

# **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 : IDTA260511**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 11 / 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 : INCA17175IDTA260511**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 13 / 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 : IDTA271524**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 27 / 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)**.....