

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 : INCA20279IDTA310139

Date of Receipt

M M / D D / Y Y Y Y
12 / 11 / 2019

Amount of Each Receipt this Period

12.12

☒ 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 : IDTA310140

Date of Receipt

M M / D D / Y Y Y Y
12 / 11 / 2019

Amount of Each Receipt this Period

12.00

☐ 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 : INCA20279IDTA310140

Date of Receipt

M M / D D / Y Y Y Y
12 / 11 / 2019

Amount of Each Receipt this Period

12.00

☒ Memo Item

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

12.00

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