

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)

Bernie 2016

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

ACTBLUE

Mailing Address 366 Summer St

City	State	Zip Code
Somerville	MA	02144-3132

FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer

Occupation
Conduit total listed in Agg. field

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

38687719.00

Transaction ID : VPF7BKJS155E

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	1	6

Amount of Each Receipt this Period

50.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

Eileen Olson

Mailing Address 448 W 19th St
113

City	State	Zip Code
Houston	TX	77008-3914

FEC ID number of contributing
federal political committee.

C

Name of Employer
Epic healthcare

Occupation
Therapist

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Transaction ID : VPF7BKPCZA4

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	7		2	0	1	6

Amount of Each Receipt this Period

500.00

☐ Memo Item

* Earmarked Contribution: See Below

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

ACTBLUE

Mailing Address 366 Summer St

City	State	Zip Code
Somerville	MA	02144-3132

FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer

Occupation
Conduit total listed in Agg. field

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

38687719.00

Transaction ID : VPF7BKPCZA4E

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	1	6

Amount of Each Receipt this Period

500.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

500.00

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