

**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)  
**MR. LEE BUTRICO**

Mailing Address 105 AGARITA COURT

City State Zip Code  
BOERNE TX 78006-7976

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

Name of Employer Occupation  
ST LUKE'S BAPTIST HOSPITAL REGISTERED NURSE

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
700.00

**Transaction ID : SA17.880374**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 01 / 2016

**CONTRIBUTION**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**GEOFFREY BYERS**

Mailing Address 1757 JOPLIN LN

City State Zip Code  
VIRGINIA BEACH VA 23464-6564

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

Name of Employer Occupation  
SELF EMPLOYED REMODELING CONTRACTOR

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
225.00

**Transaction ID : SA17.1044206**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 01 / 2016

**CONTRIBUTION**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**MRS. ARLENE CANDIA**

Mailing Address 716 PARK PLACE

City State Zip Code  
COLLEGE STATION TX 77840-2961

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
345.00

**Transaction ID : SA17.1044385**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 01 / 2016

**CONTRIBUTION**

Amount of Each Receipt this Period  
25.00

**Subtotal Of Receipts This Page** (optional).....▶ 325.00

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