

# **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)**

**WILLIAM ROHLFSEN**

Mailing Address 3002 FAIR LANE

City	State	Zip Code
MASON CITY	IA	50401-7108

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
PRAIRIE PHARMS, LLC.

Occupation  
SELF EMPLOYED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1150.00

**Transaction ID : SA17.1104134**

Date of Receipt

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

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**WILLIAM ROHLFSEN**

Mailing Address 3002 FAIR LANE

City	State	Zip Code
MASON CITY	IA	50401-7108

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
PRAIRIE PHARMS, LLC.

Occupation  
SELF EMPLOYED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1150.00

**Transaction ID : SA17.1204275**

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		25		2016

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**GARY ROHLMEIER**

Mailing Address 13801 PIEDMONT ROAD

City	State	Zip Code
PIEDMONT	OK	73078-8801

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
K&R BUILDERS INC.

Occupation  
V.P

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.1038465**

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		01		2016

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

450.00

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