

SCHEDULE A-P **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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<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)

Manning, Patricia, , ,

Mailing Address PO Box 304

City
Sharon

State
MA

Zip Code
02067-0304

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optimal Home Health Care LLC

Occupation
CNA

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

283.00

Transaction ID : 3768943

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2019

Amount of Each Receipt this Period

10.00

☐ Memo Item

* Earmarked Contribution: See Below

B. 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 : 3768943E

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2019

Amount of Each Receipt this Period

10.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

Manning, Patricia, , ,

Mailing Address PO Box 304

City
Sharon

State
MA

Zip Code
02067-0304

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optimal Home Health Care LLC

Occupation
CNA

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

283.00

Transaction ID : 3883468

Date of Receipt

M M / D D / Y Y Y Y
08 / 14 / 2019

Amount of Each Receipt this Period

15.00

☐ Memo Item

* Earmarked Contribution: See Below

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

25.00

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