

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

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

FOR LINE NUMBER: PAGE 50 OF 112

(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. Lewis, George R., , ,

Mailing Address 3100 Monticello Avenue  
Suite 150

City  
Dallas

State  
TX

Zip Code  
75205

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
George Lewis Custom Homes

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

45400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 19 / 2017

Transaction ID : SA11AI.12299

Amount of Each Receipt this Period

40000.00

☐ Memo Item

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

B. Lewis, J. Matt., , ,

Mailing Address 6557 Spy Glass Drive

City

San Angelo

State

TX

Zip Code

76904

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
San Angelo Area Foundation

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 13 / 2017

Transaction ID : SA11AI.12032

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Lin, Matthew Y., , ,

Mailing Address 1050 Oak Grove Avenue

City

San Marino

State

CA

Zip Code

91108

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Pacific Orthopaedic Medical

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2017

Transaction ID : SA11AI.12222

Amount of Each Receipt this Period

5400.00

☐ Memo Item

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

45650.00

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