

# **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)  
**MITCHELL, DARBY, , ,**

Mailing Address 2811 FRONTIER

City MIDLAND	State TX	Zip Code 79705-6108
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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 ▼  
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2019

Transaction ID : SA11A.2390285

Amount of Each Receipt this Period

200.00

☐ Memo Item  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MORRIS, LOANNE, , ,**

Mailing Address 4 STORM RIDGE RD

City NEWTOWN	State CT	Zip Code 06470-2800
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FEC ID number of contributing federal political committee. **C**

Name of Employer HORACEMANN	Occupation R.N.
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Receipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2019

Transaction ID : SA11A.2392348

Amount of Each Receipt this Period

50.00

☐ Memo Item  
 CONTRIBUTION

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

Mailing Address 5889 DEER CROSSING LANE

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 ▼  
 300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2019

Transaction ID : SA11A.2390299

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)..... ▶

350.00