

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 3131 / 5485

<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)**

Huth, Liana, , ,

Mailing Address 100 Hudson St  
Apt 4D

City  
New York

State  
NY

Zip Code  
10013-3039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Entercom

Occupation  
Media Programming

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : 1160496**

Date of Receipt

M M / D D / Y Y Y Y  
06 / 13 / 2019

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. 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  
LCHB

Occupation  
Attorney

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

295.80

**Transaction ID : 1170996**

Date of Receipt

M M / D D / Y Y Y Y  
06 / 21 / 2019

Amount of Each Receipt this Period

5.00

☐ Memo Item

\* Earmarked Contribution: See Below

**C. 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 : 1170996E**

Date of Receipt

M M / D D / Y Y Y Y  
06 / 23 / 2019

Amount of Each Receipt this Period

5.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

505.00

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