

# **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 type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input checked="" 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)

**DENNIS LAMBERT FOR PRESIDENT 2020**

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

Lambert, Dennis, , ,

Mailing Address 11906 State Route 93

City  
Pedro

State  
OH

Zip Code  
45659

FEC ID number of contributing  
federal political committee.

**C** P00013185

Name of Employer  
Unemployed

Occupation  
Unemployed

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

345.32

**Transaction ID : SA17D.4213**

Date of Receipt

**10** / **21** / **2019**

Transportation

Amount of Each Receipt this Period

34.50

☐ Memo Item

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

Lambert, Dennis, , ,

Mailing Address 11906 State Route 93

City  
Pedro

State  
OH

Zip Code  
45659

FEC ID number of contributing  
federal political committee.

**C** P00013185

Name of Employer  
Unemployed

Occupation  
Unemployed

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

382.82

**Transaction ID : SA17D.4214**

Date of Receipt

**10** / **21** / **2019**

Transportation

Amount of Each Receipt this Period

37.50

☐ Memo Item

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

Lambert, Dennis, , ,

Mailing Address 11906 State Route 93

City  
Pedro

State  
OH

Zip Code  
45659

FEC ID number of contributing  
federal political committee.

**C** P00013185

Name of Employer  
Unemployed

Occupation  
Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

422.82

**Transaction ID : SA17D.4215**

Date of Receipt

**10** / **21** / **2019**

Transportation

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

112.00

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