

# **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)**

**MR. PATRICK G. GOLBERG**

Mailing Address 1809 SOUTH MAIN STREET

City	State	Zip Code
WATFORD CITY	ND	58854-6704

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**TRUCK DRIVER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.1173301**

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		19		2016

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**ALAN GOLBOV**

Mailing Address 5106 CALDERA DRIVE

City	State	Zip Code
SPARKS	NV	89436-0842

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 ▼

305.00

**Transaction ID : SA17.1110347**

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		09		2016

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**ALAN GOLBOV**

Mailing Address 5106 CALDERA DRIVE

City	State	Zip Code
SPARKS	NV	89436-0842

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 ▼

305.00

**Transaction ID : SA17.1170515**

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		20		2016

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

600.00

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