

# **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)

Cory 2020

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

O'Brien Kelly, Ellen, , ,

Mailing Address 60 Highlands Ave

City  
Springfield

State  
NJ

Zip Code  
07081-3743

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 ▼

1000.00

**Transaction ID : 1448393**

Date of Receipt

MM / DD / YYYY  
11 / 21 / 2019

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

Simpson, Donna, , ,

Mailing Address PO Box 2327

City  
Cookeville

State  
TN

Zip Code  
38502-2327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Law Office of Donna SImpson

Occupation  
Attorney

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

224.85

**Transaction ID : 1449693**

Date of Receipt

MM / DD / YYYY  
11 / 21 / 2019

Amount of Each Receipt this Period

10.00

☐ Memo Item

\* Earmarked Contribution: See Below

**C. 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 : 1449693E**

Date of Receipt

MM / DD / YYYY  
11 / 21 / 2019

Amount of Each Receipt this Period

10.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

1010.00

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