

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 7 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	

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

Full Name (Last, First, Middle Initial) ARLEN, MYRON, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2018	
Mailing Address 81 WENSLEY DRIVE			Transaction ID : SA11A.131519	
City GREAT NECK	State NY	Zip Code 11020-1836	Amount of Each Receipt this Period _____ 50.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer NORTHWELL HEALTH		Occupation PHYSICIAN		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 850.00		
Full Name (Last, First, Middle Initial) AUGENSTEIN, CHARLES, , ,			Date of Receipt MM / DD / YYYY 04 / 30 / 2018	
Mailing Address 2 DONDANVILLE RD, UNIT 601			Transaction ID : SA11A.131133	
City SAINT AUGUSTINE	State FL	Zip Code 32080-8047	Amount of Each Receipt this Period _____ 25.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 260.00		
Full Name (Last, First, Middle Initial) AUGENSTEIN, CHARLES, , ,			Date of Receipt MM / DD / YYYY 06 / 02 / 2018	
Mailing Address 2 DONDANVILLE RD, UNIT 601			Transaction ID : SA11A.131286	
City SAINT AUGUSTINE	State FL	Zip Code 32080-8047	Amount of Each Receipt this Period _____ 25.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 260.00		
SUBTOTAL of Receipts This Page (optional)			_____ 100.00	
TOTAL This Period (last page this line number only)			_____	