

**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)  
**LAWRENCE E. GRABOWSKI**

Mailing Address 302 W ADAMS AVE

City State Zip Code  
ALHAMBRA CA 91801-4733

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

Name of Employer Occupation  
CA INSURANCE CLERK

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : SA17.560886**

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 01 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
250.00

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

Mailing Address P.O. BOX 874

City State Zip Code  
HOLDENVILLE OK 74848-0874

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

Name of Employer Occupation  
SWIFT TRUCK DRIVER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
505.00

**Transaction ID : SA17.539199**

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 01 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
10.00

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

Mailing Address P.O. BOX 874

City State Zip Code  
HOLDENVILLE OK 74848-0874

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

Name of Employer Occupation  
SWIFT TRUCK DRIVER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
505.00

**Transaction ID : SA17.561064**

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 01 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
50.00

**Subtotal Of Receipts This Page** (optional).....▶ 310.00

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