

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

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

FOR LINE NUMBER: PAGE 15 OF 71

(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. Caldwell, David M., , ,

Mailing Address 2955 Harrison Street
Suite 103

City
Beaumont

State
TX

Zip Code
77702

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Dentist

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
09 / 10 / 2019

Transaction ID : SA11AI.15992

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Caldwell, Olya, , ,

Mailing Address 2955 Harrison Street
Suite 103

City
Beaumont

State
TX

Zip Code
77702

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

David M. Caldwell, D.D.S.

Occupation (for Individual)

Operations manager

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
09 / 10 / 2019

Transaction ID : SA11AI.15993

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Cameron, Michael P., , ,

Mailing Address 23454 Canyon Bridge

City
San Antonio

State
TX

Zip Code
78258

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Devils River Whiskey

Occupation (for Individual)

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 17 / 2019

Transaction ID : SA11AI.16040

Amount of Each Receipt this Period

1500.00

☐ Memo Item

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

2500.00

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