

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)

Parker, Daniel, J., ,

Mailing Address 7458 Roose Way

City
Indianapolis

State
IN

Zip Code
46217-5484

FEC ID number of contributing
federal political committee.

C

Name of Employer
City Of Indianapolis

Occupation
Director

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

253.00

Transaction ID : 1670371

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2019

Amount of Each Receipt this Period

250.00

☐ 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 : 1670371E

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2019

Amount of Each Receipt this Period

250.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

Parker, Don, , ,

Mailing Address 1 S Eola Dr

City
Orlando

State
FL

Zip Code
32801-2151

FEC ID number of contributing
federal political committee.

C

Name of Employer
State Farm Ins Cos

Occupation
Ins Agent

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

Transaction ID : 1384268

Date of Receipt

M M / D D / Y Y Y Y
08 / 21 / 2019

Amount of Each Receipt this Period

25.00

☐ Memo Item

* Earmarked Contribution: See Below

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

275.00

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