

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 1097 OF 5640	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Ted Cruz for Senate

Full Name (Last, First, Middle Initial) DAVIS, VICTORIA, , ,			Date of Receipt MM / DD / YYYY 05 / 17 / 2018	
A. Mailing Address 4406 SARONG			Transaction ID : SA11A.2055673	
City HOUSTON	State TX	Zip Code 77096-4427	Amount of Each Receipt this Period _____ 100.00	
FEC ID number of contributing federal political committee. C		Memo Item <input type="checkbox"/> CONTRIBUTION		
Name of Employer TEXAS CHILDRENS HOSPITAL		Occupation R.N.		
Receipt For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date _____ 700.00		
Full Name (Last, First, Middle Initial) DAVIS, WAYNE, E., MR.,			Date of Receipt MM / DD / YYYY 05 / 29 / 2018	
B. Mailing Address 2181 FLATWOOD RD			Transaction ID : SA11A.2062571	
City WETUMPKA	State AL	Zip Code 36092-8434	Amount of Each Receipt this Period _____ 100.00	
FEC ID number of contributing federal political committee. C		Memo Item <input type="checkbox"/> CONTRIBUTION		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date _____ 560.00		
Full Name (Last, First, Middle Initial) DAVIS, WILLIAM, , ,			Date of Receipt MM / DD / YYYY 06 / 18 / 2018	
C. Mailing Address 101 SUNSET LN			Transaction ID : SA11A.2073010	
City EXCELSIOR SPRINGS	State MO	Zip Code 64024-1622	Amount of Each Receipt this Period _____ 50.00	
FEC ID number of contributing federal political committee. C		Memo Item <input type="checkbox"/> CONTRIBUTION		
Name of Employer INFORMATION REQUESTED PER BEST EFF		Occupation INFORMATION REQUESTED PER BEST EFF		
Receipt For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date _____ 500.00		
SUBTOTAL of Receipts This Page (optional).....			_____ 250.00	
TOTAL This Period (last page this line number only).....			_____	

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