

# **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)  
**TYRHOLM, MICHAEL, , MR.,**

Mailing Address 3510 COLLIER LN

City KLAMATH FALLS	State OR	Zip Code 97603-9643
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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: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 14 / 2019

Transaction ID : SA11A.2416039

Amount of Each Receipt this Period

225.00

☐ Memo Item  
 CONTRIBUTION

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

Mailing Address 910 MALLARD DRIVE

City COPPELL	State TX	Zip Code 75019-5925
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FEC ID number of contributing federal political committee. **C**

Name of Employer IBM	Occupation ENGINEER
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Receipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 14 / 2019

Transaction ID : SA11A.2417817

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
 CONTRIBUTION

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

Mailing Address 4026 RAVEN RIVER DRIVE

City HOUSTON	State TX	Zip Code 77059-5561
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FEC ID number of contributing federal political committee. **C**

Name of Employer SPACE CITY ANESTHESIA	Occupation PHYSICIAN
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Receipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 14 / 2019

Transaction ID : SA11A.2417755

Amount of Each Receipt this Period

50.00

☐ Memo Item  
 CONTRIBUTION

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

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

1275.00