

# **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)**

Robinson, Stephanie, , ,

Mailing Address 36 Hill Dr

City  
Kentfield

State  
CA

Zip Code  
94904-1076

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 ▼

2800.00

**Transaction ID : 1061777**

Date of Receipt

M M / D D / Y Y Y Y  
02 / 26 / 2019

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

Robison, Elizabeth, , ,

Mailing Address 7039 Hillside Ln

City  
Whittier

State  
CA

Zip Code  
90602-1940

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Milken Institute

Occupation  
Fundraiser

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : 1084454**

Date of Receipt

M M / D D / Y Y Y Y  
03 / 30 / 2019

Amount of Each Receipt this Period

250.00

☐ Memo Item

\* Earmarked Contribution: See Below

**C. 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 ▼

1246362.07

**Transaction ID : 1084454E**

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2019

Amount of Each Receipt this Period

250.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

350.00

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