

# **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)**

Robinette, Justin, , ,

Mailing Address 500 N 18Th St  
Apt 1404

City  
Philadelphia

State  
PA

Zip Code  
19130-4182

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Law Offices Of Eric A Shore PC

Occupation  
Attorney

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2536.56

**Transaction ID : 1645972**

Date of Receipt

M M / D D / Y Y Y Y  
09 / 29 / 2019

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

Robins, Debra, , ,

Mailing Address PO Box 1000

City  
Montara

State  
CA

Zip Code  
94037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Plumbago Productions

Occupation  
Executive Producer

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : 1168228**

Date of Receipt

M M / D D / Y Y Y Y  
07 / 23 / 2019

Amount of Each Receipt this Period

2200.00

☐ Memo Item

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

Robinson, Andrew, , ,

Mailing Address 2066 23Rd Ave

City  
San Francisco

State  
CA

Zip Code  
94116-1215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lowe's

Occupation  
Market Director

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

245.68

**Transaction ID : 1635417**

Date of Receipt

M M / D D / Y Y Y Y  
09 / 28 / 2019

Amount of Each Receipt this Period

100.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

3300.00

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