

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)

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 : INCA17962IDTA271524

Date of Receipt

MM / DD / YYYY
10 / 27 / 2019

Amount of Each Receipt this Period

50.00

☒ Memo Item

B. 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 : INCA18763

Date of Receipt

MM / DD / YYYY
11 / 05 / 2019

Amount of Each Receipt this Period

27.35

☐ 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 : IDTA282238

Date of Receipt

MM / DD / YYYY
11 / 07 / 2019

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

52.35

Total This Period (last page this line number only)