

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 OF 75
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CORNYN MAJORITY COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Madhu Shakamuri</b>			Date of Receipt MM / DD / YYYY 08 / 06 / 2014 <b>Transaction ID : SA11AI.10341</b>
Mailing Address 32 Oasis Ave			Amount of Each Receipt this Period 2600.00
City Odessa	State TX	Zip Code 79765	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 2600.00	
Name of Employer Star Care Health Services		Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Ravi Shakamuri</b>			Date of Receipt MM / DD / YYYY 08 / 06 / 2014 <b>Transaction ID : SA11AI.10339</b>
Mailing Address 32 Oasis Ave			Amount of Each Receipt this Period 2600.00
City Odessa	State TX	Zip Code 79765	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 2600.00	
Name of Employer Star Care Health Services		Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Donald J. Shepard</b>			Date of Receipt MM / DD / YYYY 07 / 31 / 2014 <b>Transaction ID : SA11AI.10135</b>
Mailing Address 71 East Shore Dr			Amount of Each Receipt this Period 2500.00
City The Woodlands	State TX	Zip Code 77380	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 2500.00	
Name of Employer Williams & Jensen		Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	