

SCHEDULE A-P **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

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(check only one)

<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)

Cory 2020

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

Baker, Michelle, , ,

Mailing Address 275 Battery St

City

San Francisco

State

CA

Zip Code

94111-3305

FEC ID number of contributing
federal political committee.

C

Name of Employer
LCHBOccupation
Attorney

Receipt For: 2020

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

295.80

Transaction ID : 1108326

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	1	9

Amount of Each Receipt this Period

5.00

☐ 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 ▼

1561248.35

Transaction ID : 1108326E

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	1	9

Amount of Each Receipt this Period

5.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

Passons, Erin, , ,

Mailing Address 3604 28th St

City

San Diego

State

CA

Zip Code

92104-3502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Consultant

Receipt For: 2020

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Transaction ID : 1116226

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	2		2	0	1	9

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

255.00

Total This Period (last page this line number only)