

**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)
MRS. CATHERINE O'KEEFE WEBB

Mailing Address 5652 MONTEREY DRIVE

City	State	Zip Code
FRISCO	TX	75034-4091

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

Name of Employer HOMEMAKER	Occupation HOMEMAKER
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Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17.267435

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 2700.00

[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

B. Full Name (Last, First, Middle Initial)
MR. JAMES WEBB

Mailing Address 5652 MONTEREY DRIVE

City	State	Zip Code
FRISCO	TX	75034-4091

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

Name of Employer PREFERRED MEDICAL HOLDINGS	Occupation PRESIDENT & C.E.O.
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Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17.267436

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period
 _____ -2700.00

[MEMO ITEM]
REATTRIBUTION TO SPOUSE

C. Full Name (Last, First, Middle Initial)
MICHAEL R. WEBB

Mailing Address 131 N. CLINTON AVE.

City	State	Zip Code
DALLAS	TX	75208-5110

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

Name of Employer COVEY PARK ENERGY	Occupation LANDMAN
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Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 350.00

Transaction ID : SA17.283639

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 100.00

Subtotal Of Receipts This Page (optional).....▶ _____ 100.00

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