

# **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)**

Webb, Patti, , ,

Mailing Address 535 Rosemont Avenue

City

Cincinnati

State

OH

Zip Code

45205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Center for Addiction Treatment

Occupation

Healthcare Manager

Receipt For: 2020

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

753.02

**Transaction ID : IDTA257819**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 05 / 2019

Amount of Each Receipt this Period

50.00

☐

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 : INCA16965IDTA257819**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 06 / 2019

Amount of Each Receipt this Period

50.00

☒

Memo Item

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

Webb, Patti, , ,

Mailing Address 535 Rosemont Avenue

City

Cincinnati

State

OH

Zip Code

45205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Center for Addiction Treatment

Occupation

Healthcare Manager

Receipt For: 2020

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

753.02

**Transaction ID : IDTA259337**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 08 / 2019

Amount of Each Receipt this Period

50.00

☐

Memo Item

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

100.00

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