

# **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)

Marianne Williamson for President

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

Edwards, Mary Jo, , ,

Mailing Address 5055 NE Elliot Circle, Unit 166

City  
Corvallis

State  
OR

Zip Code  
97330

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oregon Department of Human Services

Occupation  
Caregiver

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.53

Transaction ID : IDTA274048

Date of Receipt

M M / D D / Y Y Y Y  
10 / 29 / 2019

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

ActBlue

Mailing Address 366 Summer Street

City  
Somerville

State  
MA

Zip Code  
02144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7373871.73

Transaction ID : INCA18119IDTA274048

Date of Receipt

M M / D D / Y Y Y Y  
10 / 29 / 2019

Amount of Each Receipt this Period

20.00

☒ Memo Item

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

Edwards, Mary Jo, , ,

Mailing Address 5055 NE Elliot Circle, Unit 166

City  
Corvallis

State  
OR

Zip Code  
97330

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oregon Department of Human Services

Occupation  
Caregiver

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.53

Transaction ID : IDTA279128

Date of Receipt

M M / D D / Y Y Y Y  
11 / 05 / 2019

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

30.00

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