

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

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

FOR LINE NUMBER:		PAGE 6 OF 192	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
**ANDERSON, CAROL, , ,**

Mailing Address 1025 STRONG RD

City <b>VICTOR</b>	State <b>NY</b>	Zip Code <b>14564-9124</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>
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Receipt For: 2020  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
**1300.00**

Date of Receipt  
**06 / 30 / 2018**

Transaction ID : **SA11A.131635**

Amount of Each Receipt this Period  
**100.00**

☐ Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ARLEN, MYRON, , ,**

Mailing Address 81 WENSLEY DRIVE

City <b>GREAT NECK</b>	State <b>NY</b>	Zip Code <b>11020-1836</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer <b>NORTHWELL HEALTH</b>	Occupation <b>PHYSICIAN</b>
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Receipt For: 2020  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
**850.00**

Date of Receipt  
**04 / 30 / 2018**

Transaction ID : **SA11A.131153**

Amount of Each Receipt this Period  
**50.00**

☐ Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ARLEN, MYRON, , ,**

Mailing Address 81 WENSLEY DRIVE

City <b>GREAT NECK</b>	State <b>NY</b>	Zip Code <b>11020-1836</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer <b>NORTHWELL HEALTH</b>	Occupation <b>PHYSICIAN</b>
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Receipt For: 2020  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
**850.00**

Date of Receipt  
**06 / 02 / 2018**

Transaction ID : **SA11A.131367**

Amount of Each Receipt this Period  
**50.00**

☐ Memo Item  
CONTRIBUTION

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

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

<b>200.00</b>
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