

SCHEDULE A-P **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

☐ 16 ☒ 17a ☐ 17b ☐ 17c ☐ 17d ☐ 18
☐ 19a ☐ 19b ☐ 20a ☐ 20b ☐ 20c ☐ 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Biden for President

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

Linn, Mary, , ,

Mailing Address 212 Calle Marina

City

San Clemente

State

CA

Zip Code

92672-4315

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 ▼

350.00

Transaction ID : 4413100

Date of Receipt

M M / D D / Y Y Y Y
04 / 29 / 2020

Amount of Each Receipt this Period

25.00

☐ 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 C00401224

Name of Employer

Occupation
Conduit total listed in Agg. field

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

28864146.40

Transaction ID : 4413100E

Date of Receipt

M M / D D / Y Y Y Y
04 / 29 / 2020

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

Linn, Michael, , ,

Mailing Address 266 Half Hollow Rd

City

Dix Hills

State

NY

Zip Code

11746-5865

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwell Health

Occupation

Physician

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

349.00

Transaction ID : 3916787

Date of Receipt

M M / D D / Y Y Y Y
04 / 13 / 2020

Amount of Each Receipt this Period

150.00

☐ Memo Item

* Earmarked Contribution: See Below

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

175.00

Total This Period (last page this line number only)