

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)

Hardin, Eugene, , ,

Mailing Address PO Box 901

City
Harbor City

State
CA

Zip Code
90710-0901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carson Medical Group

Occupation
Medical Doctor

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1300.00

Transaction ID : 2733355

Date of Receipt

M M / D D / Y Y Y Y
 03 / 01 / 2020

Amount of Each Receipt this Period

50.00

☐ 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 ▼

35830810.88

Transaction ID : 2733355E

Date of Receipt

M M / D D / Y Y Y Y
 03 / 01 / 2020

Amount of Each Receipt this Period

50.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

Hardin, Eugene, , ,

Mailing Address PO Box 901

City
Harbor City

State
CA

Zip Code
90710-0901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carson Medical Group

Occupation
Medical Doctor

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1350.00

Transaction ID : 3601771

Date of Receipt

M M / D D / Y Y Y Y
 03 / 30 / 2020

Amount of Each Receipt this Period

50.00

☐ Memo Item

* Earmarked Contribution: See Below

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

100.00

Total This Period (last page this line number only)