

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)

Marianne Williamson for President

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

Clark, Christy, , ,

Mailing Address 325 Ivy Bend Circle

City

Clarksville

State

TN

Zip Code

37043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aseracare Hospice

Occupation
Registered Nurse Director

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Transaction ID : IDTA43660

Date of Receipt

M M / D D / Y Y Y Y
11 / 15 / 2018

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

ActBlue

Mailing Address 366 Summer Street

City

Somerville

State

MA

Zip Code

02144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1475579.16

Transaction ID : INCA966IDTA43660

Date of Receipt

M M / D D / Y Y Y Y
11 / 18 / 2018

Amount of Each Receipt this Period

100.00

☒ Memo Item

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

Clemons, Amy, , ,

Mailing Address 7689 Basil Western Road NW

City

Canal Winchester

State

OH

Zip Code

43310

FEC ID number of contributing
federal political committee.

C

Name of Employer
n/a

Occupation
Not Employed

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

368.22

Transaction ID : IDTA46752

Date of Receipt

M M / D D / Y Y Y Y
01 / 06 / 2019

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

200.00

Total This Period (last page this line number only)