

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)

Pete for America, Inc.

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

Babb, Cheryl, , ,

Mailing Address 194 Farnstead Dr

City

Northwood

State

OH

Zip Code

43619-1100

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michigan Medicine

Occupation
Rn

Receipt For: 2020

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Transaction ID : 1392166

Date of Receipt

M M / D D / Y Y Y Y
08 / 21 / 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 ▼

14461590.68

Transaction ID : 1392166E

Date of Receipt

M M / D D / Y Y Y Y
08 / 21 / 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)

Babb, Cheryl, , ,

Mailing Address 194 Farnstead Dr

City

Northwood

State

OH

Zip Code

43619-1100

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michigan Medicine

Occupation
Rn

Receipt For: 2020

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

287.50

Transaction ID : 1564122

Date of Receipt

M M / D D / Y Y Y Y
09 / 13 / 2019

Amount of Each Receipt this Period

37.50

☐ Memo Item

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

137.50

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