

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)

Parker, Phillip, , ,

Mailing Address 4165 Route 5

City

East Thetford

State

VT

Zip Code

05043-9571

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 ▼

990.00

Transaction ID : 2527055

Date of Receipt

M M / D D / Y Y Y Y
01 / 15 / 2020

Amount of Each Receipt this Period

80.00

☐ 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 : 2527055E

Date of Receipt

M M / D D / Y Y Y Y
01 / 15 / 2020

Amount of Each Receipt this Period

80.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

Holob, Marissa, , ,

Mailing Address 303 A 12Th St

City

Brooklyn

State

NY

Zip Code

11215-4903

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kramer Levin

Occupation
Lawyer

Receipt For: 2020

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Transaction ID : 2527155

Date of Receipt

M M / D D / Y Y Y Y
01 / 15 / 2020

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

330.00

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