

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<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)
Cruz for President

A. Full Name (Last, First, Middle Initial)
DAVID WEBER

Mailing Address **37307 DIAMOND OAKS DR.**

City State Zip Code
MAGNOLIA TX 77355-7527

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.227892

Date of Receipt
M M / D D / Y Y Y Y
03 31 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
GARY WEBER

Mailing Address **4802 E. RAY ROAD**

City State Zip Code
PHOENIX AZ 85044-6405

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ORBITAL ATK PHYSICIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17.213107

Date of Receipt
M M / D D / Y Y Y Y
03 26 2015

CONTRIBUTION

Amount of Each Receipt this Period
5400.00

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

C. Full Name (Last, First, Middle Initial)
MR. SAM WEBER

Mailing Address **306 CHAPARRAL DRIVE**

City State Zip Code
HIGHLAND HAVEN TX 78654-9777

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF EMPLOYED NURSE ANESTHETISTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.196107

Date of Receipt
M M / D D / Y Y Y Y
03 26 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional)..... **6400.00**

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