

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)

Best, Adam, , ,

Mailing Address 7105 Daugherty St

City
Austin

State
TX

Zip Code
78757-2117

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Left, LLC

Occupation
Founder

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

647.96

Transaction ID : 2996418

Date of Receipt

M M / D D / Y Y Y Y
04 / 26 / 2019

Amount of Each Receipt this Period

25.00

☐ 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 ▼

15842062.99

Transaction ID : 2996418E

Date of Receipt

M M / D D / Y Y Y Y
04 / 28 / 2019

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

Best, Carolyn, , ,

Mailing Address 2125 Sawgrass St

City
Grove City

State
OH

Zip Code
43123-7572

FEC ID number of contributing
federal political committee.

C

Name of Employer
Best Nursing Care Inc

Occupation
Registered Nurse

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

Transaction ID : 2931523

Date of Receipt

M M / D D / Y Y Y Y
04 / 21 / 2019

Amount of Each Receipt this Period

50.00

☐ Memo Item

* Earmarked Contribution: See Below

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

75.00

Total This Period (last page this line number only)