

# **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)

**Bullock for President**

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

**Sexton, Leonard, , ,**

Mailing Address 20246 Highway 22

City  
Sheridan

State  
OR

Zip Code  
97378-9538

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Laid Off

Occupation  
Laid Off

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

378.45

**Transaction ID : 2026712**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 14 / 2019

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

**Hansen, David, , ,**

Mailing Address PO Box 113

City  
Sheridan

State  
MT

Zip Code  
59749-0113

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 ▼

550.00

**Transaction ID : 2032812**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 04 / 2019

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**Haddy, Karen, Sibert, ,**

Mailing Address 4146 Sunnyslope Ave

City  
Sherman Oaks

State  
CA

Zip Code  
91423-4308

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UCLA Health

Occupation  
Physician

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

915.00

**Transaction ID : 2024012**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 05 / 2019

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

215.00

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