

# **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)**

**LORI HERBERT**

Mailing Address 1019 POINT ISABEL LN

City	State	Zip Code
FRIENDSWOOD	TX	77546-7897

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BIG COUNTRY MEDICAL**

Occupation  
**CFO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.498985**

Date of Receipt

**09 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**MR. STEPHEN W. HERBERT**

Mailing Address 6300 WEST LOOP S #310

City	State	Zip Code
BELLAIRE	TX	77401-2905

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF EMPLOYED**

Occupation  
**SALES**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

650.00

**Transaction ID : SA17.414110**

Date of Receipt

**07 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**MR. STEPHEN W. HERBERT**

Mailing Address 6300 WEST LOOP S #310

City	State	Zip Code
BELLAIRE	TX	77401-2905

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF EMPLOYED**

Occupation  
**SALES**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

650.00

**Transaction ID : SA17.496674**

Date of Receipt

**09 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

550.00

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