

# **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 : INCA18578IDTA282238

Date of Receipt

MM / DD / YYYY  
11 / 07 / 2019

Amount of Each Receipt this Period

25.00

☒ 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

Occupation

Center for Addiction Treatment

Healthcare Manager

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

753.02

Transaction ID : IDTA298531

Date of Receipt

MM / DD / YYYY  
11 / 19 / 2019

Amount of Each Receipt this Period

10.00

☐ Memo Item

**C. 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 : INCA19306IDTA298531

Date of Receipt

MM / DD / YYYY  
11 / 19 / 2019

Amount of Each Receipt this Period

10.00

☒ Memo Item

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

10.00

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