

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)

Richardson, Ambrose, , ,

Mailing Address 16617 33Rd Ave

City
Flushing

State
NY

Zip Code
11358-1407

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 ▼

250.00

Transaction ID : 3369045

Date of Receipt

M M / D D / Y Y Y Y
06 / 21 / 2019

Amount of Each Receipt this Period

100.00

☐ 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 : 3369045E

Date of Receipt

M M / D D / Y Y Y Y
06 / 23 / 2019

Amount of Each Receipt this Period

100.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

Richardson, Barbara, , ,

Mailing Address 36 Foxcross Cir

City
Concord

State
NH

Zip Code
03301-6920

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Transaction ID : 3540343

Date of Receipt

M M / D D / Y Y Y Y
06 / 28 / 2019

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

600.00

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