

# **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)**

Willis, Lorrin, , ,

Mailing Address 316 Whisperwood Dr

City

Cary

State

NC

Zip Code

27518-9124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Not Employed

Receipt For: 2020

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : 3560065**

Date of Receipt

MM / DD / YYYY  
07 / 08 / 2019

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

Willis, Lucy, , ,

Mailing Address 110 Livingston St

Apt 11

City

Brooklyn

State

NY

Zip Code

11201-5011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Weill Cornell Medical College

Occupation

Physician

Receipt For: 2020

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

561.82

**Transaction ID : 3750337**

Date of Receipt

MM / DD / YYYY  
07 / 31 / 2019

Amount of Each Receipt this Period

50.00

☐ Memo Item

\* Earmarked Contribution: See Below

**C. 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 : 3750337E**

Date of Receipt

MM / DD / YYYY  
07 / 31 / 2019

Amount of Each Receipt this Period

50.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

550.00

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