

SCHEDULE A-P **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 6799 / 23890

<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)

Cory 2020

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

Cockrell, Jacob, , ,

Mailing Address 8082 Woodstream Dr

City

Canal Winchester

State

OH

Zip Code

43110-7920

FEC ID number of contributing
federal political committee.

C

Name of Employer
Not Employed

Occupation
Retired

Receipt For: 2020

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

204.50

Transaction ID : 1419003

Date of Receipt

MM / DD / YYYY
11 / 14 / 2019

Amount of Each Receipt this Period

10.00

☐ 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 ▼

4728829.95

Transaction ID : 1419003E

Date of Receipt

MM / DD / YYYY
11 / 14 / 2019

Amount of Each Receipt this Period

10.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

Burchman, Sherri, , ,

Mailing Address 1 Storrs Rd

City

Hanover

State

NH

Zip Code

03755-2409

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dartmouth hitchcock Medical Center

Occupation
nurse

Receipt For: 2020

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

377.75

Transaction ID : 1419203

Date of Receipt

MM / DD / YYYY
11 / 14 / 2019

Amount of Each Receipt this Period

35.00

☐ Memo Item

* Earmarked Contribution: See Below

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

45.00

Total This Period (last page this line number only)