

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 22471 / 95198

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Warren for President, Inc.

**A. Full Name (Last, First, Middle Initial)**

ActBlue

Mailing Address PO Box 382110

City  
Cambridge

State  
MA

Zip Code  
02238-2110

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation  
Conduit total listed in Agg. field

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

19174095.02

**Transaction ID : 4152199E**

Date of Receipt

M M / D D / Y Y Y Y  
09 / 11 / 2019

Amount of Each Receipt this Period

2020.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

**B. Full Name (Last, First, Middle Initial)**

Duvall, Robert, , ,

Mailing Address 3623 Royal Palm Ave

City  
Miami

State  
FL

Zip Code  
33133-6226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : 3820871**

Date of Receipt

M M / D D / Y Y Y Y  
08 / 05 / 2019

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

Duvall, Robert, , ,

Mailing Address 3623 Royal Palm Ave

City  
Miami

State  
FL

Zip Code  
33133-6226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : 4327041**

Date of Receipt

M M / D D / Y Y Y Y  
09 / 24 / 2019

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

350.00

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