

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)

Amy for America

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

Monzell, Ruth, , ,

Mailing Address 82 Westview Rd

City

Damariscotta

State

ME

Zip Code

04543-4012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Not Employed

Occupation
Not Employed

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1150.00

Transaction ID : 952833

Date of Receipt

MM / DD / YYYY
10 / 26 / 2019

Amount of Each Receipt this Period

100.00

☐ 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 ▼

10183182.40

Transaction ID : 952833E

Date of Receipt

MM / DD / YYYY
10 / 28 / 2019

Amount of Each Receipt this Period

100.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

Turski, Deborah, , ,

Mailing Address 6210 S Highlands Ave

City

Madison

State

WI

Zip Code

53705-1115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Associated Pathologists SC

Occupation
Physician

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

215.00

Transaction ID : 953133

Date of Receipt

MM / DD / YYYY
10 / 27 / 2019

Amount of Each Receipt this Period

10.00

☐ Memo Item

* Earmarked Contribution: See Below

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

110.00

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