

# **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)**

**Doehler, Austin, , ,**

Mailing Address 305 Manchester Ave

City

North Haledon

State

NJ

Zip Code

07508-2743

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Center for European Policy Analysis

Occupation

Title VIII CEE Area Studies Fellow

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

561.15

**Transaction ID : 1983630**

Date of Receipt

**08** / **26** / **2019**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**Tacke, Bill, J., , M.D.**

Mailing Address 1024 3rd Ave N

City

Great Falls

State

MT

Zip Code

59401-1508

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Montana Plains Rehab

Occupation

Physician

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : 1989030**

Date of Receipt

**08** / **26** / **2019**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**Desimone, Joseph, , ,**

Mailing Address 45 Park Dr S

City

Rye

State

NY

Zip Code

10580-1826

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Mayer Brown, LLP

Occupation

Attorney

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : 1992530**

Date of Receipt

**09** / **06** / **2019**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

1000.00

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