

# **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)

**Kamala Harris for the People**

**A. Full Name (Last, First, Middle Initial)**

**Reed, Thomasina, , ,**

Mailing Address 5926 Damask Ave

City

Los Angeles

State

CA

Zip Code

90056-1727

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Attorney

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

287.83

**Transaction ID : 2069507**

Date of Receipt

**06** / **29** / **2019**

Amount of Each Receipt this Period

84.41

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**Reeder, James, , ,**

Mailing Address 23236 Jay St

City

Franklin

State

VA

Zip Code

23851-2863

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Travel Incorporated

Occupation  
Travel Agent

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3021.69

**Transaction ID : 1713421**

Date of Receipt

**04** / **01** / **2019**

Amount of Each Receipt this Period

172.18

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**Reeder, James, , ,**

Mailing Address 23236 Jay St

City

Franklin

State

VA

Zip Code

23851-2863

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Travel Incorporated

Occupation  
Travel Agent

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3021.69

**Transaction ID : 1716487**

Date of Receipt

**04** / **10** / **2019**

Amount of Each Receipt this Period

250.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

506.59

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