REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 JUL 16 A 9:00

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 West 15th St.

CITY, STATE and ZIP CODE
Austin, TX 78701

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 04/01/00 through 06/30/00		
6. (a) Cash on Hand January 1, 2000		$ 292,445.77
(b) Cash on Hand at Beginning of Reporting Period	$ 530,243.90	
(c) Total Receipts (from Line 19)	$ 85,849.57	$ 529,426.18
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 5(a) and 6(c) for Column B)	$ 616,093.47	$ 811,871.95
7. Total Disbursements (from Line 30)	$ 185,762.74	$ 381,541.23
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 430,330.73	$ 430,330.73
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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
Mr. Troy Alexander

Signature of Treasurer: Troy Alexander

Date: 7-10-00

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 6/93)

4-00173

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

(revised 1/1/91)

NAME OF COMMITTEE: Texas Medical Association Political Action Committee

REPORT COVERING PERIOD FROM 04/01/00 TO: 06/30/00

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	32,200.00	118,110.50	11(a)(i)
ii. Unitemized	52,255.00	406,817.83	11(a)(ii)
iii. Total (add i and ii) ➤	84,455.00	524,927.83	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions (add a iii, b and c) ➤	84,455.00	524,927.83	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	1,750.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	1,393.57	2,748.36	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	85,849.57	529,426.19	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	85,849.57	529,426.19	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	51,318.19	116,219.49	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	51,318.19	116,219.49	21(c)
22. Transfers to Affiliated/Other Party Committees	54,916.00	85,393.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	2,778.51	3,028.51	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	100.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	0.00	100.00	28(d)
29. Other Disbursements	78,750.04	176,800.23	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	185,762.74	381,541.23	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	185,762.74	381,541.23	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	84,455.00	524,927.83	32
33. Total Contribution Refunds (from line 28d)	0.00	100.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	84,455.00	524,827.83	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	51,318.19	116,219.49	35
36. Offsets to Operating Expenditures (from line 15)	0.00	1,750.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	51,318.19	114,469.49	37

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 14

FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (In Full)

Texas Medical Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dara Batki MD 3341 Single Peak San Antonio, TX 78261-1817	Self	04/03/00	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Physician Aggregate Year-to-Date > $ 300.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William A Anthony MD PO Box 51800 Amarillo, TX 79159-1800	Self	04/07/00	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Physician Aggregate Year-to-Date > $ 300.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen A Cord MD 3601 22nd St Lubbock Bone and Joint Clin Lubbock, TX 79410-1309	Lubbock Bone and Joint Clinic	04/07/00	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Physician Aggregate Year-to-Date > $ 400.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeannie Cord 9108 Salem Dr Lubbock, TX 79424-5000		04/07/00	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Home-Maker Aggregate Year-to-Date > $ 350.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hugh B Currie MD 15 Medical Dr Amarillo, TX 79106-4137	Self	04/07/00	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Physician Aggregate Year-to-Date > $ 650.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark J Frega MD 2606 Thomas Ave Dallas, TX 75204-2643	Self	04/07/00	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Physician Aggregate Year-to-Date > $ 300.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carole L Gordon MD 3115 Pine Ave Ste 704 Waco, TX 76708-3249	Self	04/07/00	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Physician Aggregate Year-to-Date > $ 300.00		

SUBTOTAL of Receipts This Page (optional)	1,550.00
TOTAL This Period (last page this line number only)	

4-00175

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 14

FOR LINE NUMBER 11a1

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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
William C Mitchell MD 4510 Medical Center Dr # 305 Mc Kinney, TX 75069-1650	Self Physician	04/07/00	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
Rod M Nugent MD 3501 S Soncy Rd Ste 115 Amarillo, TX 79119-6405	Self Physician	04/07/00	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
Allan N Shulkin MD 7777 Forest Ln Ste B202 Dallas, TX 75230-2509	Self Physician	04/07/00	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 300.00		
Sanford T Ward DO 3719 22nd St Lubbock, TX 79410-1311	Self Physician	04/07/00	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
Frederick A White MD 2125 Pine St Abilene, TX 79601-2435	Self Physician	04/07/00	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 350.00		
Edwin C Windler MD 900 W 38th St Ste 300 Austin, TX 78705-1130	Self Physician	04/07/00	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
Raymond R Witt MD 7777 Southwest Fwy Ste 534 Houston, TX 77074-1811	Self Physician	04/07/00	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		

SUBTOTAL of Receipts This Page (optional) > 1,200.00

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

4-00179

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 3 OF 14

FOR LINE NUMBER 11.a

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NAME OF COMMITTEE (In Full)

Texas Medical Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Robert G Anderson MD 800 12th Ave #100 Fort Worth, TX 76104	Self Physician	04/10/00	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 300.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Robert D Campbell MD 6837 Avalon Ave Dallas, TX 75214-3706	Self Physician	04/10/00	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 300.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Daryl L Eskin MD 6902 Rain Creek Pkwy Austin, TX 78759-7022	Self Physician	04/10/00	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 300.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Paul G Erickson MD 3301 Staloup Rd Fort Worth, TX 76119-1726	Self Physician	04/10/00	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 300.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Robert I Fulmer MD 805 E 32nd St Ste 203 Austin, TX 78705-2529	Self Physician	04/10/00	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 300.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mary W Gada MD 4534B Highway 6 N Houston, TX 77084-3402	Self Physician	04/10/00	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 300.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Fred W Hansen MD PO Box 49369 Austin, TX 78765-9369	Self Physician	04/10/00	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 300.00		

SUBTOTAL of Receipts This Page (optional)	1,800.00
TOTAL This Period (last page this line number only)	

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11a.I.

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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
Newton E Hasson MD 4310 James Casey St Ste 3C Austin, TX 78745-1120 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 300.00	04/10/00	300.00
Robert W Norris MD 6705 W Highway 290 Ste 601A Austin, TX 78735-8408 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 300.00	04/10/00	300.00
Narendra S Punjabi MD PO Box 202198 Austin, TX 78720-2196 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 300.00	04/10/00	300.00
Garry F Rust MD 18851 N Memorial Dr Humble, TX 77338-4217 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 250.00	04/10/00	250.00
Judy Rust 2003 Wind Creek Dr Humble, TX 77345-1663 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Home-Maker Aggregate Year-to-Date > $ 250.00	04/10/00	250.00
Robert W Sloane MD 1325 Pennsylvania Ave Ste 777 Fort Worth, TX 76104-2144 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 300.00	04/10/00	300.00
Marie T Sohner MD 929 Graham Dr Ste B Tomball, TX 77375-3336 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 250.00	04/10/00	150.00

SUBTOTAL of Receipts This Page (optional) 1,650.00

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

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a j

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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
Kent K Sorajja MD 1900 Coulter Dr Ste D Amarillo, TX 79106-1783 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 250.00	04/10/00	100.00
John R Austin MD 3705 Medical Pkwy Ste 310 Austin, TX 78705-1028 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 900.00	04/10/00	300.00
Allen F Mills MD 4201 S Loop 256 Palestine, TX 75801-8476 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 250.00	04/10/00	150.00
Jeffrey D Cone MD 2900 S Hughes St 1 Medical Dr Amarillo, TX 79109-3513 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 500.00	04/11/00	150.00
Michael R Williams DO PO Box 233 Fredericksburg, TX 78624-0233 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 250.00	04/11/00	150.00
Rolando G Arefiles MD 706 Champions Row Victoria, TX 77904-3338 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 250.00	04/11/00	150.00
Crayton E Ciborowski MD 212 E Morris St Yoakum, TX 77995-4051 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 250.00	04/17/00	150.00

SUBTOTAL of Receipts This Page (optional) 1,150.00

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

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 5 OF 14

FOR LINE NUMBER 11a.1

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NAME OF COMMITTEE (In Full)

Texas Medical Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Thomas H Smith MD 2621 Hartwood Dr Fort Worth, TX 76109-1230 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 250.00	04/17/00	150.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Julia B Van Burkleo MD 703 E Marshall Ave Ste 4007 Longview, TX 75601-5500 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 250.00	04/17/00	150.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Marshall L Cook MD 5211 W 9th Ave Ste 204 Amarillo, TX 79106-4149 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 500.00	04/17/00	150.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Beverly L Held MD 5756 S Staples St Ste J2 Corpus Christi, TX 78413-3792 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 250.00	04/18/00	150.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
William E Skiba MD 17115 Red Oak Dr Ste 109 Red Oak Psychiatry Associates Houston, TX 77090-2507 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 250.00	04/18/00	100.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Robert W Paige MD PO Box 60360 Amarillo, TX 79156-0360 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 250.00	04/19/00	150.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Michael F Phillips MD 1301 W 38th St Ste 109 Austin, TX 78705-1010 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 450.00	04/19/00	150.00

SUBTOTAL of Receipts This Page (optional) 1,000.00

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

4-00170

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 7 OF 14

FOR LINE NUMBER 11.a.i

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NAME OF COMMITTEE (In Full)

Texas Medical Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carlin D Utterback MD 2100 Garner Field Rd Uvalde, TX 78801-5216	Self Occupation: Physician	04/19/00	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Timothy J Dashi MD 260 Interstate 45 S # B Huntsville, TX 77340-4997	Self Occupation: Physician	04/20/00	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ramiro Hernandez MD 2931 Montana Ave Ste A El Paso, TX 79903-2499	Self Occupation: Physician	04/20/00	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 300.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Calvin L Day MD 7711 Louis Pasteur Dr Ste 104 San Antonio, TX 78229-3411	Self Occupation: Physician	04/24/00	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 550.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald J Cochran MD 1918 W Loop St El Campo, TX 77437-8007	Self Occupation: Physician	05/01/00	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John H Doran MD 506 N Alleghaney Ave Odessa, TX 79761-4408	Self Occupation: Physician	05/01/00	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mohan Jacob MD 16955 N Memorial Dr Ste 440 Humble, TX 77338-4264	Self Occupation: Physician	05/01/00	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		

SUBTOTAL of Receipts This Page (optional) 1,050.00

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

4-00179

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a i

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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. Jay Pond MD 501 Steamboat Ct Arlington, TX 76006-3761 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Physician Aggregate Year-to-Date $ 300.00	05/01/00	150.00
B. Carole Thompson 255 Limestone Creek Rd San Antonio, TX 78232-3501 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation: Home-Maker Aggregate Year-to-Date $ 300.00	05/01/00	300.00
C. William P Barnes MD 3705 Medical Pkwy Ste 570 Austin, TX 78705-1024 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Physician Aggregate Year-to-Date $ 250.00	05/01/00	150.00
D. Jimmy W Dailey MD PO Box 627 Grand Saline, TX 75140-0627 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Physician Aggregate Year-to-Date $ 250.00	05/01/00	150.00
E. Susan G Dobbs Curling MD 8234 Magnolia Glen Dr Humble, TX 77346-1607 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Physician Aggregate Year-to-Date $ 250.00	05/10/00	150.00
F. Andrew E Grimes MD 3705 Medical Pkwy Ste 570 Austin, TX 78705-1024 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Physician Aggregate Year-to-Date $ 450.00	05/10/00	150.00
G. Steven J Levy DO 1140 Westmont Dr Ste 300 Houston, TX 77015-4363 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Physician Aggregate Year-to-Date $ 250.00	05/10/00	150.00

SUBTOTAL of Receipts This Page (optional) 1,200.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11a.1

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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. Donald R May MD PO Box 1679 Lubbock, TX 79408-1679 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 250.00	05/10/00	250.00
B. Patrick E Curling MD 8234 Magnolia Glen Dr Humble, TX 77346-1607 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 250.00	05/10/00	150.00
C. John M Hammerick MD 7121 S Padre Island Dr Ste 312 Corpus Christi, TX 78412-4943 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 300.00	05/11/00	300.00
D. Steven T Fyfe MD 3705 Medical Pkwy Ste 320 Austin, TX 78705-1023 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 300.00	05/11/00	300.00
E. Don E Blanton MD 1281D Hillcrest Rd Ste B218 Dallas, TX 75230-1525 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 300.00	05/22/00	200.00
F. Ann E Harral MD 100 W 30th Ave Ste 101 Pampa, TX 79065-2814 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 250.00	05/22/00	150.00
G. Robert J Henderson MD 6161 Harry Hines Blvd Ste 125 Dallas, TX 75235-5306 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 300.00	05/22/00	160.00

SUBTOTAL of Receipts This Page (optional) 1,500.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a i

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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. Thomas A Lombardo MD 2955 Harrison St Ste 304 Beaumont, TX 77702-1157 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 250.00	05/22/00	150.00
B. Donald Rathbun MD 1501 Arizona Ave Ste 1C El Paso, TX 79902-5089 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 250.00	05/22/00	150.00
C. Hazim J Safi MD 8410 Fannin St Ste 450 Houston, TX 77030-3006 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 250.00	05/22/00	150.00
D. Clifton H Beasley MD 1350 S Main St Ste 3200 Fort Worth, TX 76104-7669 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 1,000.00	05/22/00	1,000.00
E. Susan Mancusi-Ungaro 4340 Thomas Cl Beaumont, TX 77706-7714 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Home-Maker Aggregate Year-to-Date > $ 250.00	05/22/00	250.00
F. Douglas P Myers MD 2813 Oakbriar Trl Fort Worth, TX 76109-5668 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 300.00	05/22/00	150.00
G. James A Wynn MD 630 Firefly St San Antonio, TX 78216-3048 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 250.00	05/23/00	250.00

SUBTOTAL of Receipts This Page (optional) 2,100.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11.a.1

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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. Vigie Wynn 830 Firefly St San Antonio, TX 78216-3048 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Home-Maker Aggregate Year-to-Date > $ 250.00	05/23/00	250.00
B. Michael V Kelly MD 17070 Red Oak Dr Ste 303 Houston, TX 77090-2616 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Self Occupation: Physician Aggregate Year-to-Date > $ 300.00	06/01/00	200.00
C. Bakthavathsalam Athreya MD 730 N Main Ave Ste 601 San Antonio, TX 78205-1116 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Self Occupation: Physician Aggregate Year-to-Date > $ 300.00	06/02/00	300.00
D. Martin Basaldua MD 22999 Highway 59 N Ste 272 Kingwood, TX 77339-4441 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Self Occupation: Physician Aggregate Year-to-Date > $ 300.00	06/02/00	300.00
E. William J Deaton MD 1305 W 34th St Ste 400 Austin, TX 78705-1922 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Self Occupation: Physician Aggregate Year-to-Date > $ 300.00	06/02/00	300.00
F. William H Fleming MD 7777 Southwest Fwy Ste 900 Houston, TX 77074-1812 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Self Occupation: Physician Aggregate Year-to-Date > $ 300.00	06/02/00	200.00
G. Charles F Hendler MD 9801 White Rock Trl Ste 225 Dallas, TX 75238-2558 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Self Occupation: Physician Aggregate Year-to-Date > $ 300.00	06/02/00	300.00

SUBTOTAL of Receipts This Page (optional) 1,650.00

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

4-00179

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a i

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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. H P Hezmall MD 611 Interstate 20 W Ste 114 Arlington, TX 76017-5851 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 300.00	06/02/00	300.00
B. Robert W Hunnicutt MD 5701 Bryant Irvin Rd Ste 101 Fort Worth, TX 76132-4026 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 300.00	06/02/00	150.00
C. Rex L Hyer MD 5401 Cahoba Dr Fort Worth, TX 76135-4404 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 350.00	06/02/00	200.00
D. Raymond C Jess MD 201 Oak Dr S Ste 202 Lake Jackson, TX 77566-5627 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 300.00	06/02/00	300.00
E. William H King MD 5102 Cherrywood Ct League City, TX 77573-1787 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Physician Aggregate Year-to-Date > $ 300.00	06/02/00	300.00
F. Michael S Gorby MD 126 Medical Dr # B Palestine, TX 75801-4780 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 300.00	06/02/00	300.00
G. Jeffrey M Jekot MD 3604 Woodcutters Way Austin Anesthesiology Group Austin, TX 78746-1543 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Austin Anesthesiology Group Occupation: Physician Aggregate Year-to-Date > $ 300.00	06/02/00	150.00

SUBTOTAL of Receipts This Page (optional)	1,700.00
TOTAL This Period (last page this line number only)	

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 13 OF 14

FOR LINE NUMBER 11a

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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. Anna C Armstrong MD 1315 St Joseph Pkwy Ste 302 Houston, TX 77002-8229 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date $ 300.00	06/05/00	300.00
B. Charles W Bailey MD 12727 Kimberley Ln Ste 300 Houston, TX 77024-4050 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date $ 300.00	06/05/00	300.00
C. Louis J Bujnoch MD 610 Peakwood Dr Ste 200 Houston, TX 77090-2922 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date $ 300.00	06/05/00	300.00
D. Noel M Giesecke MD 5720 Bertner St # 00-520 Houston, TX 77030-2604 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date $ 500.00	06/05/00	500.00
E. Catherine L Schell MD 2007 Robinhood Trl Austin, TX 78703-2131 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date $ 300.00	06/05/00	300.00
F. Charles R Tanner MD 2929 Calder St Ste 212 Beaumont, TX 77702-1830 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date $ 250.00	06/05/00	250.00
G. Nancy C Tanner 6290 Winchester Ln Beaumont, TX 77706-4313 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Home-Maker Aggregate Year-to-Date $ 250.00	06/05/00	250.00

SUBTOTAL of Receipts This Page (optional) 2,200.00

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

4-00178

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 14 OF 14

FOR LINE NUMBER 11a I

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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
Jose M Ugarte MD 1311 General Cavazos Blvd # L Kingsville, TX 78363-7129 Receipt For: Primary / General / Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 300.00	06/05/00	300.00
Michael V Kelly MD 17070 Red Oak Dr Ste 303 Houston, TX 77090-2616 Receipt For: Primary / General / Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 450.00	06/14/00	150.00
Richard B Schultz MD 2401 S 31st St Temple, TX 76504-7115 Receipt For: Primary / General / Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 1,000.00	06/14/00	1,000.00
Robert H Smiley MD 450 Medical Center Blvd # 500 Webster, TX 77598-4232 Receipt For: Primary / General / Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 250.00	06/14/00	150.00
Josie R Williams MD 6210 E Highway 290 Ste 400 Texas Health Quality Alliance Austin, TX 78723-1037 Receipt For: Primary / General / Other (specify):	Texas Health Quality Alliance Occupation: Physician Aggregate Year-to-Date > $ 300.00	06/14/00	300.00
Michael O Legrone MD 13 Medical Dr Amarillo, TX 79106-4121 Receipt For: Primary / General / Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 250.00	06/28/00	150.00
Full Name, Mailing Address and ZIP Code Receipt For: Primary / General / Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) 2,050.00

TOTAL This Period (last page this line number only) 22,200.00

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 17

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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
Pan American Bank 1300 South El Camino Real Suite 320 San Mateo, CA 94402 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,716.33	04/10/00	363.54
Pan American Bank 1300 South El Camino Real Suite 320 San Mateo, CA 94402 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,809.22	04/17/00	90.89
Pan American Bank 1300 South El Camino Real Suite 320 San Mateo, CA 94402 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 2,293.94	05/22/00	484.72
Pan American Bank 1300 South El Camino Real Suite 320 San Mateo, CA 94402 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 2,399.97	06/12/00	106.03
Pan American Bank 1300 South El Camino Real Suite 320 San Mateo, CA 94402 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 2,748.36	06/12/00	348.39
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	1,393.57
TOTAL This Period (last page this line number only)	1,393.57

4-00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 4

FOR LINE NUMBER 21B

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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
Texas Medical Association 401 West 15th Street Austin, TX 78701	March MasterCard & Visa fee	04/04/00	32.50
The Eppstein Group 4055 International Plaza, Suite 520 Fort Worth, TX 76109	April consulting fee	04/04/00	5,000.00
Associated Research 807 Brazos, Suite 302 Austin, TX 78701	April 2000 subscription	04/12/00	550.00
TADA Services 1108 Lavaca Austin, TX 78767	airfare expenses to Tyler for R. Hall event	04/17/00	763.86
Vocus 4325 Forbes Blvd. Lanham, TX 20706	March fax charges	04/17/00	44.10
Freeman Decorating Company P.O. Box 6530 San Antonio, TX 78208	Furnishings/accessories/carpet for Booth	04/17/00	755.32
Convention Foliage Unlimited 3131 Stemmons, Suite 125 Dallas, TX 75247-6109	Flowers & plants for TEXPAC Booth at TexMed	04/17/00	96.97
Harper Wood Electric Co. P.O. Box 6154 San Antonio, TX 78208	Electric outlets for TEXPAC Booth at TexMed	04/17/00	90.00
POLITECHS, INC. 1104 West Avenue, Suite 101 Austin, TX 78701	Two Lobby Directories	04/16/00	60.00

SUBTOTAL of Disbursements This Page (optional) 7,412.97

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

4-00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 4

FOR LINE NUMBER 210

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NAME OF COMMITTEE (In Full)

Texas Medical Association Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
POLITECHS, INC. 1104 West Avenue, Suite 101 Austin, TX 78701	Two 2000 Edition Lobby Directories Disbursement for: Primary General Other (specify)	04/27/00	80.00
Woodson Consulting 1401 Nueces Austin, TX 78701	Expenses incurred in strategic planning Disbursement for: Primary General Other (specify)	04/27/00	562.44
Texas Medical Association 401 West 15th Street Austin, TX 78701	Retreat expenses, printing/mailing brochure & Disbursement for: Primary General Other (specify)	05/02/00	15,360.19
The Eppstein Group 4055 International Plaza, Suite 520 Fort Worth, TX 76109	May 2000 consulting fee Disbursement for: Primary General Other (specify)	05/02/00	5,000.00
Texas Medical Association 401 West 15th Street Austin, TX 78701	March bank & Am. Ex. & MC/Visa fees Disbursement for: Primary General Other (specify)	05/03/00	418.48
Terryberry Company P.O. Box 191067 Dallas, TX 75204-1067	Freight charge (pin shipment) Disbursement for: Primary General Other (specify)	05/11/00	8.86
Associated Research 807 Brazos, Suite 802 Austin, TX 78701	May subscription Disbursement for: Primary General Other (specify)	05/22/00	550.00
Brancotts, Inc. 11923 Radium Drive San Antonio, TX 78216	Decorations for TEXPAC Board Meeting at TexMed Disbursement for: Primary General Other (specify)	05/22/00	265.00
Texas Medical Association 401 West 15th Street Austin, TX 78701	Payment for SWA gift certificates - mbrshp develop Disbursement for: Primary General Other (specify)	05/24/00	500.00

SUBTOTAL of Disbursements This Page (optional) 23,084.77

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 21B

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NAME OF COMMITTEE (In Full)

Texas Medical Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Texas Medical Association 401 West 15th Street Austin, TX 78701	MasterCard/Visa & Frost Bank fee for May Disbursement for: Primary General Other (specify)	06/01/00	126.12
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PC/Nametag P.O. Box 55005 Madison, TX 53705	Double roll tickets for drawing at booth Disbursement for: Primary General Other (specify)	06/01/00	34.32
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dale Werner 8705 Granada Hills Dr. Austin, TX 78737	set-up/dismantle TEXPAC Booth for TexMed 2000 Disbursement for: Primary General Other (specify)	06/01/00	259.62
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Freeman Decorating Company P.O. Box 8530 San Antonio, TX 78208	draped table rental at TexMed Disbursement for: Primary General Other (specify)	06/13/00	69.84
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Club Giraud 707 North St. Mary's Street San Antonio, TX 78205	TEXPAC 300 Club Reception - 05/25/00 Disbursement for: Primary General Other (specify)	06/13/00	3,859.27
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Capitol Wings Airline, Inc. P.O. Box 16567 Austin, TX 78760	airfare for 4 TMA staff to Longview Disbursement for: Primary General Other (specify)	06/19/00	1,271.92
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Freeman Exhibit Company P.O. Box 650525 Dallas, TX 75265	graphics production 2 posters for TEXPAC booth Disbursement for: Primary General Other (specify)	06/19/00	316.69
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Associated Research 807 Brazos, Suite 302 Austin, TX 78701	June subscription Disbursement for: Primary General Other (specify)	06/15/00	660.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
TADA Services 1108 Lavaca Austin, TX 78767	Lease of TADA Services plane Disbursement for: Primary General Other (specify)	06/22/00	2,563.36

SUBTOTAL of Disbursements This Page (optional) 9,042.04

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

4-00178

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 4 OF 4

FOR LINE NUMBER 31B

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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. Vocus 4325 Forbes Blvd. Lanham, TX 20706	Fax usage	08/22/00	64.86
B. The Eppstein Group 4055 International Plaza, Suite 520 Fort Worth, TX 76109	THD & TIC survey for Board use only	06/26/00	5,750.00
C. The Eppstein Group 4055 International Plaza, Suite 520 Fort Worth, TX 76109	June 2000 consulting fee	06/26/00	5,000.00
D. The Eppstein Group 4055 International Plaza, Suite 520 Fort Worth, TX 76109	Airfare & mileage reimbursement: TexMed	06/26/00	481.65
E. TMAA Convention Fund 401 West 15th Street Austin, TX 78701	Sponsorship of TMAA reception 5/26/00	06/28/00	600.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) 11,796.51

TOTAL This Period (last page this line number only) 51,816.19

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 22

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NAME OF COMMITTEE (in Full)

Texas Medical Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code AMPAC 1101 Vermont NW Washington, TX 20005	Purpose of Disbursement Transfer of funds 02/26/00 - 03/25/00 Disbursement for: Primary General Other (specify)	Date (month, day, year) 04/04/00	Amount of Each Disbursement This Period 37,358.00
B. Full Name, Mailing Address and ZIP Code AMPAC 1101 Vermont NW Washington, TX 20005	Purpose of Disbursement Transfer of funds 3/26/00 - 4/30/00 Disbursement for: Primary General Other (specify) 2000	Date (month, day, year) 05/22/00	Amount of Each Disbursement This Period 13,210.00
C. Full Name, Mailing Address and ZIP Code AMPAC 1101 Vermont NW Washington, TX 20005	Purpose of Disbursement Funds transfer May 2000 Disbursement for: Primary General Other (specify)	Date (month, day, year) 06/08/00	Amount of Each Disbursement This Period 4,350.00
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)	54,918.00
TOTAL This Period (last page this line number only)	54,918.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 22

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NAME OF COMMITTEE (in Full)

Texas Medical Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pascal's Catering Company 3709 Promontory Point Dr. Austin, TX 78746	In-Kind contribution Lloyd Doggett Fundraiser CD10 Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	06/16/00	1,340.95 (In-Kind)
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Doggett For U S Congress Comm. PO Box 5843 Austin, TX 78763	In-Kind contribution Lloyd Doggett Fundraiser CD10 Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	06/16/00	1,340.95 (Memo In-Kind)
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Texas Medical Association 401 West 15th Street Austin, TX 78701	payment for paper/printing/postage mail Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	06/19/00	194.00 (In-Kind)
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Doggett For U S Congress Comm. PO Box 5843 Austin, TX 78763	payment for paper/printing/postage mail Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	06/19/00	194.00 (Memo In-Kind)
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
The Eppstein Group 4055 International Plaza, Suite 520 Fort Worth, TX 76109	printing/shipping Doctors for Bush letter Disbursement for: [ ] Primary [X] General [ ] Other (specify) 00	06/19/00	243.56 (In-Kind)
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
George W. Bush Presidential Campaign 1901 North Akard Suite B Dallas, TX 75201	printing/shipping Doctors for Bush letter Disbursement for: [ ] Primary [X] General [ ] Other (specify) 00	06/19/00	243.56 (Memo In-Kind)
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
George W. Bush Presidential Campaign 1901 North Akard Suite B Dallas, TX 75201	W. Bush, PRESIDENT OF U.S. Disbursement for [X] Primary [ ] General [ ] Other (specify) 2000	06/26/00	1,000.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional) 2,778.51

TOTAL This Period (last page this line number only) 2,778.51

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)

Texas Medical Association Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Bill Callegari Campaign P.O. Box 841925 Houston, TX 77284	Contribution to Bill Callegari THD 130 Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	04/03/00	1,000.00
B. Austin Club 110 East 9th Street Austin, TX 78701	In-kind contribution reception D. Bonnen THD 25 Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	04/04/00	60.90 (In-Kind)
C. Dennis Bonnen Campaign 122 East Myrtle Angleton, TX 77515	In-kind contribution reception D. Bonnen THD 25 Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	04/04/00	60.90 (Memo In-Kind)
D. Austin Club 110 East 9th Street Austin, TX 78701	In-kind contribution receptions Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	04/05/00	333.53 (In-Kind)
E. Committee to Elect Elizabeth Ames Jones P.O. Box 18371 San Antonio, TX 78218	In-kind contribution receptions Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	04/05/00	327.88 (Memo In-Kind)
F. Vicki Truitt Campaign 1342 Johnson Road Keller, TX 76248	In-kind contribution receptions Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	04/05/00	5.67 (Memo In-Kind)
G. David Cain Campaign P.O. Box 141377 Dallas, TX 75214	David Cain, STATE SENATOR 2nd TX Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	04/11/00	10,000.00
H. Jose Menendez Campaign P.O. Box 760788 San Antonio, TX 78245	Contribution to J. Menendez THD 124 Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	04/11/00	1,000.00
I. Friends of Bob Hunter P.O. Box 3174 Abilene, TX 79604	Robert Hunter, STATE HOUSE REP. 71st TX Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	04/11/00	300.00

SUBTOTAL of Disbursements This Page (optional) 12,694.43

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

Texas Medical Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Wholesale Beer Distributors of Texas 823 Congress, Suite 1313 Austin, TX 78701	In-kind contribution-reception D. Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	04/12/00	60.90 (In-Kind)
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dennis Bonnen Campaign 122 East Myrtle Angleton, TX 77515	In-kind contribution-reception D. Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	04/12/00	60.90 (Memo In-Kind)
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Committee to Elect Elizabeth Ames Jones P.O. Box 18371 San Antonio, TX 78218	Elizabeth Ames Jones, STATE HOUSE REP. 121st TX Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	04/12/00	600.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Delwin Jones Campaign 1102 30th Street Lubbock, TX 79405	Delwin Jones, STATE HOUSE REP. 83rd TX Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	04/12/00	500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Robert Junell Campaign P.O. Box 3382 San Angelo, TX 76902	Robert Junell, STATE HOUSE REP. 72nd TX Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	04/17/00	300.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Henry Cuellar Campaign P.O. Box 757 Laredo, TX 78042	Henry Cuellar, STATE HOUSE REP. 42nd TX Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	04/17/00	1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ken Merchant Campaign 2125 North Josey Lane #202 Carrollton, TX 75006	Kenny E. Merchant, STATE HOUSE REP. 99th TX Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	04/24/00	2,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ray Allen Campaign 2101 Meadow Lane Grand Prairie, TX 75050	Ray Allen, STATE HOUSE REP. 106th TX Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	04/25/00	150.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ray Allen Campaign 2101 Meadow Lane Grand Prairie, TX 75050	Ray Allen, STATE HOUSE REP. 106th TX Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	04/27/00	150.00

SUBTOTAL of Disbursements This Page (optional) 4,660.90

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)

Texas Medical Association Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Todd Staples for Texas Senate P.O. Box 2208 Palestine, TX 75802	Todd Staples, STATE HOUSE REP. 11th TX Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	04/27/00	20,000.00
B. Juan Hinojosa Campaign 612 Nolana, Suite 410 B McAllen, TX 78504	Juan Hinojosa, STATE HOUSE REP. 40th TX Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	04/27/00	500.00
C. Sylvester Turner Campaign 1100 Louisiana, Suite 5000 Houston, TX 77002	Sylvester Turner, STATE HOUSE REP. 139th TX Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	05/02/00	1,000.00
D. Rick Noriega Campaign P.O. Box 230324 Houston, TX 77023	Rick Noriega, STATE HOUSE REP. 145th TX Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	05/02/00	500.00
E. Trey Martinez Fischer Campaign 4581 Lambrey San Antonio, TX 78212	Contribution to THD 115 Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	05/02/00	1,000.00
F. Bill Callegari Campaign P.O. Box 841625 Houston, TX 77284	Contribution to THD 130 Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	05/02/00	1,000.00
G. Lois Kolkhorst Campaign 2511 Mustang Road Brenham, TX 77833	Lois Kolkhorst, STATE HOUSE REP. 13th TX Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	05/02/00	1,000.00
H. Austin Club 110 East 9th Street Austin, TX 78701	In-kind contribution - reception Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	05/02/00	339.79 (In-Kind)
I. Charles Hopson Campaign 506 E. Commerce Street Jacksonville, TX 75766	In-kind contribution - reception Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	05/02/00	53.67 (Memo In-Kind)

SUBTOTAL of Disbursements This Page (optional) 26,139.79

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (in Full)

Texas Medical Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
David Cain Campaign P.O. Box 141377 Dallas, TX 75214	In-kind contribution - reception Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	05/02/00	207.90 (Memo In-Kind)
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jose Menendez Campaign P.O. Box 760786 San Antonio, TX 78245	In-kind contribution - reception Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	05/02/00	20.52 (Memo In-Kind)
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Committee to Elect Elizabeth Ames Jones P.O. Box 18371 San Antonio, TX 78218	In-kind contribution - reception Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	05/02/00	56.70 (Memo In-Kind)
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Steve Ogden Campaign P.O. Box 3126 Bryan, TX 77805	Steve Ogden, STATE SENATOR 5th TX Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	05/03/00	2,500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Rick Noriega Campaign P.O. Box 230324 Houston, TX 77023	Voided Check Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	05/05/00	-300.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Paul J. Hilbert Campaign 3818 Shipman Spring, TX 77388	Voided Check Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	05/06/00	-300.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Patricia Gray Campaign 520 20th Street Galveston, TX 77550	Patricia Gray, STATE HOUSE REP. 23rd TX Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	05/08/00	2,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bob Glaze Campaign P.O. Box 949 Gilmer, TX 75644	Bob Glaze, STATE HOUSE REP. 6th TX Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	05/08/00	2,500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pete Laney Campaign 206 West 13th Street, Suite 200A Austin, TX 78701	James E. 'Pete' Laney, STATE HOUSE REP. 85th TX Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	05/11/00	5,000.00

SUBTOTAL of Disbursements This Page (optional)	11,400.00
TOTAL This Period (last page this line number only)	

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

Texas Medical Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ron Wilson Campaign 4003 Redwine Circle Houston, TX 77047	Ron Wilson, STATE HOUSE REP. 131st TX Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	05/12/00	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Committee to elect Bob Turner 1907 12th Street Brownwood, TX 76801	Bob R. Turner, STATE HOUSE REP. 73rd TX Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	05/17/00	250.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Phil King Campaign P.O. Box 1913 Weatherford, TX 76086	Phil King, STATE HOUSE REP. 61st TX Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	05/22/00	300.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Myra Crownover Campaign	Myra Crownover, STATE HOUSE REP. 64th TX Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	05/22/00	1,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mike Villarreal Campaign 1106 Blanco Road San Antonio, TX 78212	Villarreal, STATE HOUSE REP. 115th TX Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	06/22/00	2,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Texas Academy of Family Physicians 2710 Walsh Tarlton Austin, TX 78746	In-kind contribution - reception Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	05/22/00	154.64 (In-Kind)
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Rick Noriega Campaign P.O. Box 230324 Houston, TX 77023	In-kind contribution - reception Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	06/22/00	154.64 (Memo In-Kind)
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kim Brimer Campaign P.O. Box 170059 Arlington, TX 76003	Kenneth 'Kim' Brimer, STATE HOUSE REP. 96th TX Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	05/24/00	1,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Tony Garza P.O. Box 685284 Austin, TX 78768	Tony Garza , RAILROAD COMMISSIONR TX Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	06/01/00	500.00

SUBTOTAL of Disbursements This Page (optional)	5,704.64
TOTAL This Period (last page this line number only)	

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (in Full)

Texas Medical Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mike Jackson Campaign P.O. Box 315 La Porte, TX 77572	Mike Jackson, STATE SENATOR 11th TX Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	06/02/00	1,250.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Robert Junell Campaign P.O. Box 3382 San Angelo, TX 76902	Robert Junell, STATE HOUSE REP. 72nd TX Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	06/06/00	2,500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Vilma Luna Campaign 4525 Gollihar, Suite 100 Corpus Christi, TX 78411	Vilma Luna, STATE HOUSE REP. 33rd TX Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	06/08/00	1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Gene Seaman Campaign 5866 South Staples, Suite 313 Corpus Christi, TX 78413	Gene Seaman, STATE HOUSE REP. 32nd TX Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	06/08/00	500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Austin Club 110 East 9th Street Austin, TX 78701	In-kind contributions-receptions Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	06/13/00	506.37 (In-Kind)
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Corbin Van Arsdale Campaign 3323 Richmond Avenue, #C Houston, TX 77098	In-kind contributions-receptions Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	06/13/00	22.97 (Memo In-Kind)
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John Longoria Campaign 301 South Main San Antonio, TX 78204	In-kind contributions-receptions Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	06/13/00	20.17 (Memo In-Kind)
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lois Kolkhorst Campaign 2511 Mustang Road Brenham, TX 77833	In-kind contributions-receptions Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	06/13/00	63.97 (Memo In-Kind)
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
David Puryear Campaign 1200 San Antonio Street Austin, TX 78701	In-kind contributions-receptions Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	06/13/00	37.45 (Memo In-Kind)

SUBTOTAL of Disbursements This Page (optional) 6,768.37

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

Texas Medical Association Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Scott Brister Campaign 301 Fannin Street Houston, TX 77002	In-kind contributions-receptions Primary [ ] General [X] Other (specify) 2000	06/13/00	37.45 (Memo In-Kind)
B. Terry Jennings Campaign 4710 Natural Bridge Kingwood, TX 77345	In-kind contributions-receptions Primary [ ] General [X] Other (specify) 2000	06/13/00	37.45 (Memo In-Kind)
C. Rebecca Simmons Campaign 214 Lynwood San Antonio, TX 78212	In-kind contributions-receptions Primary [ ] General [X] Other (specify) 2000	06/13/00	37.45 (Memo In-Kind)
D. David Gaultney Campaign 412 North Martin Luther King Parkway Beaumont, TX 77701	In-kind contributions-receptions Primary [ ] General [X] Other (specify) 2000	06/13/00	37.45 (Memo In-Kind)
E. Jay Brandon for Justice P.O. Box 33254 San Antonio, TX 78265	In-kind contributions-receptions Primary [ ] General [X] Other (specify) 2000	06/13/00	37.45 (Memo In-Kind)
F. Re-elect Justice Paul Green Campaign P.O. Box 461527 San Antonio, TX 78246	In-kind contributions-receptions Primary [ ] General [X] Other (specify) 2000	06/13/00	37.46 (Memo In-Kind)
G. Sarah Duncan Campaign 300 Dolorosa, Suite 3200 San Antonio, TX 78205	In-kind contributions-receptions Primary [ ] General [X] Other (specify) 2000	06/13/00	37.46 (Memo In-Kind)
H. Bradford M. Condit Campaign 401 Tancahua Corpus Christi, TX 78401	In-kind contributions-receptions Primary [ ] General [X] Other (specify) 2000	06/13/00	37.46 (Memo In-Kind)
I. Leonard Davis Campaign 110 N. College, Suite 500 Tyler, TX 75710	In-kind contributions-receptions Primary [ ] General [X] Other (specify) 2000	06/13/00	37.46 (Memo In-Kind)

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

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 39

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NAME OF COMMITTEE (In Full)

Texas Medical Association Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Bill Callegari Campaign P.O. Box 841926 Houston, TX 77284	In-kind contributions-receptions Disbursement for: [ ] Primary [x] General [ ] Other (specify) 2000	06/13/00	24.72 (Memo In-Kind)
B. American Express P.O. Box 297812 Fort Lauderdale, FL 33329-7812	In-kind cont: travel Longview for fundraiser Disbursement for: [ ] Primary [x] General [ ] Other (specify) 2000	06/13/00	2,906.96 (In-Kind)
C. American Express P.O. Box 297812 Fort Lauderdale, FL 33329-7812	In-kind contribution-reception Disbursement for: [ ] Primary [x] General [ ] Other (specify) 2000	06/13/00	1,510.87 (In-Kind)
D. American Express P.O. Box 297812 Fort Lauderdale, FL 33329-7812	Voided Check Disbursement for: [ ] Primary [x] General [ ] Other (specify) 2000	06/19/00	-2,905.96 (In-Kind)
E. American Express P.O. Box 297812 Fort Lauderdale, FL 33329-7812	Voided Check Disbursement for: [ ] Primary [x] General [ ] Other (specify) 2000	06/19/00	-1,510.87 (In-Kind)
F. Galveston Yact Club 601 Holiday Drive N Galveston, TX 77550	In-kind contribution reception Disbursement for: [ ] Primary [x] General [ ] Other (specify) 2000	06/19/00	1,510.87 (In-Kind)
G. Patricia Gray Campaign 520 20th Street Galveston, TX 77550	In-kind contribution reception Disbursement for: [ ] Primary [x] General [ ] Other (specify) 2000	06/19/00	1,610.87 (Memo In-Kind)
H. Jim Solis Campaign P.O. Box 3357 Harlingen, TX 78550	Jim Solis, STATE HOUSE REP. 38th TX Disbursement for: [ ] Primary [x] General [ ] Other (specify) 2000	06/19/00	1,000.00
I. Capitol Wings Airline, Inc. P.O. Box 18567 Austin, TX 78760	In-kind contribution: airfare Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	06/19/00	1,634.04 (In-Kind)

SUBTOTAL of Disbursements This Page (optional) 4,144.91

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

4-00LT3

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

Texas Medical Association Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Texans for Rick Perry P.O. Box 2013 LB 217 Austin, TX 78768	in-kind contribution: airfare Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	06/19/00	1,452.48 (Memo In-Kind)
B. Tommy Merritt Campaign 201 Estes Drive Longview, TX 75603	In-kind contribution: airfare Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	06/19/00	181.56 (Memo In-Kind)
C. Leo Berman Campaign 2109 Dover Lane Tyler, TX 75703	Leo Berman, STATE HOUSE REP. 6th TX Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	06/20/00	500.00
D. Charlie Geren Campaign P.O. Box 1440 Fort Worth, TX 76101	, STATE HOUSE REP. 99th TX Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	06/21/00	1,000.00
E. Fred Bosse Campaign 13410 Holly Park Houston, TX 77015	Fred M. Bosse, STATE HOUSE REP. 126th TX Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	06/21/00	250.00
F. NATHAN HECT CAMPAIGN (Hecht) P.O. Box 715 Austin, TX 78767	Nathan Hect, SUPREME CT JUSTICE TX Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	06/21/00	2,500.00
G. Wayne Christian Campaign 204 Houston Center, TX 75935	Wayne Christian, STATE HOUSE REP. 9th TX Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	06/23/00	500.00
H. Lon Burnam Campaign P.O. Box 1894 Fort Worth, TX 76101	Lon Burnam, STATE HOUSE REP. 90th TX Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	06/28/00	500.00
I. Craig Eiland Campaign 2423 Market Street Galveston, TX 77550	Craig Eiland, STATE HOUSE REP. 24th TX Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	06/28/00	2,000.00

SUBTOTAL of Disbursements This Page (optional)	7,250.00
TOTAL This Period (last page this line number only)	

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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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 Texas Medical Association 401 West 15th Street Austin, TX 78701	Voided Check Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/30/00	-99.12 (In-Kind)
B. Full Name, Mailing Address and ZIP Code Texas Medical Association 401 West 15th Street Austin, TX 78701	Purpose of Disbursement payment for TSD 18 mailing Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/30/00	99.12 (In-Kind)
C. Full Name, Mailing Address and ZIP Code Ken Armbrister for Senate Campaign P.O. Box 2483 Victoria, TX 77902	Purpose of Disbursement payment for TSD 18 mailing Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/30/00	99.12 (Memo In-Kind)
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) 76,750.04

4-00173

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
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED (R/C) 7/10/00
☐	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
☐	Electronic Filing	

J. A. D.	7/16/00
PREPARER	DATE PREPARED

(6/2000)