

**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)
TOM STEEN

Mailing Address **6418 ORCHARD AVE N**

City **BROOKLYN CENTER** State **MN** Zip Code **55429-2060**

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
225.00

Transaction ID : SA17.360945

Date of Receipt
M M / D D / Y Y Y Y
06 / 02 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
75.00

B. Full Name (Last, First, Middle Initial)
MRS. SHIRLEY J. STEFFENS

Mailing Address **1019 DOGWOOD LN.**

City **KATY** State **TX** Zip Code **77493-2236**

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

Name of Employer **KATY INDEPENDENT SCHOOL DISTRICT** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17.285253

Date of Receipt
M M / D D / Y Y Y Y
05 / 11 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MRS. SHIRLEY J. STEFFENS

Mailing Address **1019 DOGWOOD LN.**

City **KATY** State **TX** Zip Code **77493-2236**

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

Name of Employer **KATY INDEPENDENT SCHOOL DISTRICT** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17.378157

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

CONTRIBUTION

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **425.00**

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