

# **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)**

Squires, James, , ,

Mailing Address 1 River Pl

Apt 1101

City

New York

State

NY

Zip Code

10036-4368

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mount Sinai Hospital

Occupation  
Physician

Receipt For: 2020

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : 1347055**

Date of Receipt

M M / D D / Y Y Y Y  
09 / 28 / 2019

Amount of Each Receipt this Period

50.00

☐ 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 ▼

3414436.17

**Transaction ID : 1347055E**

Date of Receipt

M M / D D / Y Y Y Y  
09 / 28 / 2019

Amount of Each Receipt this Period

50.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

McLean, Grace, , ,

Mailing Address 8829 Hickory St

City

New Orleans

State

LA

Zip Code

70118-1443

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Attorney

Receipt For: 2020

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

345.02

**Transaction ID : 1347455**

Date of Receipt

M M / D D / Y Y Y Y  
09 / 28 / 2019

Amount of Each Receipt this Period

35.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

85.00

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