

**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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Cruz for President

A. Full Name (Last, First, Middle Initial)
DAVI BURKE

Mailing Address **2592 AVIV COURT**

City **LAS VEGAS** State **NV** Zip Code **89121-3947**

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

Name of Employer **BURLINGTON** Occupation **MANAGER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
235.00

Transaction ID : SA17.371408

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
35.00

B. Full Name (Last, First, Middle Initial)
DAVI BURKE

Mailing Address **2592 AVIV COURT**

City **LAS VEGAS** State **NV** Zip Code **89121-3947**

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

Name of Employer **BURLINGTON** Occupation **MANAGER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
235.00

Transaction ID : SA17.374675

Date of Receipt
M M / D D / Y Y Y Y
06 / 20 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
A B BURKHART

Mailing Address **724 STONEBRIAR WAY**

City **RICHMOND** State **KY** Zip Code **40475-8877**

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

Name of Employer **SELF EMPLOYED** Occupation **OCCUPATIONAL THERAPIST**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17.335334

Date of Receipt
M M / D D / Y Y Y Y
06 / 23 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **335.00**

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