

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)

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 : 1095637E

Date of Receipt

M M / D D / Y Y Y Y
04 / 14 / 2019

Amount of Each Receipt this Period

10.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

B. 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 : 1096337

Date of Receipt

M M / D D / Y Y Y Y
04 / 12 / 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 : 1096337E

Date of Receipt

M M / D D / Y Y Y Y
04 / 14 / 2019

Amount of Each Receipt this Period

5.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

5.00

Total This Period (last page this line number only)