

# **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)**

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 : 1379959E**

Date of Receipt

M M / D D / Y Y Y Y  
10 17 2019

Amount of Each Receipt this Period

15.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

Lewis, Ila, , ,

Mailing Address 246 Vernon Ave

City  
Glencoe

State  
IL

Zip Code  
60022-2156

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 ▼

250.00

**Transaction ID : 1380959**

Date of Receipt

M M / D D / Y Y Y Y  
10 17 2019

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

Rushmer, Vera, , ,

Mailing Address PO Box 569

City  
Ocean City

State  
NJ

Zip Code  
08226-0569

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 ▼

465.40

**Transaction ID : 1381059**

Date of Receipt

M M / D D / Y Y Y Y  
10 17 2019

Amount of Each Receipt this Period

5.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

155.00

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