

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)

Weld 2020 Presidential Campaign Committee, Inc.

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

Shipley, Amanda, , ,

Mailing Address 286 South Main Street

City

Andover

State

MA

Zip Code

01810

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2020

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Transaction ID : AA9AA63BC8B9A4B47BFF

Date of Receipt

MM / DD / YYYY
10 / 15 / 2019

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

Horovitz, Alex, , ,

Mailing Address 2055 St. Francis Way

City

San Carlos

State

CA

Zip Code

94070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Apple

Occupation

Software

Receipt For: 2020

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

900.00

Transaction ID : AF6402B34727A4CB18D5

Date of Receipt

MM / DD / YYYY
10 / 15 / 2019

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

Wright, Matthew, , ,

Mailing Address 1808 W Bramble Berry Ln

City

Phoenix

State

AZ

Zip Code

85085

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sonoran Hospital Medicine, Plc

Occupation

Physician

Receipt For: 2020

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

395.20

Transaction ID : AA362C2AC29884D04BA5

Date of Receipt

MM / DD / YYYY
10 / 15 / 2019

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

450.00

Total This Period (last page this line number only)