REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Texas Medical Association Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported
401 W. 15th Street

CITY, STATE and ZIP CODE
Austin, Texas 78701

RECEIVED FEDERAL ELECTION COMMISSION
JUL 9 9 2 ...

2. FEC IDENTIFICATION NUMBER
C00001214

3. ☐ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☒ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period April 1, 97 through June 30, 97		
6. (a) Cash on Hand January 1, 19 97		$ 176,585.48
(b) Cash on Hand at Beginning of Reporting Period	$ 291,573.55	
(c) Total Receipts (from Line 19)	$ 72,127.38	$ 416,410.85
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 363,700.93	$ 592,996.33
7. Total Disbursements (from Line 30)	$ 75,392.03	$ 304,687.43
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 288,308.90	$ 288,308.90
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	$	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
David A Marvitz

Signature of Treasurer
David A Marvitz

Date
7/8/97

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3X
(revised 9/93)

FE5AN086

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE

REPORT COVERING PERIOD FROM April 1, 97 June 30, 97

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	9,850.00	71,165.30	11(a)(i)
ii. Unitemized	60,627.38	342,034.42	11(a)(ii)
iii. Total (add i and ii) ➤	70,477.38	413,199.72	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	70,477.38	413,199.72	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	883.21	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	1,650.00	2,327.92	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	72,127.38	416,410.85	19
20. Total Federal Receipts (subtract line 16 from line 19) ➤	72,127.38	416,410.85	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	77.88	1,014.17	21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures			21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	77.88	1,014.17	21(c)
22. Transfers to Affiliated/Other Party Committees	41,500.00	176,915.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	0	1,000.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0	400.00	28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤	0	400.00	28(d)
29. Other Disbursements	33,814.15	125,358.26	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	75,392.03	304,687.43	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤			31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	70,477.38	413,199.72	32
33. Total Contribution Refunds (from line 28d)	0	400.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	70,477.38	412,799.72	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	77.38	1,014.17	35
36. Offsets to Operating Expenditures (from line 15)	0	883.21	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	77.88	130.96	37

FE8AR135

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 5

FOR LINE NUMBER 11a

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Texas Medical Association Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Alfredo Tomas Garcia III, MD 9034 westheimer Rd St 425 Houston, Texas 77063-3615 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self physician Aggregate Year-to-Date $ 200.00	4/3/97	200.00
B. Michael Dorsen, MD 2905 San Gabriel St Ste 310 Austin ,Texas 78705 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self physician Aggregate Year-to-Date $ 300.00	4/3/97	300.00
C. David Richard Duhon, MD 4201 Bee Caves Rd Ste A200 Austin ,Texas 78746 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Austin Diagnostic Clinic physician Aggregate Year-to-Date $ 300.00	4/3/97	300.00
D. Michele Ann Hauser, MD 5608 Parkcrest Dr Ste 350 Austin,Texas 78731 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AUstin Neuropsychiatric Clinic physician Aggregate Year-to-Date $ 300.00	4/3/97	300.00
E. Craig Mortin Kemper, MD 2905 San Gabriel St Ste 310 Austin ,Texas 78705 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self physician Aggregate Year-to-Date $ 300.00	4/3/97	300.00
F. David Eugene Kosmoski, MD 2905 San Gabriel St Ste 310 Austin,Texas 78705 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self physician Aggregate Year-to-Date $ 300.00	4/3/97	300.00
G. Clarence ALfrey, MD 6565 Fannin St Houston,Texas 77030 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self physic ian Aggregate Year-to-Date $ 300.00	4/9/97	300.00

SUBTOTAL of Receipts This Page (optional) 2,000.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 5

FOR LINE NUMBER 11a.1

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Texas Medical Association Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Craig Callewart, MD 411 N. Washington Ave ste 7000 Dallas, Texas 75246-1777 Receipt For: Primary / General / Other (specify):	Employer: self Occupation: physician Aggregate Year-to-Date $ 500.00	4/14/97	500.00
B. David George Shulman, MD 999 E Basse rd ste 1 16 San Antonio, Texas 78209 Receipt For: Primary / General / Other (specify):	Employer: North San Antonio Eye Associates Occupation: physician Aggregate Year-to-Date $ 300.00	4/17/97	300.00
C. Gene Richard Smith, MD 8255 Fredericksburg Rd San Antonio, Tex. 78229 Receipt For: Primary / General / Other (specify):	Employer: self Occupation: physician Aggregate Year-to-Date $ 300.00	4/17/97	300.00
D. Lee Stewart Anderson, MD 1350 S Main St Ste 3200 Fort Worth, Tx. 76104 Receipt For: Primary / General / Other (specify):	Employer: self Occupation: physician Aggregate Year-to-Date $ 300.00	4/21/97	300.00
E. Karamat Choudhry, MD 1650 W rosedale St Ste 300 Fort Worth, Tx. 76104 Receipt For: Primary / General / Other (specify):	Employer: self Occupation: physician Aggregate Year-to-Date $ 250.00	4/21/97	250.00
F. Robert Sloane Jr., MD 901 S. Lake St Fort Worth, Tx. 76104 Receipt For: Primary / General / Other (specify):	Employer: self Occupation: physician Aggregate Year-to-Date $ 250.00	4/21/97	250.00
G. James Norman, MD 1650 W Magnolia Ave Ste 111 Fort Worth, Tx. 76104 Receipt For: Primary / General / Other (specify):	Employer: self Occupation: physician Aggregate Year-to-Date $ 200.00	4/21/97	200.00

SUBTOTAL of Receipts This Page (optional) 2,100.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 5

FOR LINE NUMBER 11a

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Texas Medical Association Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Hugh Lamansdorf, MD 1415 Pennsylvania Ave Fort Worth, Tx. 76104	Ft. Worth Urology Clinic physician	4/24/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
B. John Zerdecki, MD 2012 Windor Place Fort Worth, Tx. 76110	self physician	5/5/97	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
C. Charley Andrews III, MD 1604 Hospital Pkwy Ste 501 Bedford, Texas 76022	self physician	5/5/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
D. Raymond La Blanc, MD 800 8th Ave Ste 324 Fort Worth, Tx. 76104	self physician	5/5/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
E. Nataraj Kasal, MD 1307 8th Ave Ste 406 Fort Worth, Tx. 76104	self physician	5/5/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
F. John Jose Andujar, MD 2951 Benbrook Blvd. Fort Worth, Tx. 76109	self physician	5/5/97	350.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 350.00		
G. James Francis Borg, MD 1325 Pennsylvania Ave ste 370 Fort Worth, Tx. 76104	self physician	5/5/97	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 200.00		

SUBTOTAL of Receipts This Page (optional) > 2,050.00

TOTAL This Period (last page this line number only) >

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 5

FOR LINE NUMBER 11a1

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Texas Medical Association Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Pat Hezmall, MD 800 W. Arbrook Blvd Ste 330 Arlington, Texas 76015 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: self Occupation: physician Aggregate Year-to-Date > $ 300.00	5/9/97	300.00
B. Luiz Toledo, MD 6100 Harris Pkwy #140 Fort Worth, Tx. 76132 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: self Occupation: physician Aggregate Year-to-Date > $ 500.00	5/9/97	500.00
C. Donald Jack Robertson, MD 3620 22nd Place Lubbock, Texas 79410 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: self Occupation: physician Aggregate Year-to-Date > $ 300.00	5/14/97	300.00
D. Daniel Tonyson, MD 4 212 Ridgla Country Club Dr. Fort Worth, Tx. 76126 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Medical & Surgical Clinic Occupation: physician Aggregate Year-to-Date > $ 500.00	5/16/97	500.00
E. Hugh Wilson JR., MD 203 W 4th St Hale Center, Texas 79041 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: self Occupation: physician Aggregate Year-to-Date > $ 300.00	5/20/97	300.00
F. David Callender, MD 1515 Holcombe Blvd #69 Houston, Texas 77030 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: self Occupation: physician Aggregate Year-to-Date > $ 200.00	5/20/97	200.00
G. Clifford Moy, MD 4110 Guadalupe St Austin, Texas 78751 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: self Occupation: physician Aggregate Year-to-Date > $ 300.00	5/20/97	300.00

SUBTOTAL of Receipts This Page (optional) 2,400.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 5

FOR LINE NUMBER 11 A1

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Texas Medical Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code Charles Tanner, MD P.O. Box 5587 Beaumont, Texas 77726	Name of Employer Anesthisia Associates of Beaumont	Date (month, day, year) 5/20/97	Amount of Each Receipt this Period 300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation physician		
	Aggregate Year-to-Date > $ 300.00		
B. Full Name, Mailing Address and ZIP Code Michael Kelly II, MD 17070 Red Oak Dr, Ste 303 Houston, Texas 77090	Name of Employer self	Date (month, day, year) 5/20/97	Amount of Each Receipt this Period 200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation physician		
	Aggregate Year-to-Date > $ 200.00		
C. Full Name, Mailing Address and ZIP Code Jay Propes 1710 Enfield Rd Apt F Austin, Texas 78703	Name of Employer TOA	Date (month, day, year) 5/20/97	Amount of Each Receipt this Period 300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation lobbyist		
	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code Douglas Horton, MD 2955 Harrison St Ste 200 Beaumont, Texas 77702	Name of Employer self	Date (month, day, year) 5/27/97	Amount of Each Receipt this Period 500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation physician		
	Aggregate Year-to-Date > $ 500.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) 1,300.00

TOTAL This Period (last page this line number only) 9,850.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Texas Medical Association Political Action Committee

	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code: Southland Bank Receipt For: [ ] Primary [ ] General [x] Other (specify): CD interest	Aggregate Year-to-Date > $	4/14/97	231.78
B. Full Name, Mailing Address and ZIP Code: Sutton Bank Receipt For: [ ] Primary [ ] General [x] Other (specify): CD interest	Aggregate Year-to-Date > $	4/18/97	226.85
C. Full Name, Mailing Address and ZIP Code: Southland Bank Receipt For: [ ] Primary [ ] General [x] Other (specify): CD interest	Aggregate Year-to-Date > $	5/19/97	231.78
D. Full Name, Mailing Address and ZIP Code: Sutton Bank Receipt For: [ ] Primary [ ] General [x] Other (specify): CD interest	Aggregate Year-to-Date > $	5/19/97	237.81
E. Full Name, Mailing Address and ZIP Code: Southland Bank Receipt For: [ ] Primary [ ] General [x] Other (specify): CD interest	Aggregate Year-to-Date > $	6/16/97	236.30
F. Full Name, Mailing Address and ZIP Code: Sutton Bank Receipt For: [ ] Primary [ ] General [x] Other (specify): CD interest	Aggregate Year-to-Date > $	6/18/97	237.81
G. Full Name, Mailing Address and ZIP Code: Southland Bank Receipt For: [ ] Primary [ ] General [x] Other (specify): CD interest	Aggregate Year-to-Date > $	6/20/97	247.67

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

TOTAL This Period (last page this line number only) 1,650.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 21a1

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Texas Medical Association Political Action COmmittee

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Nations Bank 5000 Congress Austin,Texas 78701	Master Card fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/4/98	27.63
B. Full Name, Mailing Address and ZIP Code Nations.Bank 5000 Congress Austin,Texas 78701	Purpose of Disbursement Master Card Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/22/97	12.72
C. Full Name, Mailing Address and ZIP Code Nations Bank 5000.Congress Austin,Texas 78701	Purpose of Disbursement Master Card Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6/22/97	37.53
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) 77.88

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 11 OF

FOR LINE NUMBER 23

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Texas Medical Association Political Action COmmittee

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code AMPAC 1101 Vermont NW Washington, DC 20005	transfer of funds 2/26/97 - 3/25/97 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/17/97	23,195.00
B. Full Name, Mailing Address and ZIP Code AMPAC 1101 Vermont, NW Washington, DC 20005	transfer of funds 3/26/97 - 4/25/97 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/12/97	13,900.00
C. Full Name, Mailing Address and ZIP Code AMPAC 1101 Vermont NW Washington, DC 20005	transfer of funds 4/26/97 - 5/25/97 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6/12/97	4,405.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) 41,500

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 13 OF

FOR LINE NUMBER 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Texas Medical Association Political Action COmmittee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. Guadalupe River Ranch P.O. Box 877 Boerne, Texas 78006	50% deposit for 1998 retreat	4/7/97	6,124.08
B. Associated Research 807 Brazos, Suite 302 Austin,Texas 78701	April Subsrciption	4/17/97	550.00
C. Shipley & Associates, Inc. 919 Congress Ave. #750 Austin,Texas 78701	May ..consulting Fee	4/29/97	4,000.00
D. The Eppstein Group 4055 International Plaza FOrt Worth, Tx. 76109	May consulting retainer	4/29/97	2,000.00
E. Skyline Displays, Inc. 5151 Mitchelldale HOuston,Texas 77092	booth set-up etc. annual session 1997	4/29/97	883.32
F. TADA Services P.O. box 1028 Austin,Texas 78767	plane-Ft. Worth Nagogl, etc. GMS	5/12/97	2,323.05
G. The Eppstein Group 4055 International Plaza FOrt Worth, Texas 76109	invits TEXPAC fundraiser	5/12/97	1,050.03
H. David Mandot P.O. Box 178 Manor, Texas 78093	pilot services CMS meetings	5/13/97	300.00
I. Carlos Uresti Campaign 1803Commercial San Antonio, Texas 78221	contribution THD 118 / Other (specify) special	5/22/97	1,000.00

SUBTOTAL of Disbursements This Page (optional) 18,230.48

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 3

FOR LINE NUMBER 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Texas Medical Association Political Action COmmittee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary / General / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. Shipley & Associates 919 Congress Ave. #750 Austin,Texas 78701	June 1997 retainer	5/30/97	4,000.00
B. Associated Research 807 Brazos, Suite 302 Austin,Texas 78701	May subscription	5/30/97	550.00
C. TADA Services P.O. Box 1028 Austin,Texas 78767	plane/HOuston ' May TMA meeting	5/30/97	533.67
D. Carlos Uresti Campaing 1803 Commercial San Antonio, Tx. 78221	contribution THD 118	6/2/97	300.00
E. Carlos Uresti Campaign. 1803 Commercial San Antonio, Tx. 78221	contribution THD 118 / Other (specify) runoff	6/12/97	700.00
F. Associated Research 807 Brazos AUstin,Texas 78701	June subscription	6/12/97	550.00
G. Gene Seaman Campaign 4825 Ocean Drive Corpus Christi, Tx. 78412	contribtuion THD 32 / Primary	6/18/97	300.00
H. Craig Eiland Campaign 225 FM 517 West, Suite 1 Dickinson, Texas 77539	contribution THD 24 / Primary	6/18/97	500.00
I. The Eppstein Group 4055 International Plaza Fort Worth, Tx. 76109	June retainer	6/18/97	2,000.00

SUBTOTAL of Disbursements This Page (optional) 9,433.67

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 13

FOR LINE NUMBER 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Texas Medical Association Political Action COmmittee

A. Full Name, Mailing Address and ZIP Code Tom Ramsay Campaign P.O. Box 633 Mt. Vernon ,Texas 75457	Purpose of Disbursement contribution THD 2 Disbursement for: [x] Primary 1998 [ ] General [ ] Other (specify)	Date (month, day, year) 6/25/97	Amount of Each Disbursement This Period 250.00
B. Full Name, Mailing Address and ZIP Code David Cain Campaign P.O. Box 141377 Dallas, Texas 75214	Purpose of Disbursement contribution TSD 2 Disbursement for: [x] Primary 1998 [ ] General [ ] Other (specify)	Date (month, day, year) 6/25/97	Amount of Each Disbursement This Period 5,000.00
C. Full Name, Mailing Address and ZIP Code Mark Stiles Campaign P.O. Box 7413 Beamont, Texas 77726	Purpose of Disbursement contribution THD 21 Disbursement for: [x] Primary 1998 [ ] General [ ] Other (specify)	Date (month, day, year) 6/25/97	Amount of Each Disbursement This Period 1,200.00
D. Full Name, Mailing Address and ZIP Code Joe Pickett Campaign	Purpose of Disbursement contribution/voided Disbursement for: [ ] Primary [ ] General [ ] Other (specify) check voided	Date (month, day, year) 4/23/97	Amount of Each Disbursement This Period -300.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) 6,150.00

TOTAL This Period (last page this line number only) 33,814.55

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☑	Hand Delivered	DATE OF RECEIPT 7/9/97
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

E.S. — PREPARER

7/9/97 — DATE PREPARED

FEC FORM 70-2 (12/92)