

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 949 OF 3588

(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)
MR. CHRIS FLOWERS

Mailing Address **9410 COUNTY ROAD 3570**

City **ADA** State **OK** Zip Code **74820-0685**

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

Name of Employer **FLOWERS OIL COMPANY** Occupation **BUSINESS OWNER**

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2500.00

Transaction ID : SA17.92030

Date of Receipt
 M M / D D / Y Y Y Y
08 / 31 / 2011

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 2500.00

B. Full Name (Last, First, Middle Initial)
MR. J. CHRISTOPHER FLOWERS

Mailing Address **717 FIFTH AVENUE
26TH FLOOR**

City **NEW YORK** State **NY** Zip Code **10022-8100**

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

Name of Employer **JC FLOWERS & COMPANY** Occupation **INVESTOR**

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2500.00

Transaction ID : SA17.98897

Date of Receipt
 M M / D D / Y Y Y Y
09 / 19 / 2011

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 2500.00

C. Full Name (Last, First, Middle Initial)
HON. MERLE FLOWERS

Mailing Address **P.O. BOX 750**

City **SOUTHAVEN** State **MS** Zip Code **38671-0008**

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

Name of Employer **STATE OF MISSISSIPPI** Occupation **SENATOR**

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17.102468

Date of Receipt
 M M / D D / Y Y Y Y
09 / 29 / 2011

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 1000.00

Subtotal Of Receipts This Page (optional).....▶ _____ **6000.00**

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