

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 857 OF 1789

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Ted Cruz for Senate

A. Full Name (Last, First, Middle Initial)
LARECY, CHARLES, , ,

Mailing Address 3090 BELLAIRE RANCH DRIVE
APT 424

City FORT WORTH State TX Zip Code 76109-1822

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

Name of Employer PLAZA MEDICAL CENTER OF FORT WORTH Occupation PHARMACIST

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

Election Cycle-to-Date ▼
1200.00

Date of Receipt

M M	D D	Y Y Y Y
12	01	2019

Transaction ID : SA11A.2464975

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LARSEN, ROY, J., MR.,

Mailing Address 1930 E 12TH ST

City CASPER State WY Zip Code 82601-4075

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

Name of Employer RETIRED Occupation RETIRED

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

Election Cycle-to-Date ▼
515.00

Date of Receipt

M M	D D	Y Y Y Y
10	15	2019

Transaction ID : SA11A.2445310

Amount of Each Receipt this Period

40.00

☐ Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LARSEN, ROY, J., MR.,

Mailing Address 1930 E 12TH ST

City CASPER State WY Zip Code 82601-4075

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

Name of Employer RETIRED Occupation RETIRED

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

Election Cycle-to-Date ▼
515.00

Date of Receipt

M M	D D	Y Y Y Y
11	15	2019

Transaction ID : SA11A.2460472

Amount of Each Receipt this Period

40.00

☐ Memo Item
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

180.00
