

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)

Warren for President, Inc.

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

Parsons, Philip, , ,

Mailing Address 20 Bonner Ave

City

Somerville

State

MA

Zip Code

02143-3015

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 ▼

960.00

Transaction ID : 5479399

Date of Receipt

M M / D D / Y Y Y Y
01 / 09 / 2020

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 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 : 5479399E

Date of Receipt

M M / D D / Y Y Y Y
01 / 09 / 2020

Amount of Each Receipt this Period

50.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

Parsons, Ronald, , ,

Mailing Address 2240 Oakawana Dr NE

City

Atlanta

State

GA

Zip Code

30345-3565

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emory

Occupation

Physician

Receipt For: 2020

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

724.68

Transaction ID : 5423550

Date of Receipt

M M / D D / Y Y Y Y
01 / 03 / 2020

Amount of Each Receipt this Period

10.00

☐ Memo Item

* Earmarked Contribution: See Below

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

60.00

Total This Period (last page this line number only)