

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

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

FOR LINE NUMBER: PAGE 8 OF 35

(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. **Burke, Fred P., , ,**

Mailing Address 30 Wakefield Drive

City  
Atlanta

State  
GA

Zip Code  
30309

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Guardian Pharmacy Services

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 23 / 2018

Transaction ID : SA11AI.14226

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

B. **Canales, Gus T., , ,**

Mailing Address P.O. Box 650

City  
Premont

State  
TX

Zip Code  
78375

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Gus Canales Inc.

Occupation (for Individual)  
Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 05 / 2018

Transaction ID : SA11AI.14283

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. **Clark, William A., , ,**

Mailing Address P.O. Box 430

City  
Falfurrias

State  
TX

Zip Code  
78355

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 20 / 2018

Transaction ID : SA11AI.14326

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

4000.00

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