

SCHEDULE A-P **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<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)

Camodeca, Abby, , ,

Mailing Address 7008 90Th Avenue Ct SW

City
Lakewood

State
WA

Zip Code
98498-4096

FEC ID number of contributing
federal political committee.

C

Name of Employer
Not Employed

Occupation
Not Employed

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

243.00

Transaction ID : 2551292

Date of Receipt

M M / D D / Y Y Y Y
02 / 26 / 2020

Amount of Each Receipt this Period

15.00

☐ Memo Item

* Earmarked Contribution: See Below

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

ActBlue

Mailing Address PO Box 441146

City
West Somerville

State
MA

Zip Code
02144-0031

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 ▼

15791455.34

Transaction ID : 2551292E

Date of Receipt

M M / D D / Y Y Y Y
02 / 26 / 2020

Amount of Each Receipt this Period

15.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

Camoisano, Linda, , ,

Mailing Address 35 W Cottage St

City
Chagrin Falls

State
OH

Zip Code
44022-2707

FEC ID number of contributing
federal political committee.

C

Name of Employer
LLC Insurance Agency

Occupation
Owner

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

319.00

Transaction ID : 2612564

Date of Receipt

M M / D D / Y Y Y Y
02 / 29 / 2020

Amount of Each Receipt this Period

15.00

☐ Memo Item

* Earmarked Contribution: See Below

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

30.00

Total This Period (last page this line number only)