

SCHEDULE A-P **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9850 / 41536

<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 : IDTA316147

Date of Receipt

M M / D D / Y Y Y Y
12 / 22 / 2019

Amount of Each Receipt this Period

10.00

☐ 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 : INCA20584IDTA316147

Date of Receipt

M M / D D / Y Y Y Y
12 / 22 / 2019

Amount of Each Receipt this Period

10.00

☒ 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 : IDTA318754

Date of Receipt

M M / D D / Y Y Y Y
12 / 29 / 2019

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

20.00

Total This Period (last page this line number only)