

# **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)

Bernie 2020

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

Dunbar, Lisa, , ,

Mailing Address 237 Calder Ridge Rd

City  
Belpre

State  
OH

Zip Code  
45714-9630

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 ▼

255.20

**Transaction ID : 20809864**

Date of Receipt

M M / D D / Y Y Y Y  
04 / 10 / 2020

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

Dunbar, Lisa, , ,

Mailing Address 237 Calder Ridge Rd

City  
Belpre

State  
OH

Zip Code  
45714-9630

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 ▼

255.20

**Transaction ID : 20817377**

Date of Receipt

M M / D D / Y Y Y Y  
04 / 10 / 2020

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

Duncan, Brad, , ,

Mailing Address 1036 N Wood St  
Apt 3

City  
Chicago

State  
IL

Zip Code  
60622-3286

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
S&M Electric

Occupation  
Electrician

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

209.70

**Transaction ID : 20708245**

Date of Receipt

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

Amount of Each Receipt this Period

20.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

40.00

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