

# **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)**

**BRUCE HOTZE**

Mailing Address 5219 SHADY RIVER DRIVE

City	State	Zip Code
HOUSTON	TX	77056-1324

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
COMPRESSOR ENGINEERING CORP.

Occupation  
CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1610.00

**Transaction ID : SA17.1238158**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
02			27			2016			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**BRUCE HOTZE**

Mailing Address 5219 SHADY RIVER DRIVE

City	State	Zip Code
HOUSTON	TX	77056-1324

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
COMPRESSOR ENGINEERING CORP.

Occupation  
CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1610.00

**Transaction ID : SA17.1257823**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
02			27			2016			

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**MR. BOBBY KLIEN HOUCHIN**

Mailing Address 5 TREVINO AVENUE

City	State	Zip Code
AMARILLO	TX	79124-1724

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ACTUACIES & ASSOCIATES

Occupation  
CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

538.00

**Transaction ID : SA17.1158219**

Date of Receipt

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

**CONTRIBUTION**

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

1310.00

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