

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 10 OF 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CORNYN MAJORITY COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Avery, Martha, , ,

Mailing Address 256 Purl Place

City

Corpus Christi

State

TX

Zip Code

78412

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Driscoll Children's Hospital

Occupation (for Individual)

Vice President of Development

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 30 / 2018

Transaction ID : SA11AI.13116

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bailey, Leah, , ,

Mailing Address 2127 Juliet Avenue

City

St. Paul

State

MN

Zip Code

55105

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxor National Pharmacy Servic

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 26 / 2018

Transaction ID : SA11AI.13377

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Barkley, Brenda, , ,

Mailing Address 2200 Ross Avenue

31st Floor

City

Dallas

State

TX

Zip Code

75201

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Homemaker

Occupation (for Individual)

Homemaker

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 22 / 2018

Transaction ID : SA11AI.13175

Amount of Each Receipt this Period

2700.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

3700.00

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