

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)

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 ▼

13400653.80

Transaction ID : 871434E

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2019

Amount of Each Receipt this Period

50.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

Owens, Allyson, , ,

Mailing Address 2692 Forest Cir

City
Jacksonville

State
FL

Zip Code
32257-5612

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2800.00

Transaction ID : 677672

Date of Receipt

M M / D D / Y Y Y Y
05 / 09 / 2019

Amount of Each Receipt this Period

2800.00

☐ Memo Item

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

Owens, Christopher, , ,

Mailing Address 315 Flatbush Ave
521

City
Brooklyn

State
NY

Zip Code
11217-2813

FEC ID number of contributing
federal political committee.

C

Name of Employer
Office Of The District Attorney NY Kin

Occupation
Director Of The Re-Entry Bureau

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Transaction ID : 840306

Date of Receipt

M M / D D / Y Y Y Y
06 / 25 / 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).....