

**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. SUSAN JANE SUTTON

Mailing Address **3465 N. PINES WAY**

City **WILSON** State **WY** Zip Code **83014-9127**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) Election Cycle-to-Date **5400.00**

Transaction ID : SA17.671185

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2015			

CONTRIBUTION

Amount of Each Receipt this Period

2700.00

Memo Item
REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
VICKIE SUTTON

Mailing Address **1945 BUFORD DR.**

City **LAWRENCEVILLE** State **GA** Zip Code **30043-3219**

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

Name of Employer **SELF EMPLOYED** Occupation **HAIR STYLIST**

Receipt For: 2016
 Primary General
 Other (specify) Election Cycle-to-Date **475.00**

Transaction ID : SA17.683653

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2015			

CONTRIBUTION

Amount of Each Receipt this Period

50.00

Memo Item

C. Full Name (Last, First, Middle Initial)
VICKIE SUTTON

Mailing Address **1945 BUFORD DR.**

City **LAWRENCEVILLE** State **GA** Zip Code **30043-3219**

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

Name of Employer **SELF EMPLOYED** Occupation **HAIR STYLIST**

Receipt For: 2016
 Primary General
 Other (specify) Election Cycle-to-Date **475.00**

Transaction ID : SA17.728411

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

CONTRIBUTION

Amount of Each Receipt this Period

50.00

Memo Item

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

100.00

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

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