

**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)

RickPerry.org, Inc

A. Full Name (Last, First, Middle Initial)
MRS. LAURA E. CISNEROS

Mailing Address 188 HONEY BEE LANE

City State Zip Code
BROWNSVILLE TX 78520-9111

FEC ID number of contributing federal political committee.

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.104394

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2011

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
MS. DOROTHEA CIST

Mailing Address 28 MONARCH BAY PLAZA
SUITE Q

City State Zip Code
DANA POINT CA 92629-3460

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF EMPLOYED NATUROPATHIC PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.83299

Date of Receipt
M M / D D / Y Y Y Y
08 / 14 / 2011

CONTRIBUTION

Amount of Each Receipt this Period

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

C. Full Name (Last, First, Middle Initial)
ALI K. CIVELEK

Mailing Address 7106 BRYTON PARK DRIVE

City State Zip Code
HOUSTON TX 77083-6938

FEC ID number of contributing federal political committee.

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.99833

Date of Receipt
M M / D D / Y Y Y Y
09 / 22 / 2011

CONTRIBUTION

Amount of Each Receipt this Period

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

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