

# **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)

Weil, Josephine, , ,

Mailing Address 12430 Tesson Ferry Rd  
# 309

City  
Saint Louis

State  
MO

Zip Code  
63128-2702

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 ▼

2500.00

**Transaction ID : 1356593**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 16 / 2019

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

Weil, Karen, , ,

Mailing Address 12278 Canna Rd

City  
Los Angeles

State  
CA

Zip Code  
90049-1437

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Knobbe Martens

Occupation  
Attorney

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : 1881549**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 24 / 2019

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

Weil, Patricia, , ,

Mailing Address 3816 Nicholson St

City  
Hyattsville

State  
MD

Zip Code  
20782-3060

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 ▼

250.00

**Transaction ID : 1259322**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 06 / 2019

Amount of Each Receipt this Period

50.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

3050.00

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