

# **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 ▼

13215722.55

**Transaction ID : 1955759E**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 31 / 2019

Amount of Each Receipt this Period

30.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

Leoni, Diane, , ,

Mailing Address 19 Harvest Ln

City

Hockessin

State

DE

Zip Code

19707-2088

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Receipt For: 2020

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2800.00

**Transaction ID : 1730421**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 08 / 2019

Amount of Each Receipt this Period

2800.00

☐ Memo Item

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

Leoni, Robert, J, ,

Mailing Address 19 Harvest Ln

City

Hockessin

State

DE

Zip Code

19707-2088

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Shelsby & Leoni, PA

Occupation

Attorney

Receipt For: 2020

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2800.00

**Transaction ID : 1730420**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 08 / 2019

Amount of Each Receipt this Period

2800.00

☐ Memo Item

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

5600.00

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