

SCHEDULE A-P **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 34985 / 74758

<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)

Warren for President, Inc.

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

Kopel, Carolyn, , ,

Mailing Address 1624 S Lincoln Ave

City
Springfield

State
IL

Zip Code
62704-3419

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Not Employed

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

245.00

Transaction ID : 5646854

Date of Receipt

M M / D D / Y Y Y Y
01 / 22 / 2020

Amount of Each Receipt this Period

10.00

☐ Memo Item

* Earmarked Contribution: See Below

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

ActBlue

Mailing Address PO Box 382110

City
Cambridge

State
MA

Zip Code
02238-2110

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 ▼

8943338.10

Transaction ID : 5646854E

Date of Receipt

M M / D D / Y Y Y Y
01 / 22 / 2020

Amount of Each Receipt this Period

10.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

Kopelman, Lisa, , ,

Mailing Address 2914 Camino Capistrano
Apt A

City
San Clemente

State
CA

Zip Code
92672-4816

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 ▼

475.00

Transaction ID : 5412278

Date of Receipt

M M / D D / Y Y Y Y
01 / 05 / 2020

Amount of Each Receipt this Period

50.00

☐ Memo Item

* Earmarked Contribution: See Below

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

60.00

Total This Period (last page this line number only)