

# **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)

Tim Ryan for America

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

ACTBLUE

Mailing Address PO Box 382110

City  
Cambridge

State  
MA

Zip Code  
02238-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Conduit total listed in Agg. field

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

660556.27

**Transaction ID : 438937E**

Date of Receipt

M M / D D / Y Y Y Y  
06 / 02 / 2019

Amount of Each Receipt this Period

2800.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

Rossi, Carol, A., ,

Mailing Address 701 Fairway Dr NE

City  
Warren

State  
OH

Zip Code  
44483-5635

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Homemaker

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2800.00

**Transaction ID : 436737**

Date of Receipt

M M / D D / Y Y Y Y  
05 / 13 / 2019

Amount of Each Receipt this Period

2800.00

☐ Memo Item

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

Hwa, Stephen, , ,

Mailing Address 3502 Bimini Ln  
Apt D1

City  
Coconut Creek

State  
FL

Zip Code  
33066-2654

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Tai Chi Master

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : 436837**

Date of Receipt

M M / D D / Y Y Y Y  
05 / 13 / 2019

Amount of Each Receipt this Period

100.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

2900.00

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