

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 : IDTA304727

Date of Receipt

MM / DD / YYYY
11 / 30 / 2019

Amount of Each Receipt this Period

30.00

☐ 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 : INCA19612IDTA304727

Date of Receipt

MM / DD / YYYY
11 / 30 / 2019

Amount of Each Receipt this Period

30.00

☒ 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 : IDTA310139

Date of Receipt

MM / DD / YYYY
12 / 11 / 2019

Amount of Each Receipt this Period

12.12

☐ Memo Item

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

42.12

Total This Period (last page this line number only)