

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)

Casterline, Leroy, , ,

Mailing Address 3520 Gila Bnd

City
Casper

State
WY

Zip Code
82604-5400

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
None

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

306.24

Transaction ID : 2478649

Date of Receipt

M M / D D / Y Y Y Y
01 / 10 / 2020

Amount of Each Receipt this Period

1.00

☐ 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 : 2478649E

Date of Receipt

M M / D D / Y Y Y Y
01 / 12 / 2020

Amount of Each Receipt this Period

1.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

Belyea, Vanessa, , ,

Mailing Address 137 Lower Deerfield Rd

City
Northwood

State
NH

Zip Code
03261-4308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr David Ness DMD

Occupation
Dental Hygienist

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

208.00

Transaction ID : 2478749

Date of Receipt

M M / D D / Y Y Y Y
01 / 10 / 2020

Amount of Each Receipt this Period

10.00

☐ Memo Item

* Earmarked Contribution: See Below

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

11.00

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