

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)
MOSES, MARGARITA, , ,

Mailing Address 5889 DEER CROSSING LN

City QUINLAN	State TX	Zip Code 75474-3641
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FEC ID number of contributing federal political committee. **C**

Name of Employer EPIC HEALTH CARE SERVICES	Occupation REGISTERED NURSE
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Receipt For: 2024
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 15 2019

Transaction ID : SA11A.2460690

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MOSES, MARGARITA, , ,

Mailing Address 5889 DEER CROSSING LN

City QUINLAN	State TX	Zip Code 75474-3641
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FEC ID number of contributing federal political committee. **C**

Name of Employer EPIC HEALTH CARE SERVICES	Occupation REGISTERED NURSE
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Receipt For: 2024
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 16 2019

Transaction ID : SA11A.2471679

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MOSES, MARGARITA, , ,

Mailing Address 5889 DEER CROSSING LN

City QUINLAN	State TX	Zip Code 75474-3641
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FEC ID number of contributing federal political committee. **C**

Name of Employer EPIC HEALTH CARE SERVICES	Occupation REGISTERED NURSE
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Receipt For: 2024
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 18 2019

Transaction ID : SA11A.2472120

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)..... ▶

300.00