

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Texans for Senator John Cornyn, Inc.

Full Name (Last, First, Middle Initial) <b>A. Jose Cuevas, Jr.</b>		Transaction ID: SB20A.101913 Date of Disbursement MM / DD / YYYY 08 / 22 / 2007	
Mailing Address P.O. Box 50607		Amount of Each Disbursement this Period 200.00	
City Midland State TX Zip Code 79710	Purpose of Disbursement Refund Excess 7/6/07 Contribution Candidate Name Texans for Senator John Cornyn, Inc.	010 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

Full Name (Last, First, Middle Initial) <b>B. Robert W. Eagle</b>		Transaction ID: SB20A.101909 Date of Disbursement MM / DD / YYYY 08 / 22 / 2007	
Mailing Address P.O. Box 3095		Amount of Each Disbursement this Period 400.00	
City Abilene State TX Zip Code 79604	Purpose of Disbursement Refund Excess 7/14/07 Contribution Candidate Name Texans for Senator John Cornyn, Inc.	010 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

Full Name (Last, First, Middle Initial) <b>C. Paul L. Foster</b>		Transaction ID: SB20A.104838 Date of Disbursement MM / DD / YYYY 09 / 28 / 2007	
Mailing Address 837 Rosinante		Amount of Each Disbursement this Period 1900.00	
City El Paso State TX Zip Code 79922	Purpose of Disbursement Refund Excess 8/20/07 Contribution Candidate Name Texans for Senator John Cornyn, Inc.	010 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

SUBTOTAL of Disbursements This Page (optional) ..... ▶	2500.00
TOTAL This Period (last page this line number only) ..... ▶	_____

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