ ]
Purpose of Disbursement REFUND OF CONTRIBUTION		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. EDENS, WALTER, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 08 / 2018	
Mailing Address 4002 BELL MOUNTAIN DRIVE		FEC Identification Number C [ ] <b>Transaction ID : SB28A.I11381</b> Amount of Each Disbursement this Period [ ] 100.00	
City CASTLE ROCK	State CO	Zip Code 80104	Category/ Type [ ]
Purpose of Disbursement REFUND OF CONTRIBUTION		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. EDENS, WALTER, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 08 / 2018	
Mailing Address 4002 BELL MOUNTAIN DRIVE		FEC Identification Number C [ ] <b>Transaction ID : SB28A.I1138</b> Amount of Each Disbursement this Period [ ] 100.00	
City CASTLE ROCK	State CO	Zip Code 80104	Category/ Type [ ]
Purpose of Disbursement REFUND OF CONTRIBUTION		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 300.00
<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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

**A. EDENS, WALTER, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 4002 BELL MOUNTAIN DRIVE

City CASTLE ROCK State CO Zip Code 80104

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 08 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1138'

Amount of Each Disbursement this Period: 100.00

Memo Item

**B. EDENS, WALTER, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 4002 BELL MOUNTAIN DRIVE

City CASTLE ROCK State CO Zip Code 80104

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 08 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I11381

Amount of Each Disbursement this Period: 100.00

Memo Item

**C. EDENS, WALTER, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 4002 BELL MOUNTAIN DRIVE

City CASTLE ROCK State CO Zip Code 80104

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 08 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1138

Amount of Each Disbursement this Period: 100.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 300.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

**A. FUMANDO, LAURA, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 6055 FALL RIVER DRIVE

City NEW PORT RICHEY State FL Zip Code 34655

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 08 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1135

Amount of Each Disbursement this Period: 25.00

Memo Item

**B. FUMANDO, LAURA, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 6055 FALL RIVER DRIVE

City NEW PORT RICHEY State FL Zip Code 34655

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 08 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1135

Amount of Each Disbursement this Period: 25.00

Memo Item

**C. FUMANDO, LAURA, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 6055 FALL RIVER DRIVE

City NEW PORT RICHEY State FL Zip Code 34655

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 08 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1135

Amount of Each Disbursement this Period: 25.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 75.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

Full Name (Last, First, Middle Initial) <b>A. FUMANDO, LAURA, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 08 / 2018	
Mailing Address 6055 FALL RIVER DRIVE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB28A.I1135</b> Amount of Each Disbursement this Period 25.00	
City NEW PORT RICHEY	State FL	Zip Code 34655	Category/ Type
Purpose of Disbursement REFUND OF CONTRIBUTION			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. FUMANDO, LAURA, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 08 / 2018	
Mailing Address 6055 FALL RIVER DRIVE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB28A.I1135</b> Amount of Each Disbursement this Period 25.00	
City NEW PORT RICHEY	State FL	Zip Code 34655	Category/ Type
Purpose of Disbursement REFUND OF CONTRIBUTION			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. FUMANDO, LAURA, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 08 / 2018	
Mailing Address 6055 FALL RIVER DRIVE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB28A.I1135</b> Amount of Each Disbursement this Period 25.00	
City NEW PORT RICHEY	State FL	Zip Code 34655	Category/ Type
Purpose of Disbursement REFUND OF CONTRIBUTION			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	75.00
<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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

Full Name (Last, First, Middle Initial) <b>A. FUMANDO, LAURA, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 08 / 2018	
Mailing Address 6055 FALL RIVER DRIVE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB28A.I1135</b> Amount of Each Disbursement this Period 25.00	
City NEW PORT RICHEY	State FL	Zip Code 34655	Category/ Type
Purpose of Disbursement REFUND OF CONTRIBUTION			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. FUMANDO, LAURA, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 08 / 2018	
Mailing Address 6055 FALL RIVER DRIVE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB28A.I1135</b> Amount of Each Disbursement this Period 25.00	
City NEW PORT RICHEY	State FL	Zip Code 34655	Category/ Type
Purpose of Disbursement REFUND OF CONTRIBUTION			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. FUMANDO, LAURA, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 08 / 2018	
Mailing Address 6055 FALL RIVER DRIVE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB28A.I1135</b> Amount of Each Disbursement this Period 25.00	
City NEW PORT RICHEY	State FL	Zip Code 34655	Category/ Type
Purpose of Disbursement REFUND OF CONTRIBUTION			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

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

75.00

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

[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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

Full Name (Last, First, Middle Initial) <b>A. FUMANDO, LAURA, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 08 / 2018	
Mailing Address 6055 FALL RIVER DRIVE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB28A.I1135</b> Amount of Each Disbursement this Period 25.00	
City NEW PORT RICHEY	State FL	Zip Code 34655	Category/ Type
Purpose of Disbursement REFUND OF CONTRIBUTION			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. FUMANDO, LAURA, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 08 / 2018	
Mailing Address 6055 FALL RIVER DRIVE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB28A.I1135</b> Amount of Each Disbursement this Period 25.00	
City NEW PORT RICHEY	State FL	Zip Code 34655	Category/ Type
Purpose of Disbursement REFUND OF CONTRIBUTION			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. FUMANDO, LAURA, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 08 / 2018	
Mailing Address 6055 FALL RIVER DRIVE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB28A.I1135</b> Amount of Each Disbursement this Period 25.00	
City NEW PORT RICHEY	State FL	Zip Code 34655	Category/ Type
Purpose of Disbursement REFUND OF CONTRIBUTION			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	75.00
<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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

**A. FUMANDO, LAURA, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 6055 FALL RIVER DRIVE

City NEW PORT RICHEY State FL Zip Code 34655

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 08 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1135!

Amount of Each Disbursement this Period: 25.00

Memo Item

**B. HORTON, JOHN, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 295 LAKERIDGE CT

City MACON State GA Zip Code 31211

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 08 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1138!

Amount of Each Disbursement this Period: 100.00

Memo Item

**C. HORTON, JOHN, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 295 LAKERIDGE CT

City MACON State GA Zip Code 31211

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 08 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1138!

Amount of Each Disbursement this Period: 100.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 225.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

Full Name (Last, First, Middle Initial) <b>A. HORTON, JOHN, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 08 / 2018	
Mailing Address 295 LAKERIDGE CT		FEC Identification Number C [REDACTED] <b>Transaction ID : SB28A.I1138</b> Amount of Each Disbursement this Period [REDACTED] 100.00	
City MACON	State GA	Zip Code 31211	Category/ Type [REDACTED]
Purpose of Disbursement REFUND OF CONTRIBUTION		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:			

Full Name (Last, First, Middle Initial) <b>B. HORTON, JOHN, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 08 / 2018	
Mailing Address 295 LAKERIDGE CT		FEC Identification Number C [REDACTED] <b>Transaction ID : SB28A.I1138</b> Amount of Each Disbursement this Period [REDACTED] 100.00	
City MACON	State GA	Zip Code 31211	Category/ Type [REDACTED]
Purpose of Disbursement REFUND OF CONTRIBUTION		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:			

Full Name (Last, First, Middle Initial) <b>C. HORTON, JOHN, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 08 / 2018	
Mailing Address 295 LAKERIDGE CT		FEC Identification Number C [REDACTED] <b>Transaction ID : SB28A.I1138</b> Amount of Each Disbursement this Period [REDACTED] 100.00	
City MACON	State GA	Zip Code 31211	Category/ Type [REDACTED]
Purpose of Disbursement REFUND OF CONTRIBUTION		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

Full Name (Last, First, Middle Initial) <b>A. HORTON, JOHN, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 08 / 2018	
Mailing Address 295 LAKERIDGE CT		FEC Identification Number C [REDACTED] <b>Transaction ID : SB28A.I1138</b> Amount of Each Disbursement this Period [REDACTED] 100.00	
City MACON	State GA	Zip Code 31211	Category/ Type [REDACTED]
Purpose of Disbursement REFUND OF CONTRIBUTION		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:			

Full Name (Last, First, Middle Initial) <b>B. HORTON, JOHN, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 08 / 2018	
Mailing Address 295 LAKERIDGE CT		FEC Identification Number C [REDACTED] <b>Transaction ID : SB28A.I1138</b> Amount of Each Disbursement this Period [REDACTED] 100.00	
City MACON	State GA	Zip Code 31211	Category/ Type [REDACTED]
Purpose of Disbursement REFUND OF CONTRIBUTION		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:			

Full Name (Last, First, Middle Initial) <b>C. HORTON, JOHN, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 08 / 2018	
Mailing Address 295 LAKERIDGE CT		FEC Identification Number C [REDACTED] <b>Transaction ID : SB28A.I1138</b> Amount of Each Disbursement this Period [REDACTED] 100.00	
City MACON	State GA	Zip Code 31211	Category/ Type [REDACTED]
Purpose of Disbursement REFUND OF CONTRIBUTION		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:			

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

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

[REDACTED] 300.00
[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

Full Name (Last, First, Middle Initial) <b>A. HORTON, JOHN, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 08 / 2018	
Mailing Address 295 LAKERIDGE CT		FEC Identification Number C [ ] <b>Transaction ID : SB28A.I1138</b> Amount of Each Disbursement this Period [ ] 100.00	
City MACON	State GA	Zip Code 31211	Category/ Type [ ]
Purpose of Disbursement REFUND OF CONTRIBUTION		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) ▼	Memo Item <input type="checkbox"/>	
State: [ ]	District: [ ]		

Full Name (Last, First, Middle Initial) <b>B. HORTON, JOHN, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 08 / 2018	
Mailing Address 295 LAKERIDGE CT		FEC Identification Number C [ ] <b>Transaction ID : SB28A.I1138</b> Amount of Each Disbursement this Period [ ] 100.00	
City MACON	State GA	Zip Code 31211	Category/ Type [ ]
Purpose of Disbursement REFUND OF CONTRIBUTION		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) ▼	Memo Item <input type="checkbox"/>	
State: [ ]	District: [ ]		

Full Name (Last, First, Middle Initial) <b>C. HORTON, JOHN, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 08 / 2018	
Mailing Address 295 LAKERIDGE CT		FEC Identification Number C [ ] <b>Transaction ID : SB28A.I1138</b> Amount of Each Disbursement this Period [ ] 100.00	
City MACON	State GA	Zip Code 31211	Category/ Type [ ]
Purpose of Disbursement REFUND OF CONTRIBUTION		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) ▼	Memo Item <input type="checkbox"/>	
State: [ ]	District: [ ]		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 300.00
<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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

Full Name (Last, First, Middle Initial) <b>A. HORTON, JOHN, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 08 / 2018
Mailing Address 295 LAKERIDGE CT		FEC Identification Number C [REDACTED] <b>Transaction ID : SB28A.I1138!</b> Amount of Each Disbursement this Period [REDACTED] 100.00
City MACON	State GA	Zip Code 31211
Purpose of Disbursement REFUND OF CONTRIBUTION		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. JOHNSON, CLARENCE, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 17 / 2018
Mailing Address 1396 SOUTH KING STREET		FEC Identification Number C [REDACTED] <b>Transaction ID : SB28A.I1135!</b> Amount of Each Disbursement this Period [REDACTED] 25.00
City LEESBURG	State VA	Zip Code 20175
Purpose of Disbursement REFUND OF CONTRIBUTION		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. JOHNSON, CLARENCE, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 17 / 2018
Mailing Address 1396 SOUTH KING STREET		FEC Identification Number C [REDACTED] <b>Transaction ID : SB28A.I1135!</b> Amount of Each Disbursement this Period [REDACTED] 25.00
City LEESBURG	State VA	Zip Code 20175
Purpose of Disbursement REFUND OF CONTRIBUTION		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

Full Name (Last, First, Middle Initial) <b>A. JOHNSON, CLARENCE, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 17 / 2018
Mailing Address 1396 SOUTH KING STREET		FEC Identification Number C <b>Transaction ID : SB28A.I1135</b> Amount of Each Disbursement this Period 25.00
City LEESBURG	State VA	
Purpose of Disbursement REFUND OF CONTRIBUTION		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. JOHNSON, CLARENCE, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 17 / 2018
Mailing Address 1396 SOUTH KING STREET		FEC Identification Number C <b>Transaction ID : SB28A.I1135</b> Amount of Each Disbursement this Period 25.00
City LEESBURG	State VA	
Purpose of Disbursement REFUND OF CONTRIBUTION		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. JOHNSON, CLARENCE, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 17 / 2018
Mailing Address 1396 SOUTH KING STREET		FEC Identification Number C <b>Transaction ID : SB28A.I1135</b> Amount of Each Disbursement this Period 25.00
City LEESBURG	State VA	
Purpose of Disbursement REFUND OF CONTRIBUTION		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	75.00
<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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

**A. JOHNSON, CLARENCE, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1396 SOUTH KING STREET

City LEESBURG State VA Zip Code 20175

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 17 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1135

Amount of Each Disbursement this Period: 25.00

Memo Item

**B. JOHNSON, CLARENCE, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1396 SOUTH KING STREET

City LEESBURG State VA Zip Code 20175

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 17 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1135

Amount of Each Disbursement this Period: 25.00

Memo Item

**C. JOHNSON, CLARENCE, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1396 SOUTH KING STREET

City LEESBURG State VA Zip Code 20175

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 17 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1135

Amount of Each Disbursement this Period: 25.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 75.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

Full Name (Last, First, Middle Initial) <b>A. JOHNSON, CLARENCE, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 17 / 2018
Mailing Address 1396 SOUTH KING STREET		FEC Identification Number C [ ] <b>Transaction ID : SB28A.I1135</b> Amount of Each Disbursement this Period [ ] 25.00
City LEESBURG	State VA	Zip Code 20175
Purpose of Disbursement REFUND OF CONTRIBUTION		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) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. JOHNSON, CLARENCE, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 17 / 2018
Mailing Address 1396 SOUTH KING STREET		FEC Identification Number C [ ] <b>Transaction ID : SB28A.I1135</b> Amount of Each Disbursement this Period [ ] 25.00
City LEESBURG	State VA	Zip Code 20175
Purpose of Disbursement REFUND OF CONTRIBUTION		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) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. JOHNSON, CLARENCE, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 17 / 2018
Mailing Address 1396 SOUTH KING STREET		FEC Identification Number C [ ] <b>Transaction ID : SB28A.I1135</b> Amount of Each Disbursement this Period [ ] 25.00
City LEESBURG	State VA	Zip Code 20175
Purpose of Disbursement REFUND OF CONTRIBUTION		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) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 75.00
<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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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)  
**The Committee To Defend The President**

**A. KANE, DAVID, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 141 BOULDERWOOD DRIVE

City BERNARDSVILLE State NJ Zip Code 07924

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 08 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1137!

Amount of Each Disbursement this Period: 100.00

Memo Item

**B. KANE, DAVID, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 141 BOULDERWOOD DRIVE

City BERNARDSVILLE State NJ Zip Code 07924

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 08 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1137!

Amount of Each Disbursement this Period: 100.00

Memo Item

**C. KANE, DAVID, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 141 BOULDERWOOD DRIVE

City BERNARDSVILLE State NJ Zip Code 07924

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 08 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1137!

Amount of Each Disbursement this Period: 100.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 300.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

Full Name (Last, First, Middle Initial)

**A. LAGROTTERIA, LAWRENCE, , ,**

Mailing Address 608 STONEGATE TERRACE

City GLENCOE State IL Zip Code 60022

Purpose of Disbursement  
REFUND OF CONTRIBUTION

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	1		0	4		2	0	1	8

FEC Identification Number

**C** [Redacted]  
**Transaction ID : SB28A.I1136I**  
 Amount of Each Disbursement this Period  
 [Redacted] 50.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. LAGROTTERIA, LAWRENCE, , ,**

Mailing Address 608 STONEGATE TERRACE

City GLENCOE State IL Zip Code 60022

Purpose of Disbursement  
REFUND OF CONTRIBUTION

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	1		0	4		2	0	1	8

FEC Identification Number

**C** [Redacted]  
**Transaction ID : SB28A.I1136I**  
 Amount of Each Disbursement this Period  
 [Redacted] 50.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. LAGROTTERIA, LAWRENCE, , ,**

Mailing Address 608 STONEGATE TERRACE

City GLENCOE State IL Zip Code 60022

Purpose of Disbursement  
REFUND OF CONTRIBUTION

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	1		0	4		2	0	1	8

FEC Identification Number

**C** [Redacted]  
**Transaction ID : SB28A.I1136I**  
 Amount of Each Disbursement this Period  
 [Redacted] 50.00

Memo Item

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

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

[Redacted]	150.00
[Redacted]	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

**A. LAGROTTERIA, LAWRENCE, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 608 STONEGATE TERRACE

City GLENCOE State IL Zip Code 60022

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 04 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1136

Amount of Each Disbursement this Period: 50.00

Memo Item

**B. LAGROTTERIA, LAWRENCE, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 608 STONEGATE TERRACE

City GLENCOE State IL Zip Code 60022

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 04 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1136

Amount of Each Disbursement this Period: 50.00

Memo Item

**C. LAGROTTERIA, LAWRENCE, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 608 STONEGATE TERRACE

City GLENCOE State IL Zip Code 60022

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 04 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1136

Amount of Each Disbursement this Period: 50.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 150.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

Full Name (Last, First, Middle Initial) <b>A. LAGROTTERIA, LAWRENCE, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 04 / 2018	
Mailing Address 608 STONEGATE TERRACE		FEC Identification Number C [ ] <b>Transaction ID : SB28A.I1136'</b> Amount of Each Disbursement this Period 50.00	
City GLENCOE	State IL	Zip Code 60022	Category/ Type [ ]
Purpose of Disbursement REFUND OF CONTRIBUTION		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. LAGROTTERIA, LAWRENCE, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 04 / 2018	
Mailing Address 608 STONEGATE TERRACE		FEC Identification Number C [ ] <b>Transaction ID : SB28A.I11361</b> Amount of Each Disbursement this Period 50.00	
City GLENCOE	State IL	Zip Code 60022	Category/ Type [ ]
Purpose of Disbursement REFUND OF CONTRIBUTION		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. LAGROTTERIA, LAWRENCE, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 04 / 2018	
Mailing Address 608 STONEGATE TERRACE		FEC Identification Number C [ ] <b>Transaction ID : SB28A.I1136</b> Amount of Each Disbursement this Period 50.00	
City GLENCOE	State IL	Zip Code 60022	Category/ Type [ ]
Purpose of Disbursement REFUND OF CONTRIBUTION		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	150.00
<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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

Full Name (Last, First, Middle Initial) <b>A. LAGROTTERIA, LAWRENCE, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 04 / 2018	
Mailing Address 608 STONEGATE TERRACE		FEC Identification Number C [ ] <b>Transaction ID : SB28A.I1136'</b> Amount of Each Disbursement this Period [ ] 50.00	
City GLENCOE	State IL	Zip Code 60022	Category/ Type [ ]
Purpose of Disbursement REFUND OF CONTRIBUTION		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. LAGROTTERIA, LAWRENCE, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 04 / 2018	
Mailing Address 608 STONEGATE TERRACE		FEC Identification Number C [ ] <b>Transaction ID : SB28A.I11361</b> Amount of Each Disbursement this Period [ ] 100.00	
City GLENCOE	State IL	Zip Code 60022	Category/ Type [ ]
Purpose of Disbursement REFUND OF CONTRIBUTION		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. LAGROTTERIA, LAWRENCE, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 04 / 2018	
Mailing Address 608 STONEGATE TERRACE		FEC Identification Number C [ ] <b>Transaction ID : SB28A.I1136</b> Amount of Each Disbursement this Period [ ] 100.00	
City GLENCOE	State IL	Zip Code 60022	Category/ Type [ ]
Purpose of Disbursement REFUND OF CONTRIBUTION		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 250.00
<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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

Full Name (Last, First, Middle Initial) <b>A. LAGROTTERIA, LAWRENCE, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 04 / 2018	
Mailing Address 608 STONEGATE TERRACE		FEC Identification Number C [ ] <b>Transaction ID : SB28A.I1136</b> Amount of Each Disbursement this Period [ ] 100.00	
City GLENCOE	State IL	Zip Code 60022	Category/ Type [ ]
Purpose of Disbursement REFUND OF CONTRIBUTION		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. LAGROTTERIA, LAWRENCE, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 04 / 2018	
Mailing Address 608 STONEGATE TERRACE		FEC Identification Number C [ ] <b>Transaction ID : SB28A.I1136</b> Amount of Each Disbursement this Period [ ] 100.00	
City GLENCOE	State IL	Zip Code 60022	Category/ Type [ ]
Purpose of Disbursement REFUND OF CONTRIBUTION		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. LAGROTTERIA, LAWRENCE, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 04 / 2018	
Mailing Address 608 STONEGATE TERRACE		FEC Identification Number C [ ] <b>Transaction ID : SB28A.I1136</b> Amount of Each Disbursement this Period [ ] 100.00	
City GLENCOE	State IL	Zip Code 60022	Category/ Type [ ]
Purpose of Disbursement REFUND OF CONTRIBUTION		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 300.00
<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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

Full Name (Last, First, Middle Initial) <b>A. LAGROTTERIA, LAWRENCE, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 04 / 2018	
Mailing Address 608 STONEGATE TERRACE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB28A.I1136</b> Amount of Each Disbursement this Period 100.00	
City GLENCOE	State IL	Zip Code 60022	Category/ Type
Purpose of Disbursement REFUND OF CONTRIBUTION			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. LAGROTTERIA, LAWRENCE, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 04 / 2018	
Mailing Address 608 STONEGATE TERRACE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB28A.I1136</b> Amount of Each Disbursement this Period 100.00	
City GLENCOE	State IL	Zip Code 60022	Category/ Type
Purpose of Disbursement REFUND OF CONTRIBUTION			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. LAGROTTERIA, LAWRENCE, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 04 / 2018	
Mailing Address 608 STONEGATE TERRACE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB28A.I1136</b> Amount of Each Disbursement this Period 100.00	
City GLENCOE	State IL	Zip Code 60022	Category/ Type
Purpose of Disbursement REFUND OF CONTRIBUTION			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	300.00
<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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

Full Name (Last, First, Middle Initial) <b>A. MENDENHALL, MEL, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 02 / 2018	
Mailing Address 5199 BALDWIN TERRACE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB28A.I1136</b> Amount of Each Disbursement this Period [REDACTED] 250.00	
City MARIETTA	State GA	Zip Code 30068	Category/ Type [REDACTED]
Purpose of Disbursement REFUND OF CONTRIBUTION		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:			

Full Name (Last, First, Middle Initial) <b>B. MENDENHALL, MEL, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 02 / 2018	
Mailing Address 5199 BALDWIN TERRACE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB28A.I1136</b> Amount of Each Disbursement this Period [REDACTED] 250.00	
City MARIETTA	State GA	Zip Code 30068	Category/ Type [REDACTED]
Purpose of Disbursement REFUND OF CONTRIBUTION		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:			

Full Name (Last, First, Middle Initial) <b>C. MENDENHALL, MEL, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 02 / 2018	
Mailing Address 5199 BALDWIN TERRACE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB28A.I1136</b> Amount of Each Disbursement this Period [REDACTED] 250.00	
City MARIETTA	State GA	Zip Code 30068	Category/ Type [REDACTED]
Purpose of Disbursement REFUND OF CONTRIBUTION		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:			

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

[REDACTED] 750.00

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

[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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

Full Name (Last, First, Middle Initial) <b>A. OSBORNE, LOLA, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 22 / 2018	
Mailing Address 570 RANCHEROS RD #100		FEC Identification Number C [REDACTED] <b>Transaction ID : SB28A.I1136f</b> Amount of Each Disbursement this Period [REDACTED] 250.00	
City SAN MARCOS	State CA	Zip Code 92069	Category/ Type [REDACTED]
Purpose of Disbursement REFUND OF CONTRIBUTION		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:			

Full Name (Last, First, Middle Initial) <b>B. OSBORNE, LOLA, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 22 / 2018	
Mailing Address 570 RANCHEROS RD #100		FEC Identification Number C [REDACTED] <b>Transaction ID : SB28A.I1136f</b> Amount of Each Disbursement this Period [REDACTED] 250.00	
City SAN MARCOS	State CA	Zip Code 92069	Category/ Type [REDACTED]
Purpose of Disbursement REFUND OF CONTRIBUTION		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:			

Full Name (Last, First, Middle Initial) <b>C. RUNDE, FRED, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 08 / 2018	
Mailing Address 502 STATE ST		FEC Identification Number C [REDACTED] <b>Transaction ID : SB28A.I1138</b> Amount of Each Disbursement this Period [REDACTED] 100.00	
City BELMONT	State WI	Zip Code 53510	Category/ Type [REDACTED]
Purpose of Disbursement REFUND OF CONTRIBUTION		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:			

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

[REDACTED] 600.00

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

[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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

Full Name (Last, First, Middle Initial) <b>A. RUNDE, FRED, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 08 / 2018	
Mailing Address 502 STATE ST		FEC Identification Number C [REDACTED] <b>Transaction ID : SB28A.I1138I</b> Amount of Each Disbursement this Period [REDACTED] 100.00	
City BELMONT	State WI	Zip Code 53510	Category/ Type [REDACTED]
Purpose of Disbursement REFUND OF CONTRIBUTION		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. RUNDE, FRED, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 08 / 2018	
Mailing Address 502 STATE ST		FEC Identification Number C [REDACTED] <b>Transaction ID : SB28A.I1138I</b> Amount of Each Disbursement this Period [REDACTED] 100.00	
City BELMONT	State WI	Zip Code 53510	Category/ Type [REDACTED]
Purpose of Disbursement REFUND OF CONTRIBUTION		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. SANDS, JANE, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 08 / 2018	
Mailing Address 3440 QUAIL COURT		FEC Identification Number C [REDACTED] <b>Transaction ID : SB28A.I1138I</b> Amount of Each Disbursement this Period [REDACTED] 100.00	
City WHEAT RIDGE	State CO	Zip Code 80033	Category/ Type [REDACTED]
Purpose of Disbursement REFUND OF CONTRIBUTION		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

**A. SANDS, JANE, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 3440 QUAIL COURT

City WHEAT RIDGE State CO Zip Code 80033

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 08 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1138z

Amount of Each Disbursement this Period: 100.00

Memo Item

**B. SANDS, JANE, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 3440 QUAIL COURT

City WHEAT RIDGE State CO Zip Code 80033

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 08 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1138z

Amount of Each Disbursement this Period: 100.00

Memo Item

**C. SHANNON, JOHN, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 11403 N. 58TH DRIVE

City GLENDALE State AZ Zip Code 85304

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 11 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1136

Amount of Each Disbursement this Period: 250.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 450.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

Full Name (Last, First, Middle Initial) <b>A. SHANNON, JOHN, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 11 / 2018	
Mailing Address 11403 N. 58TH DRIVE		FEC Identification Number C [ ] <b>Transaction ID : SB28A.I1136!</b> Amount of Each Disbursement this Period [ ] 250.00	
City GLENDALE	State AZ	Zip Code 85304	Category/ Type [ ]
Purpose of Disbursement REFUND OF CONTRIBUTION		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. SHANNON, JOHN, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 11 / 2018	
Mailing Address 11403 N. 58TH DRIVE		FEC Identification Number C [ ] <b>Transaction ID : SB28A.I1136!</b> Amount of Each Disbursement this Period [ ] 250.00	
City GLENDALE	State AZ	Zip Code 85304	Category/ Type [ ]
Purpose of Disbursement REFUND OF CONTRIBUTION		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. SHANNON, JOHN, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 11 / 2018	
Mailing Address 11403 N. 58TH DRIVE		FEC Identification Number C [ ] <b>Transaction ID : SB28A.I1136!</b> Amount of Each Disbursement this Period [ ] 250.00	
City GLENDALE	State AZ	Zip Code 85304	Category/ Type [ ]
Purpose of Disbursement REFUND OF CONTRIBUTION		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 750.00
<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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

**A. STRATTON, SCOTT & KERSTIN, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 24 FAIRLANE DRIVE

City BEDFORD State NH Zip Code 03110

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 08 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1137!

Amount of Each Disbursement this Period: 100.00

Memo Item

**B. STRATTON, SCOTT & KERSTIN, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 24 FAIRLANE DRIVE

City BEDFORD State NH Zip Code 03110

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 08 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1137!

Amount of Each Disbursement this Period: 100.00

Memo Item

**C. STRATTON, SCOTT & KERSTIN, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 24 FAIRLANE DRIVE

City BEDFORD State NH Zip Code 03110

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 08 / 2018

FEC Identification Number: C

Transaction ID : SB28A.I1137!

Amount of Each Disbursement this Period: 100.00

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	7750.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

Full Name (Last, First, Middle Initial) <b>A. HEAD, AMANDA, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 03 / 2018	
Mailing Address 1421 N MANSFIELD AVE. APT. 11		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.I113760</b> Amount of Each Disbursement this Period 5000.00	
City LOS ANGELES	State CA	Zip Code 90028	Category/ Type
Purpose of Disbursement CAREY ACCT: COMMUNICATIONS CONSULTING			
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) ▼	Memo Item <input type="checkbox"/>	
State: District:			

Full Name (Last, First, Middle Initial) <b>B. HEAD, AMANDA, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2018	
Mailing Address 1421 N MANSFIELD AVE. APT. 11		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.I113761</b> Amount of Each Disbursement this Period 4000.00	
City LOS ANGELES	State CA	Zip Code 90028	Category/ Type
Purpose of Disbursement CAREY ACCT: COMMUNICATIONS CONSULTING			
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) ▼	Memo Item <input type="checkbox"/>	
State: District:			

Full Name (Last, First, Middle Initial) <b>C. LADAN, LUKA, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 03 / 2018	
Mailing Address 655 MICHIGAN AVE. NE #412		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.I11377:</b> Amount of Each Disbursement this Period 5000.00	
City WASHINGTON	State DC	Zip Code 20017	Category/ Type
Purpose of Disbursement CAREY ACCT: MEDIA SERVICES			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>	
State: District:			

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

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

14000.00
[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 01 / 16 / 2018
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [ ] <b>Transaction ID : SB29.I113762</b> Amount of Each Disbursement this Period [ ] 432.60
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement CAREY ACCT: AIRFARE		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) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. DCXL INC</b>		Date of Disbursement MM / DD / YYYY 01 / 11 / 2018
Mailing Address 250 EXCHANGE PL # B		FEC Identification Number C [ ] <b>Transaction ID : SB29.I113763</b> Amount of Each Disbursement this Period [ ] 6955.56
City HERNDON	State VA	Zip Code 20170
Purpose of Disbursement CAREY ACCT: PAYROLL		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) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. DELANO, JOSHUA, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 01 / 2018
Mailing Address P.O. BOX 423		FEC Identification Number C [ ] <b>Transaction ID : SB29.I113781</b> Amount of Each Disbursement this Period [ ] 625.00
City ORANGFIELD	State TX	Zip Code 77639
Purpose of Disbursement CAREY ACCT: PAYROLL		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) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	[ ] 7388.16
<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

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

**A. HARVEY, WILLIAM, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 3345 MESA VERDE

City LONGMONT State CO Zip Code 80504

Purpose of Disbursement CAREY ACCT: PAYROLL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 01 / 2018

FEC Identification Number: C

Transaction ID : SB29.I113785

Amount of Each Disbursement this Period: 2500.00

Memo Item

**B. WALTERS, SETH, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 7500 WOODSIDE LANE, APT 24

City LORTON State VA Zip Code 22079

Purpose of Disbursement CAREY ACCT: PAYROLL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 11 / 2018

FEC Identification Number: C

Transaction ID : SB29.I113784

Amount of Each Disbursement this Period: 2625.00

Memo Item

**C. DCXL INC**

Full Name (Last, First, Middle Initial)

Mailing Address 250 EXCHANGE PL # B

City HERNDON State VA Zip Code 20170

Purpose of Disbursement CAREY ACCT: PAYROLL PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 01 / 2018

FEC Identification Number: C

Transaction ID : SB29.I11378;

Amount of Each Disbursement this Period: 1205.56

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

Full Name (Last, First, Middle Initial)

**A. DCXL INC**

Mailing Address 250 EXCHANGE PL # B

City HERNDON State VA Zip Code 20170

Purpose of Disbursement  
CAREY ACCT: PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 30 / 2018

FEC Identification Number

C

Transaction ID : SB29.I113764  
Amount of Each Disbursement this Period

6955.54

Memo Item

Full Name (Last, First, Middle Initial)

**B. DELANO, JOSHUA, , ,**

Mailing Address P.O. BOX 423

City ORANGEFIELD State TX Zip Code 77639

Purpose of Disbursement  
CAREY ACCT: PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 30 / 2018

FEC Identification Number

C

Transaction ID : SB29.I113790  
Amount of Each Disbursement this Period

625.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. HARVEY, WILLIAM, , ,**

Mailing Address 3345 MESA VERDE

City LONGMONT State CO Zip Code 80504

Purpose of Disbursement  
CAREY ACCT: PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 30 / 2018

FEC Identification Number

C

Transaction ID : SB29.I113788  
Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

6955.54

**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)  
**The Committee To Defend The President**

**A. WALTERS, SETH, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 7500 WOODSIDE LANE, APT 24

City LORTON State VA Zip Code 22079

Purpose of Disbursement CAREY ACCT: PAYROLL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 30 / 2018

FEC Identification Number: C

Transaction ID : SB29.I113788

Amount of Each Disbursement this Period: 2625.00

Memo Item

**B. DCXL INC**

Full Name (Last, First, Middle Initial)

Mailing Address 250 EXCHANGE PL # B

City HERNDON State VA Zip Code 20170

Purpose of Disbursement CAREY ACCT: PAYROLL PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 30 / 2018

FEC Identification Number: C

Transaction ID : SB29.I113791

Amount of Each Disbursement this Period: 1205.54

Memo Item

**C. EDONATION**

Full Name (Last, First, Middle Initial)

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: 01 / 31 / 2018

FEC Identification Number: C

Transaction ID : SB29.I11374:

Amount of Each Disbursement this Period: 13004.62

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 13004.62

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

Full Name (Last, First, Middle Initial) <b>A. ENVISION MARKETING</b>		Date of Disbursement MM / DD / YYYY 01 / 05 / 2018	
Mailing Address 148 GRAVES MILL RD		FEC Identification Number C [ ] <b>Transaction ID : SB29.I113765</b> Amount of Each Disbursement this Period [ ] 537.87	
City LYNCHBURG	State VA	Zip Code 24502	Category/ Type [ ]
Purpose of Disbursement CAREY ACCT: POSTAGE AND SHIPPING		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. EXPEDIA</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2018	
Mailing Address 333 108TH AVE NE		FEC Identification Number C [ ] <b>Transaction ID : SB29.I113766</b> Amount of Each Disbursement this Period [ ] 31.00	
City BELLEVUE	State WA	Zip Code 98004	Category/ Type [ ]
Purpose of Disbursement CAREY ACCT: TRAVEL INSURANCE		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. EXPEDIA</b>		Date of Disbursement MM / DD / YYYY 01 / 19 / 2018	
Mailing Address 333 108TH AVE NE		FEC Identification Number C [ ] <b>Transaction ID : SB29.I113766</b> Amount of Each Disbursement this Period [ ] 41.00	
City BELLEVUE	State WA	Zip Code 98004	Category/ Type [ ]
Purpose of Disbursement CAREY ACCT: TRAVEL INSURANCE		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 609.87
<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

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

Full Name (Last, First, Middle Initial)

**A. EXPEDIA**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement  
CAREY ACCT: LODGING

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.I113768**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. EXPEDIA**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement  
CAREY ACCT: AIRFARE

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.I113769**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. EXTRA SPACE STORAGE**

Mailing Address 1022 N HENRY ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CAREY ACCT: STORAGE FEES

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.I113771**  
Amount of Each Disbursement this Period

Memo Item

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input 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)  
**The Committee To Defend The President**

Full Name (Last, First, Middle Initial) <b>A. FRONTIER AIRLINES</b>		Date of Disbursement MM / DD / YYYY 01 / 22 / 2018
Mailing Address 7001 TOWER RD		FEC Identification Number C [ ] <b>Transaction ID : SB29.I113771</b> Amount of Each Disbursement this Period [ ] 699.60
City DENVER	State CO	Zip Code 80249
Purpose of Disbursement CAREY ACCT: AIRFARE		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) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. PAC MANAGEMENT SERVICES LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 05 / 2018
Mailing Address 500 MONTGOMERY ST. STE. 400		FEC Identification Number C [ ] <b>Transaction ID : SB29.I113774</b> Amount of Each Disbursement this Period [ ] 6000.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement CAREY ACCT: COMPLIANCE SERVICES		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) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. POLITICAL.LAW</b>		Date of Disbursement MM / DD / YYYY 01 / 05 / 2018
Mailing Address 203 SOUTH UNION STREET SUITE 300		FEC Identification Number C [ ] <b>Transaction ID : SB29.I113777!</b> Amount of Each Disbursement this Period [ ] 151.07
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement CAREY ACCT: REIMBURSEMENTS		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) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 6720.67
<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

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

Full Name (Last, First, Middle Initial)

**A. POLITICAL.LAW**

Mailing Address 203 SOUTH UNION STREET SUITE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement CAREY ACCT: FEC COMPLIANT V. HILLARY/ADDT'L LEGAL SERVICES

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 18 / 2018

FEC Identification Number

C  
**Transaction ID : SB29.I113776**  
 Amount of Each Disbursement this Period  
 57500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. SAME DAY PROCESSING**

Mailing Address P.O. BOX 251382

City ST. PAUL State MN Zip Code 55125

Purpose of Disbursement CAREY ACCT: CAGING AND PAYMENT PROCESSING

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 08 / 2018

FEC Identification Number

C  
**Transaction ID : SB29.I113777**  
 Amount of Each Disbursement this Period  
 1296.20

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  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

MM / DD / YYYY

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)..... ▶

58796.20  
 109528.21

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 90 OF 100
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Campaign Solutions</b>		Nature of Debt (Purpose): Online Voter Contact	
Mailing Address 117 N Saint Asaph St.			
City Alexandria	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period		Transaction ID : 01.18a	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
12657.57	0.00	12657.57	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Infocision Management Corporation</b>		Nature of Debt (Purpose): PHONE VOTER CONTACT	
Mailing Address P.O. Box 932441			
City Cleveland	State OH	Zip Code 44193	

Outstanding Balance Beginning This Period		Transaction ID : 01.18c	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
1022.39	0.00	1022.39	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Message Made Easy, LLC</b>		Nature of Debt (Purpose): PHONE VOTER CONTACT	
Mailing Address P.O. Box 230			
City Canal Fulton	State OH	Zip Code 44614	

Outstanding Balance Beginning This Period		Transaction ID : 01.18b	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
3195.00	0.00	3195.00	

1) <b>SUBTOTALS</b> This Period This Page (optional).....▶	16874.96
2) <b>TOTALS</b> This Period (last page this line number only).....▶	16874.96
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)▶	16874.96

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
The 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 ALLEGIANCE DIRECT, LLC
Mailing Address 215 DEPORT CT. SE SUITE 302
City LEESBURG State VA Zip Code 20175
Purpose of Expenditure MAIL VOTER CONTACT
Date of Public Distribution/Dissemination 01/30/2018
Amount 11917.00
Transaction ID: SE24.111264
Date of Disbursement or Obligation 01/24/2018

Name of Federal Candidate: TRUMP, DONALD, J,
Support Oppose
Office Sought: President
Disbursement For: General 2020
Calendar Year-To-Date Per Election for Office Sought 192807.58

Full Name of Payee CAMPAIGN HQ
PART OF ESTIMATE. SEE SE24.109629
Mailing Address P.O. BOX 257
City BROOKLYN State IA Zip Code 52211
Purpose of Expenditure PHONE VOTER CONTACT
Date of Public Distribution/Dissemination 01/02/2018
Amount 50000.00
Transaction ID: SE24.113416
Date of Disbursement or Obligation 01/03/2018

Name of Federal Candidate: TRUMP, DONALD, J,
Support Oppose
Office Sought: President
Disbursement For: General 2020
Calendar Year-To-Date Per Election for Office Sought 192807.58

(a) SUBTOTAL of Itemized Independent Expenditures 61917.00
(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 01/24/2018

Signature

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

NAME OF COMMITTEE (In Full) <b>The 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>CAMPAIGN SOLUTIONS</b> PART OF ESTIMATE. SEE SE24.109592		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>SE24.113417</b>
Purpose of Expenditure ONLINE VOTER CONTACT		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: TRUMP, DONALD, J, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		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> PART OF ESTIMATE. SEE SE24.109631		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>SE24.113741</b>
Purpose of Expenditure ONLINE DISTRIBUTION COSTS		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: TRUMP, DONALD, J, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		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, ,  
Signature

*[Electronically Filed]*

Date  /  /

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

NAME OF COMMITTEE (In Full) <b>The 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>CAMPAIGN SOLUTIONS</b> PART OF ESTIMATE. SEE SE24.109632		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>SE24.113742</b>
Purpose of Expenditure LIST RENTAL FEES		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: TRUMP, DONALD, J, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		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>CONNELL DONATELLI, INC.</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address P.O. BOX 1877		Amount <input type="text"/>	
City ALEXANDRIA	State VA	Zip Code 22313	Transaction ID : <b>SE24.109665</b>
Purpose of Expenditure ONLINE VOTER CONTACT		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: TRUMP, DONALD, J, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		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)
The 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
FACEBOOK, INC.
PART OF ESTIMATE. SEE SE24.109634
Mailing Address 1 HACKER WAY
City MENLO PARK State CA Zip Code 94025
Purpose of Expenditure ONLINE ADVERTISING
Category/Type
Date of Public Distribution/Dissemination 01/02/2018
Amount 167.34
Transaction ID : SE24.113752
Date of Disbursement or Obligation 01/02/2018

Name of Federal Candidate: TRUMP, DONALD, J,
Support Oppose
Office Sought: House Senate State:
Disbursement For: Primary General 2020 Other (specify)

Full Name of Payee
FACEBOOK, INC.
PART OF ESTIMATE. SEE SE24.109634
Mailing Address 1 HACKER WAY
City MENLO PARK State CA Zip Code 94025
Purpose of Expenditure ONLINE ADVERTISING
Category/Type
Date of Public Distribution/Dissemination 01/02/2018
Amount 500.00
Transaction ID : SE24.113753
Date of Disbursement or Obligation 01/11/2018

Name of Federal Candidate: TRUMP, DONALD, J,
Support Oppose
Office Sought: House Senate State:
Disbursement For: Primary General 2020 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 667.34
(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 01/01/2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
The 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
FACEBOOK, INC.
PART OF ESTIMATE. SEE SE24.109634
Mailing Address 1 HACKER WAY
City MENLO PARK State CA Zip Code 94025
Purpose of Expenditure ONLINE AD
Category/Type
Date of Public Distribution/Dissemination 01/02/2018
Amount 499.33
Transaction ID: SE24.113754
Date of Disbursement or Obligation 01/12/2018

Name of Federal Candidate: TRUMP, DONALD, J,
Support Oppose
Office Sought: President Senate State:
Disbursement For: Primary General 2020 Other (specify)

Full Name of Payee
FACEBOOK, INC.
PART OF ESTIMATE. SEE SE24.109634
Mailing Address 1 HACKER WAY
City MENLO PARK State CA Zip Code 94025
Purpose of Expenditure ONLINE ADVERTISING
Category/Type
Date of Public Distribution/Dissemination 01/02/2018
Amount 499.56
Transaction ID: SE24.113755
Date of Disbursement or Obligation 01/20/2018

Name of Federal Candidate: TRUMP, DONALD, J,
Support Oppose
Office Sought: President Senate State:
Disbursement For: Primary General 2020 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 998.89
(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 01/01/2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
The 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
FACEBOOK, INC.
PART OF ESTIMATE. SEE SE24.109634
Mailing Address 1 HACKER WAY
City MENLO PARK State CA Zip Code 94025
Purpose of Expenditure ONLINE ADVERTISING
Category/Type
Date of Public Distribution/Dissemination 01/02/2018
Amount 1.25
Transaction ID : SE24.113757
Date of Disbursement or Obligation 01/31/2018

Name of Federal Candidate: TRUMP, DONALD, J,
Support Oppose
Office Sought: President Senate State:
Disbursement For: Primary General 2020 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORPORATION
PART OF ESTIMATE. SEE SE24.109635
Mailing Address P.O. BOX 932441
City CLEVELAND State OH Zip Code 44193
Purpose of Expenditure PHONE VOTER CONTACT
Category/Type
Date of Public Distribution/Dissemination 01/02/2018
Amount 1538.73
Transaction ID : SE24.113419
Date of Disbursement or Obligation 01/10/2018

Name of Federal Candidate: TRUMP, DONALD, J,
Support Oppose
Office Sought: President Senate State:
Disbursement For: Primary General 2020 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1539.98
(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 01/01/2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
The Committee To Defend The President
FEC IDENTIFICATION NUMBER
C C00544767

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

Full Name of Payee
INFOCISION MANAGEMENT CORPORATION
PART OF ESTIMATE. SEE SE24.109635
Mailing Address P.O. BOX 932441
City CLEVELAND State OH Zip Code 44193
Purpose of Expenditure PHONE VOTER CONTACT
Name of Federal Candidate: TRUMP, DONALD, J, , Support
Office Sought: President
Disbursement For: General 2020
Amount 13200.57
Transaction ID : SE24.113418
Date of Disbursement or Obligation 01/17/2018

Full Name of Payee
INFOCISION MANAGEMENT CORPORATION
PART OF ESTIMATE. SEE SE24.109635
Mailing Address P.O. BOX 932441
City CLEVELAND State OH Zip Code 44193
Purpose of Expenditure PHONE VOTER CONTACT
Name of Federal Candidate: TRUMP, DONALD, J, , Support
Office Sought: President
Disbursement For: General 2020
Amount 7364.16
Transaction ID : SE24.113420
Date of Disbursement or Obligation 01/24/2018

(a) SUBTOTAL of Itemized Independent Expenditures 20564.73
(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 01/08/2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
The 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
RAPID RESPONSE TELEVISION, LLC
Mailing Address
P.O. BOX 36819
City
CANTON State
OH Zip Code
44735
Purpose of Expenditure
BILLBOARD ADVERTISING
Category/Type
Amount
10000.00
Transaction ID : SE24.113739
Date of Disbursement or Obligation
01 / 17 / 2018

Name of Federal Candidate:
TRUMP, DONALD, J,
Support
Office Sought:
President
Disbursement For:
General
2020

Full Name of Payee
INFOCISION MANAGEMENT CORPORATION
Mailing Address
P.O. BOX 932441
City
CLEVELAND State
OH Zip Code
44193
Purpose of Expenditure
PHONE VOTER CONTACT
Category/Type
Amount
1022.39
Transaction ID : SE24.113853
Date of Disbursement or Obligation
02 / 02 / 2018

Name of Federal Candidate:
TRUMP, DONALD, J,
Support
Office Sought:
President
Disbursement For:
General
2020

(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 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

01 / 17 / 2018

Signature

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

NAME OF COMMITTEE (In Full) <b>The 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 checked="" type="checkbox"/> Memo Item <b>MESSAGE MADE EASY, LLC</b> SUB-VENDOR OF ESTIMATE FILED. SEE SE24.109635		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address P.O. BOX 230		Amount <input type="text"/> 3195.00 <b>Transaction ID : SE24.113854</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City CANAL FULTON	State OH	
Purpose of Expenditure PHONE VOTER CONTACT	Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: TRUMP, DONALD, J, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 402807.58		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input checked="" type="checkbox"/> Memo Item <b>CAMPAIGN SOLUTIONS</b> PART OF ESTIMATE. SEE SE24.109630		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"/> 12657.57 <b>Transaction ID : SE24.113852</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City ALEXANDRIA	State VA	
Purpose of Expenditure ONLINE VOTER CONTACT	Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: TRUMP, DONALD, J, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 402807.58		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"/> 0.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	<input type="text"/>
(c) <b>TOTAL</b> Independent Expenditures .....	<input type="text"/> 192807.58

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