

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)

Morris, Bonnie, , ,

Mailing Address 501 Bell Fountaine Dr

City
Moore

State
OK

Zip Code
73160-3103

FEC ID number of contributing
federal political committee.

C

Name of Employer
State Of Oklahoma

Occupation
Management

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Transaction ID : 3039405

Date of Receipt

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

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 ▼

15842062.99

Transaction ID : 3039405E

Date of Receipt

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

Amount of Each Receipt this Period

50.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

Morris, Bonnie, , ,

Mailing Address 501 Bell Fountaine Dr

City
Moore

State
OK

Zip Code
73160-3103

FEC ID number of contributing
federal political committee.

C

Name of Employer
State Of Oklahoma

Occupation
Management

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Transaction ID : 3240130

Date of Receipt

M M / D D / Y Y Y Y
06 / 07 / 2019

Amount of Each Receipt this Period

50.00

☐ Memo Item

* Earmarked Contribution: See Below

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

100.00

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