

**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)  
**RONALD D. SUTTON**

Mailing Address 13985 MYRTLEWOOD DRIVE

City	State	Zip Code
ORLANDO	FL	32832-5714

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

Name of Employer	Occupation
DELOITTE	ENGINEER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 350.00

**Transaction ID : SA17.407505**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
07	/	27	/	2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 50.00

**B.** Full Name (Last, First, Middle Initial)  
**RONALD D. SUTTON**

Mailing Address 13985 MYRTLEWOOD DRIVE

City	State	Zip Code
ORLANDO	FL	32832-5714

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

Name of Employer	Occupation
DELOITTE	ENGINEER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 350.00

**Transaction ID : SA17.482538**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09	/	12	/	2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 25.00

**C.** Full Name (Last, First, Middle Initial)  
**MRS. SUSAN JANE SUTTON**

Mailing Address 3465 N. PINES WAY

City	State	Zip Code
WILSON	WY	83014-9127

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 5400.00

**Transaction ID : SA17.470213**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	28	/	2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 5400.00

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ 5475.00

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