

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)

Beto for America

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

Brazda, Shirley, , ,

Mailing Address 255 Carolina Meadows Villa

City

Chapel Hill

State

NC

Zip Code

27517-8526

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Psychotherapist

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

378.50

Transaction ID : 2772215

Date of Receipt

09 / **19** / **2019**

Amount of Each Receipt this Period

6.00

☐ 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 ▼

3654333.12

Transaction ID : 2772215E

Date of Receipt

09 / **20** / **2019**

Amount of Each Receipt this Period

6.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

Doss, Stacey, , ,

Mailing Address 200 E Racquet Club Rd
Unit 24

City

Palm Springs

State

CA

Zip Code

92262-2224

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Sales

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

768.17

Transaction ID : 2773815

Date of Receipt

09 / **19** / **2019**

Amount of Each Receipt this Period

5.00

☐ Memo Item

* Earmarked Contribution: See Below

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

11.00

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