

# **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)  
**SHELBY, JIM, , ,**

Mailing Address 8214 GLENCLIFFE LANE

City HOUSTON	State TX	Zip Code 77070-3615
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
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Receipt For: 2018  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 10 2018

Transaction ID : SA11A.2118927

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

Mailing Address 2329 LABURNUM AVENUE

City CHARLOTTE	State NC	Zip Code 28205-6045
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FEC ID number of contributing federal political committee. **C**

Name of Employer CHARLOTTE MEDICAL CLINIC	Occupation PHYSICIAN
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Receipt For: 2018  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 10 2018

Transaction ID : SA11A.2117891

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

Mailing Address 2329 LABURNUM AVENUE

City CHARLOTTE	State NC	Zip Code 28205-6045
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FEC ID number of contributing federal political committee. **C**

Name of Employer CHARLOTTE MEDICAL CLINIC	Occupation PHYSICIAN
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Receipt For: 2018  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 10 2018

Transaction ID : SA11A.2117892

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

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

250.00