

SCHEDULE A-P **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8750 / 43600

<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)

Amy for America

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

Walsh, Andrea, Mitchell, ,

Mailing Address 7212 Fleetwood Dr

City
Edina

State
MN

Zip Code
55439-1810

FEC ID number of contributing
federal political committee.

C

Name of Employer
HealthPartners

Occupation
Administrator

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Transaction ID : 1536602

Date of Receipt

M M / D D / Y Y Y Y
02 / 18 / 2020

Amount of Each Receipt this Period

1000.00

☐ Memo Item

* Earmarked Contribution: See Below

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

ActBlue

Mailing Address PO Box 441146

City
West Somerville

State
MA

Zip Code
02144-0031

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 ▼

16765239.41

Transaction ID : 1536602E

Date of Receipt

M M / D D / Y Y Y Y
02 / 19 / 2020

Amount of Each Receipt this Period

1000.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

Young, Paul, , ,

Mailing Address 253 E Houston St
Apt 3

City
New York

State
NY

Zip Code
10002-1023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Writer

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Transaction ID : 1536902

Date of Receipt

M M / D D / Y Y Y Y
02 / 18 / 2020

Amount of Each Receipt this Period

100.00

☐ Memo Item

* Earmarked Contribution: See Below

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

1100.00

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