

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 677 OF 4349

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Texans for Senator John Cornyn Inc

Full Name (Last, First, Middle Initial)

MITCHELL, SUSAN, , MS.,

A.

Mailing Address 3410 IRONWOOD FALLS

City

SAN ANTONIO

State

TX

Zip Code

78261-2361

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNITED HEALTHCARE

Occupation

R.N. - CARE MANAGEMENT

Receipt For: 2020

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

215.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	1	9

Transaction ID : SA11A.198365

Amount of Each Receipt this Period

10.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

MITCHELL, SUSAN, , MS.,

B.

Mailing Address 3410 IRONWOOD FALLS

City

SAN ANTONIO

State

TX

Zip Code

78261-2361

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNITED HEALTHCARE

Occupation

R.N. - CARE MANAGEMENT

Receipt For: 2020

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

215.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	4		2	0	1	9

Transaction ID : SA11A.209404

Amount of Each Receipt this Period

10.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

MITCHELL, SUSAN, , MS.,

C.

Mailing Address 3410 IRONWOOD FALLS

City

SAN ANTONIO

State

TX

Zip Code

78261-2361

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNITED HEALTHCARE

Occupation

R.N. - CARE MANAGEMENT

Receipt For: 2020

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

215.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	0		2	0	1	9

Transaction ID : SA11A.211240

Amount of Each Receipt this Period

20.00

☐ Memo Item  
CONTRIBUTION

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

40.00

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