

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**Texans for Senator John Cornyn Inc**

Full Name (Last, First, Middle Initial)

**WINRED**

**A.**

Mailing Address P.O. BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

**C** C00694323

Name of Employer

Occupation

Receipt For: 2020

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1914752.09

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 16 2020

**Transaction ID : SA11C.25785011590**

Amount of Each Receipt this Period

50.00

☒ Memo Item  
CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING  
ITEMIZATION; SEE ATTRIBUTION BELOW FOR ALL  
DONORS ABOVE ITEMIZATION

Full Name (Last, First, Middle Initial)

**DYER, STEPHEN, , MR.,**

**B.**

Mailing Address 199 CONDUCT CT

City

SARATOGA

State

WY

Zip Code

82331-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2020

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 12 2020

**Transaction ID : SA11A.258714**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

**WINRED**

**C.**

Mailing Address P.O. BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

**C** C00694323

Name of Employer

Occupation

Receipt For: 2020

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1914752.09

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 16 2020

**Transaction ID : SA11C.25785011598**

Amount of Each Receipt this Period

250.00

☒ Memo Item  
CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING  
ITEMIZATION; SEE ATTRIBUTION BELOW FOR ALL  
DONORS ABOVE ITEMIZATION

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

50.00

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