

# **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)

Pete for America, Inc.

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

Rose, Brett, , ,

Mailing Address 2404 E Sunrise Blvd

City

Fort Lauderdale

State

FL

Zip Code

33304-3102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Uncs

Occupation

Ceo

Receipt For: 2020

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

3800.00

**Transaction ID : 998218**

Date of Receipt

M M / D D / Y Y Y Y  
06 / 23 / 2019

Amount of Each Receipt this Period

- 1000.00

☒ Memo Item

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

Rose, Brett, , ,

Mailing Address 2404 E Sunrise Blvd

City

Fort Lauderdale

State

FL

Zip Code

33304-3102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Uncs

Occupation

Ceo

Receipt For: 2020

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

3800.00

**Transaction ID : 998219**

Date of Receipt

M M / D D / Y Y Y Y  
06 / 23 / 2019

Amount of Each Receipt this Period

1000.00

☒ Memo Item

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

Rose, Charles, P, ,

Mailing Address 2121 Royall Dr

City

Winston Salem

State

NC

Zip Code

27106-5226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2020

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.35

**Transaction ID : 815267**

Date of Receipt

M M / D D / Y Y Y Y  
04 / 29 / 2019

Amount of Each Receipt this Period

100.35

☐ Memo Item

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

100.35

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