

# **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)

Deval for All

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

Abbott, David, , ,

Mailing Address 10418 Edgewater Drive

City

Cleveland

State

OH

Zip Code

44102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The George Gund Foundation

Occupation

Executive Director

Receipt For: 2020

☐ Primary  
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

5600.00

**Transaction ID : 17a-000009637**

Date of Receipt

M M / D D / Y Y Y Y  
02 / 27 / 2020

Amount of Each Receipt this Period

2800.00



Memo Item

Redesignation from Primary

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

Levy, Joshua, , ,

Mailing Address 60 Montvale Road

City

Newton

State

MA

Zip Code

02459

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Puddlestompers

Occupation

Owner

Receipt For: 2020

☒ Primary  
☐ Other (specify) ▼

☐ General

Election Cycle-to-Date ▼

2800.00

**Transaction ID : 17a-000009628**

Date of Receipt

M M / D D / Y Y Y Y  
02 / 27 / 2020

Amount of Each Receipt this Period

- 2800.00



Memo Item

Refund

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

McCown, Ashley, , ,

Mailing Address 86 Ripley Street

City

Newton

State

MA

Zip Code

02459

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Solomon MC

Occupation

Public Relations

Receipt For: 2020

☐ Primary  
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

2800.00

**Transaction ID : 17a-000009627**

Date of Receipt

M M / D D / Y Y Y Y  
02 / 27 / 2020

Amount of Each Receipt this Period

- 2800.00



Memo Item

Refund

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

0.00

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