

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)

Cory 2020

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

Foster, Jed, , ,

Mailing Address 6542 Francis Ave SE

City

Auburn

State

WA

Zip Code

98092-8209

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rooster Park

Occupation
Software Engineer

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

214.33

Transaction ID : 1192786

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2019

Amount of Each Receipt this Period

10.00

☐ 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 : 1192786E

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2019

Amount of Each Receipt this Period

10.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

Best, Carolyn, , ,

Mailing Address 2125 Sawgrass St

City

Grove City

State

OH

Zip Code

43123-7572

FEC ID number of contributing
federal political committee.

C

Name of Employer
Best Nursing Care Inc

Occupation
RN

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

336.00

Transaction ID : 1092986

Date of Receipt

M M / D D / Y Y Y Y
04 / 11 / 2019

Amount of Each Receipt this Period

50.00

☐ Memo Item

* Earmarked Contribution: See Below

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

60.00

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