

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)

Julian for the Future

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

Allison, Betty, , ,

Mailing Address 117 Oram St

City
Arlington

State
TX

Zip Code
76010-2835

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 ▼

294.00

Transaction ID : 511728

Date of Receipt

M M / D D / Y Y Y Y
05 / 16 / 2019

Amount of Each Receipt this Period

10.00

☐ Memo Item

* Earmarked Contribution: See Below

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

ActBlue

Mailing Address 366 Summer St

City
Somerville

State
MA

Zip Code
02144-3132

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 ▼

2352557.59

Transaction ID : 511728E

Date of Receipt

M M / D D / Y Y Y Y
05 / 17 / 2019

Amount of Each Receipt this Period

10.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

Brazda, Shirley, , ,

Mailing Address 255 Carolina Meadows Villa

City
Chapel Hill

State
NC

Zip Code
27517-8526

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Psychotherapist

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

214.00

Transaction ID : 532828

Date of Receipt

M M / D D / Y Y Y Y
06 / 14 / 2019

Amount of Each Receipt this Period

5.00

☐ Memo Item

* Earmarked Contribution: See Below

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

15.00

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