

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)

Skib, Robert, , ,

Mailing Address 1311 E 26th St

City
Tulsa

State
OK

Zip Code
74114-2733

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2150.00

Transaction ID : 1361575

Date of Receipt

M M / D D / Y Y Y Y
10 / 01 / 2019

Amount of Each Receipt this Period

100.00

☐ 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 : 1361575E

Date of Receipt

M M / D D / Y Y Y Y
10 / 01 / 2019

Amount of Each Receipt this Period

100.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

Shah, Ankit, , ,

Mailing Address 16 Cambridge Dr

City
Oak Brook

State
IL

Zip Code
60523-1705

FEC ID number of contributing
federal political committee.

C

Name of Employer
NCH Medical Group

Occupation
Physician

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Transaction ID : 1369975

Date of Receipt

M M / D D / Y Y Y Y
10 / 11 / 2019

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

600.00

Total This Period (last page this line number only)