

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Ted Cruz for Senate**

**A.** Full Name (Last, First, Middle Initial)  
**RAY, MARY, E., MRS.,**

Mailing Address 4348 ELLWOOD ROAD

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>NEW CASTLE | State<br>PA | Zip Code<br>16101-6704 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|                             |                       |
|-----------------------------|-----------------------|
| Name of Employer<br>RETIRED | Occupation<br>RETIRED |
|-----------------------------|-----------------------|

Receipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 12 2020

Transaction ID : SA11A.2511553

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

Mailing Address 1025 NE 176TH AVE

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>PORTLAND | State<br>OR | Zip Code<br>97230-6517 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|                          |                          |
|--------------------------|--------------------------|
| Name of Employer<br>SELF | Occupation<br>CONSULTANT |
|--------------------------|--------------------------|

Receipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 12 2020

Transaction ID : SA11A.2511464

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

Mailing Address 5461 SYCUAN RD

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>EL CAJON | State<br>CA | Zip Code<br>92019-1821 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|  |  |
|--|--|
| Name of Employer<br>INFORMATION REQUESTED PER BEST EFF | Occupation<br>INFORMATION REQUESTED PER BEST EFF |
|--|--|

Receipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 12 2020

Transaction ID : SA11A.2511599

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶

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

250.00