

**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)  
**FRANK CARSON**

Mailing Address P.O. BOX 1938

City State Zip Code  
NEW SMYRNA BEACH FL 32170-1938

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

Name of Employer Occupation  
US ARMY RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
400.00

**Transaction ID : SA17.298946**

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 25 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**FRANK CARSON**

Mailing Address P.O. BOX 1938

City State Zip Code  
NEW SMYRNA BEACH FL 32170-1938

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

Name of Employer Occupation  
US ARMY RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
400.00

**Transaction ID : SA17.337501**

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 25 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOEL M. CARSON III**

Mailing Address 301 N. WASHINGTON AVENUE

City State Zip Code  
ROSWELL NM 88201-3065

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

Name of Employer Occupation  
SELF-EMPLOYED ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17.265681**

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**Subtotal Of Receipts This Page** (optional).....▶ 2900.00

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