

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 2020

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

Griffin, Michael, , ,

Mailing Address 16 Tower Dr

City
Mill Valley

State
CA

Zip Code
94941-1512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Tile Contractor

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Transaction ID : 10987570

Date of Receipt

M M / D D / Y Y Y Y
04 / 16 / 2019

Amount of Each Receipt this Period

250.00

☐ Memo Item

* Earmarked Contribution: See Below

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

ActBlue

Mailing Address 366 Summer St

City
Somerville

State
MA

Zip Code
02144-3132

FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer

Occupation
Conduit total listed in Agg. field

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

16798442.69

Transaction ID : 10987570E

Date of Receipt

M M / D D / Y Y Y Y
04 / 16 / 2019

Amount of Each Receipt this Period

250.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

Griffin, Phillip, , ,

Mailing Address 1625 Glenwood Ave

City
Raleigh

State
NC

Zip Code
27608-2319

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wells Fargo

Occupation
Cryptography Architect

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

251.00

Transaction ID : 10959451

Date of Receipt

M M / D D / Y Y Y Y
04 / 13 / 2019

Amount of Each Receipt this Period

50.00

☐ Memo Item

* Earmarked Contribution: See Below

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

300.00

Total This Period (last page this line number only)