

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)

Lester, Laura, , ,

Mailing Address 2815 Brookwest Dr SW

City
Marietta

State
GA

Zip Code
30064-3756

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wellstar Health

Occupation
Exercise Instructor

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1125.00

Transaction ID : 1474854

Date of Receipt

M M / D D / Y Y Y Y
12 / 02 / 2019

Amount of Each Receipt this Period

25.00

☐ 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 : 1474854E

Date of Receipt

M M / D D / Y Y Y Y
12 / 02 / 2019

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

Pritchard, Jean, , ,

Mailing Address 799 Cricklewood Ter

City
Lake Mary

State
FL

Zip Code
32746-5310

FEC ID number of contributing
federal political committee.

C

Name of Employer
Not Employed

Occupation
Not Employed

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

270.20

Transaction ID : 1475154

Date of Receipt

M M / D D / Y Y Y Y
12 / 02 / 2019

Amount of Each Receipt this Period

5.00

☐ Memo Item

* Earmarked Contribution: See Below

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

30.00

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