

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)

Wallace, Diane, M., ,

Mailing Address 14 Santa Cruz Ct

City

Manhattan Beach

State

CA

Zip Code

90266-7214

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 ▼

205.00

Transaction ID : 850393

Date of Receipt

M M / D D / Y Y Y Y
06 / 27 / 2019

Amount of Each Receipt this Period

5.00

☐ 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 ▼

13400653.80

Transaction ID : 850393E

Date of Receipt

M M / D D / Y Y Y Y
06 / 27 / 2019

Amount of Each Receipt this Period

5.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

Wallace, Kenneth, , ,

Mailing Address 704 S Lake Victoria Cir

City

Deland

State

FL

Zip Code

32724-7719

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wallace Family Chiropractic

Occupation
Chiropractor

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Transaction ID : 678091

Date of Receipt

M M / D D / Y Y Y Y
05 / 15 / 2019

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

505.00

Total This Period (last page this line number only)