

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

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

FOR LINE NUMBER: PAGE 7 OF 28

(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 ▼

4000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 11 / 2019

Transaction ID : SA11Al.16181

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. 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 ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2019

Transaction ID : SA11Al.16195

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. 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 ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2019

Transaction ID : SA11Al.16127

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

2500.00

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