

# **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)

Biden for President

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

Levine, Lester, , ,

Mailing Address 114 Old Country Rd  
Ste 116A

City  
Mineola

State  
NY

Zip Code  
11501-4438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : 2024640**

Date of Receipt

M M / D D / Y Y Y Y  
01 / 03 / 2020

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

Levine, Linda, W, ,

Mailing Address 5 Knox Rd

City  
Eastchester

State  
NY

Zip Code  
10709-1420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : 2101487**

Date of Receipt

M M / D D / Y Y Y Y  
01 / 16 / 2020

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

Levine, Linda, R., ,

Mailing Address 318 N Sunnyside Ave

City  
South Bend

State  
IN

Zip Code  
46617-2435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : 2248677**

Date of Receipt

M M / D D / Y Y Y Y  
01 / 31 / 2020

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

300.00

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