

**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)  
**PAUL SOUTHWORTH**

Mailing Address 4737 MAYTOWN RD SW

City	State	Zip Code
OLYMPIA	WA	98512-9240

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 ▼  
 \_\_\_\_\_ 435.00

**Transaction ID : SA17.672618**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 35.00

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

Mailing Address 1732 MOORE RD

City	State	Zip Code
BEAUMONT	TX	77713-3927

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 : SA17.681060**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

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

Mailing Address 9706 N KENWOOD CT

City	State	Zip Code
KANSAS CITY	MO	64155-2094

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

Name of Employer	Occupation
SELF EMPLOYED	TRANSPORTATION

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 473.00

**Transaction ID : SA17.670592**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 5.00

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ 290.00

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