

SCHEDULE A-P **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 161 / 1223

<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)

Friends of John Delaney

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

Englund, Alfrieda, , ,

Mailing Address 71 Cameron Cv

City

Munsonville

State

NH

Zip Code

03457-4109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Not Employed

Occupation
Not Employed

Receipt For: 2020

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Transaction ID : 612861

Date of Receipt

MM / DD / YYYY
08 / 12 / 2019

Amount of Each Receipt this Period

200.00

☐ 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 ▼

427340.63

Transaction ID : 612861E

Date of Receipt

MM / DD / YYYY
08 / 19 / 2019

Amount of Each Receipt this Period

200.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

Englund, Alfrieda, , ,

Mailing Address 71 Cameron Cv

City

Munsonville

State

NH

Zip Code

03457-4109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Not Employed

Occupation
Not Employed

Receipt For: 2020

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Transaction ID : 615378

Date of Receipt

MM / DD / YYYY
09 / 14 / 2019

Amount of Each Receipt this Period

150.00

☐ Memo Item

* Earmarked Contribution: See Below

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

350.00

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