

# **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 ▼

3414436.17

**Transaction ID : 1245235E**

Date of Receipt

M M / D D / Y Y Y Y  
07 / 30 / 2019

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

Paulson, Steven, D., ,

Mailing Address 1024 N 25th St

City  
Billings

State  
MT

Zip Code  
59101-0842

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 ▼

310.00

**Transaction ID : 1245535**

Date of Receipt

M M / D D / Y Y Y Y  
07 / 30 / 2019

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

Burns, Carolyn, , ,

Mailing Address 97 Jasmine Dr

City  
Covington

State  
LA

Zip Code  
70433-9153

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Therapist

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

246.80

**Transaction ID : 1245735**

Date of Receipt

M M / D D / Y Y Y Y  
07 / 30 / 2019

Amount of Each Receipt this Period

25.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

35.00

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