

SCHEDULE A-P **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 20018 / 37538

<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)

Goldberg, Jay, , ,

Mailing Address 22 W Levering Mill Rd

City

Bala Cynwyd

State

PA

Zip Code

19004-2605

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Attorney

Receipt For: 2020

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Transaction ID : 882565

Date of Receipt

MM / DD / YYYY
10 / 13 / 2019

Amount of Each Receipt this Period

25.00

☐ 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 : 882565E

Date of Receipt

MM / DD / YYYY
10 / 15 / 2019

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

Englund, Alfrieda, , ,

Mailing Address 71 Cameron Cv

City

Munsonville

State

NH

Zip Code

03457-4109

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 ▼

875.00

Transaction ID : 882965

Date of Receipt

MM / DD / YYYY
10 / 11 / 2019

Amount of Each Receipt this Period

50.00

☐ Memo Item

* Earmarked Contribution: See Below

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

75.00

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