

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)

Pete for America, Inc.

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

Doria, Brent, , ,

Mailing Address 1037 Scott St

City

Columbus

State

OH

Zip Code

43222-1211

FEC ID number of contributing
federal political committee.

C

Name of Employer
CoverMyMeds

Occupation
Supervisor

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.20

Transaction ID : 2472911

Date of Receipt

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

Amount of Each Receipt this Period

3.00

☐ Memo Item

* Earmarked Contribution: See Below

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

Actblue

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

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 ▼

3690908.28

Transaction ID : 2472911E

Date of Receipt

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

Amount of Each Receipt this Period

3.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

Estes, Lisa, , ,

Mailing Address 136 Derby Glen Dr

City

Glen Ellyn

State

IL

Zip Code

60137-3219

FEC ID number of contributing
federal political committee.

C

Name of Employer
Visa Inc

Occupation
Sales Director

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

416.79

Transaction ID : 2473111

Date of Receipt

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

Amount of Each Receipt this Period

10.00

☐ Memo Item

* Earmarked Contribution: See Below

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

13.00

Total This Period (last page this line number only)