

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<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)**

**DAVID WELLS**

Mailing Address P.O. BOX 99

City	State	Zip Code
TAFT	CA	93268-8099

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF EMPLOYED**

Occupation  
**REFUSED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17A.1793315**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			02			2016			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**DAVID WELLS**

Mailing Address 9629 DORTMUND DR.

City	State	Zip Code
HUNTSVILLE	AL	35803-1113

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**TORCH TECHNOLOGIES**

Occupation  
**ENGINEER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17A.1820588**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			03			2016			

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**E WELLS**

Mailing Address 11209 CANDLELIGHT CT

City	State	Zip Code
BAKERSFIELD	CA	93312-4168

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**ESYS**

Occupation  
**CONST. LEAD**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17A.1791703**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			02			2016			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

250.00

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