

# **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)

Humphrey, Rebecca, , ,

Mailing Address 24 Oxford Dr

City  
Suffern

State  
NY

Zip Code  
10901-3957

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 ▼

2800.00

Transaction ID : 677159

Date of Receipt

M M / D D / Y Y Y Y  
04 / 25 / 2019

Amount of Each Receipt this Period

2800.00

☐ Memo Item

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

Humphreys, Joanna, Kingsley, ,

Mailing Address 335 N Shore Cir  
Unit 1025

City  
St Augustine

State  
FL

Zip Code  
32092-2822

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 ▼

2800.00

Transaction ID : 677325

Date of Receipt

M M / D D / Y Y Y Y  
04 / 24 / 2019

Amount of Each Receipt this Period

2800.00

☐ Memo Item

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

Humphreys, Thomas, Alan, ,

Mailing Address 335 N Shore Cir  
Unit 1025

City  
Saint Augustine

State  
FL

Zip Code  
32092-2822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mayer Brown LLP

Occupation  
Attorney

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2800.00

Transaction ID : 677326

Date of Receipt

M M / D D / Y Y Y Y  
04 / 24 / 2019

Amount of Each Receipt this Period

2800.00

☐ Memo Item

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

8400.00

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