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

2. FEC IDENTIFICATION NUMBER
C000001214

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 11/29/94 through 12/31/94		
6. (a) Cash on Hand January 1, 19 94		$ 274,457.99
(b) Cash on Hand at Beginning of Reporting Period	$ 151,425.92	
(c) Total Receipts (from Line 19)	$ 133,565.00	$ 762,333.30
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 284,990.92	$ 1,036,791.29
7. Total Disbursements (from Line 30)	$ 173,503.33	$ 925,303.70
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 111,487.59	$ 111,487.59
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
Diana Dukes - Asst. Treasurer

Signature of Treasurer
Diana Dukes

Date
1/30/95

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)

95039642457

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: 11/29/94 TO: 12/31/94

	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)	21,250.00	108,715.00
ii. Unitemized	112,315.00	647,980.58
iii. Total (add i and ii) ➤	133,565.00	756,695.58
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	133,565.00	756,695.58
12. Transfers From Affiliated/Other Party Committees		4,050.00
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		1,587.72
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	133,565.00	762,333.30
20. Total Federal Receipts (subtract line 18 from line 19) ➤		
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	249.62	2,701.35
ii. Non-Federal Share		
b. Other Federal Operating Expenditures		
c. Total Operating Expenditures (Add a i, a ii, and b) ➤	249.62	2,701.35
22. Transfers to Affiliated/Other Party Committees	4,195.00	205,946.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		4,048.10
24. Independent Expenditures (use Schedule E)		15,135.34
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees		210.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (Add a, b and c) ➤		210.00
29. Other Disbursements	169,058.71	697,262.91
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	173,503.33	925,303.70
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	133,565.00	762,333.30
33. Total Contribution Refunds (from line 28d)		210.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	133,565.00	762,123.30
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	249.62	2,701.35
36. Offsets to Operating Expenditures (from line 15)	0	0
37. Net Operating Expenditures (subtract line 36 from 35) ➤	249.62	2,701.35

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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 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
A. Stephenson, MD, Betty P 1 Tiffany Sq Sugar Land, TX 77478-3708	self physician	12.13.94	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 335		
B. Stephenson, MD, Charles Thomas 6621 Fannin St. Houston, TX 77030-2303	self physician	12.13.94	300.00 ~~350.00~~
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ ~~250.00~~ 335.00		
C. Wolf,Jr, MD, James Albert 6624 Fannin St Ste 1700 Houston, TX 77030-2329	Kelsey-Seybold Clinic PA physician	12.13.94	250.00 ~~300.00~~
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ ~~300.00~~ 250		
D. Hausner, MD, Richard Jeffrey 9601 Jones Rd Ste 228 Houston, TX 77065-4712	self physician	12.13.94	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ $300.00		
E. Jones, MD, John Sid 3115 Pine Ave Ste 706 Waco, TX 76708-3201	self physician	12.13.94	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 300.00		
F. Meriam, MD, Frederick L 202 James Coleman Dr # D Victoria, TX 77904-3109	self physician	12.28.94	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 300.00		
G. Dickey, MD, Nancy Wilson 400 Austin St Richmond, TX 77469-4406	self physician	12.30.94	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 300.00		

SUBTOTAL of Receipts This Page (optional) 2,050.00

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

PAGE 2 OF 11

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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. Hudson, MD, Jerome J 5000 Bee Caves Rd Ste 210 Austin, TX 78746-5254 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Physician Aggregate Year-to-Date > $ 300.00	12-08-94	300.00
B. Kronberg, MD, Gregory Mark 3705 Medical PKY Ste 570 Austin, TX 78705-1024 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Capital Anesthesiology Ass. Physician Aggregate Year-to-Date > $ 300.00	12-08-94	300.00
C. McFarlane, MD, John Russell 3705 Medical Pky Ste 320 Austin, TX 78705-1023 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Physician Aggregate Year-to-Date > $300.00	12-08-94	300.00
D. Morrison, MD, Patricia Jeanne 12501 Hymeadow Dr #C Austin, TX 78750-1831 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Physician Aggregate Year-to-Date > $ 300.00	12-08-94	300.00
E. Oswalt, MD, John Dawson 1010 W. 40th St Austin, TX 78756-4010 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Cardiothoracic & Vascular Surgeons Physician Aggregate Year-to-Date > $ 200.00	12-08-94	200.00
F. Rice, MD, William Hamilton 78 Pascal Ln Austin, TX 78746-2552 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Physician Aggregate Year-to-Date > $ 300.00	12-08-94	300.00
G. Ruiz, MD, David 5000 Bee Caves Rd Ste 210 Austin, TX 78746-5254 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Physician Aggregate Year-to-Date > $ 300.00	12-08-94	300.00

SUBTOTAL of Receipts This Page (optional) 2,000.00

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

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:HEDULE A

ITEMIZED RECEIPTS

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	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Windler, MD, Edwin Carey 900 E 30th St. Ste 107 Austin, TS 78705-3323 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Physician Aggregate Year-to-Date > $ 300.00	12-03-94	300.00
B. Zeifman,MD, Sheryl Michels PO Box 141549 Austin, TX 78714-1549 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Clinical Pathology Lab Mod Physician Aggregate Year-to-Date > $ 300.00	12-03-94	300.00
C. Zapalac, MD, Robert Lawrence 2412 Harris Blvd Austin, TX 78703-2406 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Austin Neuropsychiatric Clinic Physician Aggregate Year-to-Date > $ 300.00	12-08-94	300.00
D. Peterson, MD, Mary Dahlen 3533 S. Alameda St/ Corpus Christi, TX 78411-1721 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Physician Aggregate Year-to-Date > $ 300.00	12-08-94	300.00
E. Eckert, MD, EDward Randolph 3102 Above Stratford Pl Austin, TX 78746 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Physician Aggregate Year-to-Date > $ 300.00	12-08-94	300.00
F. Arnold, MD, Homer S 1010 W. 40th St. Austin, TX 78756-4010 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Cardiothoracic & Vascular Surgeons Physician Aggregate Year-to-Date > $ 300.00	12--08--94	300.00
G. Flawn, MD, Laura Brooks 3100 Red River St. Austin, TX 78705-3214 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Austin Orthopoedic Clinic Physician Aggregate Year-to-Date > $ 300.00	12-08-94	300.00

SUBTOTAL of Receipts This Page (optional) 2,100.00

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

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CHEDULE A

ITEMIZED RECEIPTS

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	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Daryl Lee Eakin, MD 11044 Research Blvd #B-400 AUstin ,Texas 78759-5240 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Occupation physician Aggregate Year-to-Date > $ 300.00	12/3/94	300.00
B. Michael J. Elliott, Jr., MD 4638A S. Lamar Austin ,Texas 78745 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Occupation physician Aggregate Year-to-Date > $ 300.00	12/3/94	300.00
C. William H. Gorman, MD 3705 Medical Pky Ste 110 Austin,Texas 78705-1022 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Occupation physician Aggregate Year-to-Date > $ 300.00	12/3/94	300.00
D. Dan Hardy, MD P.O. Box 141549 Austin,Texas 78714-1549 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Occupation physician Aggregate Year-to-Date > $ 300.00	12/3/94	300.00
E. Lowell J. Haro, MD P.O. Box 16127 AUstin,Texas 78716-1207 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Capital Anesthesiology Assoication Occupation physcian Aggregate Year-to-Date > $300.00	12/3/94	300.00
F. David Faulkner Henges, MD 11603 Jollyville, Rd #101 AUstin,Texas 78759-3933 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Occupation physician Aggregate Year-to-Date > $ 300.00	12/3/94	300.00
G. Wei-Li Huang, MD 8613 Cross Park Dr. Austin, Texas 78754-4554 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Occupation physcian Aggregate Year-to-Date > $ 300.00	12/3/94	300.00

SUBTOTAL of Receipts This Page (optional) 2,100.00

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

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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. Shannon Douglass Cox, MD 1301 W. 38th St. Ste 503 Austin, Texas 78705-1014 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Occupation physician Aggregate Year-to-Date > $ 300.00	12/3/94	300.00
B. James Richard Cullington, MD 1010 W. 9th St. Austin, Texas 78703-4924 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Occupation physician Aggregate Year-to-Date > $ 300.00	12/3/94	300.00
C. Rashad B. Dabaghi, MD 1910 W. 35th St. Austin, Texas 78703-1324 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Gastroenterolgy Assoc. Occupation physician Aggregate Year-to-Date > $ 300.00	12/3/94	300.00
D. Michael Dorsen, MD 2905 San Gariel St. Ste 310 Austin, Texas 78705-3541 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Occupation physician Aggregate Year-to-Date > $ 300.00	12/3/94	300.00
E. Rebecca Lynn Dorsett, MD 511 Oakwood Blvd. Ste 201 Round Rock, Texas 78681-4068 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Occupation physician Aggregate Year-to-Date > $ 300.00	12/3/94	300.00
F. Noble W. Doss, Jr., Md 4201 Marathon BLvd. Ste 301 Austin, Texaws 78756-3410 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Occupation physician Aggregate Year-to-Date > $ 300.00	12/3/94	300.00
G. Coleman Driver, Jr., MD 801 W. 38th St. Austin, Texas 78705-1106 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Austin Retina Associates Occupation physician Aggregate Year-to-Date > $ 300.00	12/3/94	300.00

SUBTOTAL of Receipts This Page (optional) 2,100.00

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

9 5 0 3 9 6 4 2 4 6 3

CHEDULE A ITEMIZED RECEIPTS

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	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Jack Sherman Rounds JR., MD P.O. Box 130669 Tyler, Texas 75713-0669 Receipt For: Primary / General / Other (specify):	self physican Aggregate Year-to-Date > $ 300.00	11/30/94	300.00
B. Chili Robinson, MD 3765 ALameda St. Ste 101 Corpus Christi, Texas 78411-1643 Receipt For: Primary / General / Other (specify):	self physician Aggregate Year-to-Date > $ 200.00	12/1/94	200.00
C. James Russell McDaniel, MD 1749 Pine St. Abilien, Texas 79601-3043 Receipt For: Primary / General / Other (specify):	self physician Aggregate Year-to-Date > $ 500.00	12/1/94	500.00
D. Robert E. Askew Sr., MD 3901 Medical Pky Ste 301 Austin,Texas 78756-4022 Receipt For: Primary / General / Other (specify):	self physician Aggregate Year-to-Date > $ 300.00	12/3/94	300.00
E. Robert Emmet Connor, MD P.O. Box 141549 Austin,Texas 78714-1549 Receipt For: Primary / General / Other (specify):	Clinical Pathology Lab Med physician Aggregate Year-to-Date > $ 300.00	12/3/94	300.00
F. John J. COstanzi, MD 11044 Research Blvd. Ste 8400 Austin,Texas 78759-5246 Receipt For: Primary / General / Other (specify):	self physician Aggregate Year-to-Date > $ 300.00	12/3/94	300.00
G. Donald Ray Counts, MD 2905 San Gabriel St. Ste 306 Austin,Texas 78705-3541 Receipt For: Primary / General / Other (specify):	self physician Aggregate Year-to-Date > $ 300.00	12/3/94	300.00

SUBTOTAL of Receipts This Page (optional) 2,200.00

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

9 5 0 3 9 6 4 2 4 6 4

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 11

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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. Smith, MD, Charlotte Hoehne 1015 E 32nd St Ste 405 Austin, TX 78705-2701	self physician	12.08.94	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $300.00		
B. Utts, MD, Stephen James 4310 James Casey St # 1-B Austin, TX 78745-3325	self physician	12.08.94	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 300.00		
C. Watkins, MD, Michael G 1301 W 38th St # 605 Austin, TX 78705-1010	Austin Diagnostic Clinic Assn. physician	12.08.94	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 300.00		
D. Winegar, MD, Bradford Charles 3705 Medical Pky Ste 320 Austin, TX 78705-1023	self physician	12.08.94	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 300.00		
E. Houston, MD, Stephen D 4419 Frontier Trl Ste 110 Austin, TX 78745-1567	self physician	12.08.94	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 300.00		
F. Thomson, MD, John Phillip 7301 Burnet Rd # 102-302 Austin, TX 78757-2248	self physician	12.08.94	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 300.00		
G. Nick, MD, Paul Henry 3300 S Broadway Ave Ste 102 Tyler, TX 75701-7849	Tyler Psychiatry Clinic physician	12.09.94	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $300.00		

SUBTOTAL of Receipts This Page (optional) 2100.00

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

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CHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11 a1

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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. Brian O'Grady, MD 2905 San Gabriel #310 Austin, TX 78705 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Physician Aggregate Year-to-Date > $ 300.00	12/03/94	300.00
B. Ramsdell, William Marshall, MD 4207 James Casey St. Ste 317 Austin, TX 78745-3362 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self physician Aggregate Year-to-Date > $ 300.00	12-03-94	300.00
C. Sewell III, Bennett Newton, MD PO Box 141549 Austin, Tx 78714-1549 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Clinical Pathology Lab Med physician Aggregate Year-to-Date > $ 300.00	12-03-94	300.00
D. Sherman, Terry James, MD 2555 Western Trails Blvd. Austin, TX 78745-1574 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	South Austin Med Clinic Physician Aggregate Year-to-Date > $ 300.00	12-03-94	300.00
E. Stewart, Sidney Carl, MD 8613 Cross Park Dr. Austin, TX 78754-4554 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Clinical Pathology Lab Med Physician Aggregate Year-to-Date > $ 300.00	12-03-94	300.00
F. Turner, Nancy Allen, MD 4207 James Casey St. Ste 315 Austin, TX 78745-1193 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Physician Aggregate Year-to-Date > $ 300.00	12-03-94	300.00
G. Wells, MD, Max Michael PO Box 141549 Austin, TX 78705-3323 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Clinical Pathology Lab Med Physician Aggregate Year-to-Date > $ 300.00	12-03-94	300.00

SUBTOTAL of Receipts This Page (optional) 2100.00

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

9 5 0 3 9 6 4 2 4 6 6

SCHEDULE A

ITEMIZED RECEIPTS

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

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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
A. Bruce Alan Burt, MD P.O. Box 141549 Austin ,Texas 78714-1549 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Austin Clinical Pathology Lab Med physician Aggregate Year-to-Date > $ 300.00	12/3/94	300.00
B. Gerald Jacknow, MD P.O. Box 141549 AUstin,Texas 78714-1549 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Austin Clinical Pathology Lab Med physician Aggregate Year-to-Date > $ 300.00	12/3/94	300.00
C. Jerry Julian, MD 6816 Austin Center Blvd. #202 AUstin, Texas 78731 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Austin Orthopaedic Clinic physician Aggregate Year-to-Date > $ 300.00	12/3/94	300.00
D. Stephen Jurco III, MD P.O. Box 141549 Austin, Texas 78714-1549 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Austin Clinical Pathology Lab Med physician Aggregate Year-to-Date > $ 300.00	12/3/94	300.00
E. Michael Lawrence Kasper, MD 801 W. 34th St. Austin ,Texas 78705 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Austin Diagnositic Clinic Assn. physician Aggregate Year-to-Date > $ 300.00	12/3/94	300.00
F. Lyle D. Koen, MD 801 W. 38th St. AUstin, Texas 78705-1106 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Austin Retina Assoc. physician Aggregate Year-to-Date > $ 300.00	12/3/94	300.00
G. Margaret Listrom, MD P.O. Box 141549 Austin, Texas 78714 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self physician Aggregate Year-to-Date > $ 300.00	12/3/94	300.00

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

PAGE 10 OF 11

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. Thomas Irvin, Lowrey, MD 3100 Red River St. Austin ,Texas 78705-3214 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Austin Orthopaedic Clinic Occupation: physcian Aggregate Year-to-Date > $ 300.00	12/3/94	300.00
B. John Stewart Mangione, MD 6818 Austin Center Blvd. #205 Austin Texas 78731-3165 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Occupation: physician Aggregate Year-to-Date > $ 300.00	12/3/94	300.00
C. Alan Townes Moore, MD P.O. Box 141549 Austin ,Texas 78714-1549 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Austin Clinical Pathology Lab Med Occupation: physcian Aggregate Year-to-Date > $ 300.00	12/3/94	300.00
D. Charles Edwin Mortiz, MD 4711 Spicewood Spgs #269 Austin Texas 78759 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Occupation: physcian Aggregate Year-to-Date > $ 300.00	12/3/94	300.00
E. Paul Bridges Murphree JR., MD 511 Oakwood Blvd Ste 201 Round Rock, Texas 78681-4068 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Occupation: physician Aggregate Year-to-Date > $ 300.00	12/3/94	300.00
F. Dean R. Niemeyer, MD P.O. Box 14159 Austin, Texas 78714-1549 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Austin Clinical Pathology Lab Med Occupation: physician Aggregate Year-to-Date > $ 300.00	12/3/94	300.00
G. Michael Terrence O'Brien , MD P.O. Box 141549 Austin ,Texas 78714-1549 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Austin Clinical Pathology Lab Med Occupation: physcian Aggregate Year-to-Date > $ 300.00	12/3/94	300.00

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

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FOR LINE NUMBER 11 A1

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NAME OF COMMITTEE (In Full)

Texas Medical Association Political Action Committee

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Douglas Horton, MD 5643 Route 2 Beaumont, Texas 78654	self Occupation: physician	12/3/94	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
B. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Report (last page only line number only)	21,250.00

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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 21a1

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NAME OF COMMITTEE (In Full)

Texas Medical Association Political Action COmmittee

A. Full Name, Mailing Address and ZIP Code Nations Bank 5000 Congress Austin ,Texas 78701	Purpose of Disbursement check/deposit slip fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 11/30/94	Amount of Each Disbursement This Period 16.95
B. Full Name, Mailing Address and ZIP Code Nations Bank 5000 Congress Austin,Texas 78701	Purpose of Disbursement MC/Visa Charge Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 12/1/94	Amount of Each Disbursement This Period 8.85
C. Full Name, Mailing Address and ZIP Code Nations Bank 5000 Congress Austin ,Texas 78701	Purpose of Disbursement analysis fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 12/22/94	Amount of Each Disbursement This Period 223.82
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)	249.62

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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

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code ANPAC 1101 Vermont Ave. Washington, DC 20005	transfer of funds for period 8/26/94 - 10/25/94 Disbursement for: [ ] Primary [ ] General [ ] Other (specify) fundraising 1994	12/12/94	4,195.00
B. 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
C. 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
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) 4,195.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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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. Barbara Rusling Campaign 1635 Meaandering Way China Spring, Texas 76633	contribution THD 57 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	11/30/94	500.00
B. The Eppstein Group 4055 Internations Plaza Ft. Worth, Texas 76109	consulting-polls-surveys Disbursement for: [ ] Primary [X] General [ ] Other (specify)	11/30/94	20,413.74
C. John Whitmire Campaign 722 West Temple Houston,Tex as 77009	contribution TSD 15 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	11/30/94	1,000.00
D. Mario Gallegos Campaign P.O. Box 151 Galena Park, Texas 77547	contribution TSD 6 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	11/30/94	1,000.00
E. Jessica Farrar Campaign 204 Graceland Houston,Texas 77009	contribution THD 148 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	11/30/94	250.00
F. Kenny Marchant Campaign 1120 Metrocrest, Suite 101B Carrollton, Texas 75006	contribution THD 99 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	11/30/94	250.00
G. Drew Nixon Campaign P.O. Box 366 Carthage, Texas 75633	contribution TSD 3 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	11/30/94	2,500.00
H. Drew Nixon Campaign P.O. Box 366 Carthage, Texas 75633	contribution TSD 3 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	11/30/94	2,500.00
I. Burt Solomons Campaign 1209 Stillwater Trail Carrollton,Texas 75007	contribution THD 65 Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	11/30/94	500.00

SUBTOTAL of Disbursements This Page (optional) 28,913.74

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. David Sibley Campaign P.O. Box 8917 Waco, Texas 76614	contribution TSd 22 Disbursement for: [ ] Primary [x] General [ ] Other (specify)	11/30/94	5,000.00
B. Shipley & Associatias, Inc. 919 Congress Ave. Suite 750 Austin, Texas 78701	consulting retainer Nov. - Dec. Disbursement for: [ ] Primary [x] General [ ] Other (specify)	11/30/94	8,000.00
C. David Cain Campaign 6307 CIub Lake Court Dallas, Texas 75214	contribution TSD 2 Disbursement for: [ ] Primary [x] General [ ] Other (specify)	11/30/94	2,500.00
D. Judith Zaffirini Campaign P.O. Box 627 Laredo, Texass 78042	contribution TSD 21 Disbursement for: [ ] Primary [x] General [ ] Other (specify)	12/1/94	5,000.00
E. Dale Tillery Campaign 8035 ERL Thorton Frwy Dallas, Texas 75228	contribution THD 105 Disbursement for: [ ] Primary [x] General [ ] Other (specify)	12/1/94	250.00
F. Robert Talton Campaign 4230 Fox Meadow Lane Pasadena , Texas 77504	contribution THD 144 Disbursement for: [ ] Primary [x] General [ ] Other (specify)	12/1/94	250.00
G. Austin CIub c/o Westgate Building 1122 Colorado, Suite 220 Austin, Texas 78701	in-kind contr. Kyle Janek THD 134 Disbursement for: [ ] Primary [x] General [ ] Other (specify)	12/1/94	93.05
H. TADA Services 1108 Lavaca Austin ,Texas 78767	travel- Smith Co. Mtg Disbursement for: [ ] Primary [ ] General [x] Other (specify) membership dev.	12/1/94	1,378.08
I. ICAN Aviation P.O. Box 674 AUstin ,Texas 787001	travel - CMS meeting Jacksonville Disbursement for: [ ] Primary [ ] General [x] Other (specify) membership dev.	12/1/94	709.00

SUBTOTAL of Disbursements This Page (optional) 23,180.13

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Michael Galloway Campaign 21 Yew leaf Road Woodlands, Texas 77381	contribution TSD 4 Disbursement for: [ ] Primary [x] General [ ] Other (specify) debt ret.	12/1/94	5 000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Harryette Ehrhardt Campaign P.O. Box 140968 Dallas, Texas 75214	contribution THD 107 Disbursement for: [ ] Primary [x] General [ ] Other (specify) debt ret.	12/5/94	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Eddie De La Garza P.O. Box 1161 Edinburg, Texas 78540	contribution THD 40 Disbursement for: [ ] Primary [x] General [ ] Other (specify) debt ret.	12/5/94	1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jane Nelson Cmapaign 3700 Forums Drive, Sutie 103 Flower Mound, Texas 75028	contribution TSD 9 Disbursement for: [ ] Primary [x] General [ ] Other (specify) debt ret.	12/5/94	1,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Tracey O. King 2018 West Main Street Uvalde, Texas 78801	contribution THD 43 Disbursement for: [ ] Primary [x] General [ ] Other (specify) debt retir.	12/5/94	500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dan Kubiak Campaign 135 Champions Drive Rockdale, Texass 76567	contribution THD 13 Disbursement for: [ ] Primary [x] General [ ] Other (specify) debt ret.	12/5/94	250.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Steve Holzheauser Campaign P.O. Box 4944 Victoria, Texas 77903	contribution THD 30 Disbursement for: [ ] Primary [ ] General [ ] Other (specify) debt ret.	12/5/94	250.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hugo Berlanga Campaign 201 Leming Corpus Christi, Texas 78404	contribution THD 34 Disbursement for: [ ] Primary [ ] General [ ] Other (specify) debt ret.	12/5/94	500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Curtis Seidlits Campaign 800 Western Hills Sherman, Texas 75090	contirbution THD 62 Disbursement for: [ ] Primary [ ] General [ ] Other (specify) debt ret.	12/5/94	500.00

SUBTOTAL of Disbursements This Page (optional) 9,500.00

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

A. 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
Priscilla Owen Campaign P.O. Box 61388 Houston, Texas 77208	contrib. TX Supreme Court Place 3 Disbursement for: Primary General Other (specify) debt retr.	12/5/94	1,000.00
B. 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
Justice Nathan Hecht Campaign 807 Brazos Suite 400 Austin, Texas 78701	contri. Tx Supreme Ct. Seat 2 Disbursement for: Primary General Other (specify) debt retirment	12/5/94	1,000.00
C. 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
John Longoria Cmapaign 301 SOuth Main San Antonio, texas 78207	contri. THd 117 Disbursement for: Primary General Other (specify) debt retir.	12/6/94	250.00
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
The Eppstein Group 8055 International Plaza Ft. Worth, Texas	retainer-consulting-"physicians for" letters Disbursement for: Primary / General X / Other (specify)	12/7/94	16,964.84
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
Jerry Patterson Campaign 4010 Fairmont Parkway #391 Pasadena, Texas 77089	contri. TSD 11 Disbursement for: Primary General Other (specify) debt retirment	12/7/94	250.00
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
The Eppstein Group 4055 Internations' Plaza Ft. Worth, Texas 76109	in-kind contr. David Sibley TSD 22 Disbursement for: Primary X General Other (specify) debt retri.	12/7/94	4,000.00
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
Joe Crabb Campaign 20319 Arrow COve Drive Humble, Texas 77346	contribution THD 127 Disbursement for: Primary / General X / Other (specify) debt retir.	12/7/94	250.00
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
Ron Wilson Campiagn 4003 Redwin Houston, Texas 77047	contri. THD 131 Disbursement for: Primary K General Other (specify) debt.	12/7/94	250.00
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
John Sharp for Comptroller 3504 Clearview Austin, Texas 78703	contri. State Comp. Disbursement for: Primary X General Other (specify) debt retir	12/7/94	500.00

SUBTOTAL of Disbursements This Page (optional) 24,464.84

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Jack Harris Campaign Route 4, Box 4403 Pearland, texas 77581	contribution THD 25 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) debt ret.	12/5/94	250.00
B. George W. Bush P.O. Box 2136 Austin ,Texas 78768	contribution - Governor Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/5/94	30,000.00
C. Texans for Rick Perry P.O. Box 381 Austin,Texas 78767	contribution - Ag Comm Disbursement for: ☐ Primary ☐ General ☐ Other (specify) debt ret.	12/5/94	1,000.00
D. Vilma Luna Campaign 5406 Burnham #621 Corpus CHristi, Texas 78413	contribution THD 33 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) debt ret.	12/5/94	250.00
E. Gary Elkins Campaign 16430 Koester Houston,Texas 77040	contribution THD 135 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) debt ret.	12/5/94	500.00
F. Tom Haywood Campaign P.O. Box 8552 Wichita Falls, Texas 76307	contri. TSD 30 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) debt retirement	12/5/94	5,000.00
G. Billy Clemons Campaign Route 1 Box 45 Pollok, Texas 75969	contri. THD 17 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) debt ret.	12/5/94	250.00
H. Jerry Johnson Campaign 6061 Center Hwy Nacogdoches, Texas 75961	contri. THD 9 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) debt ret.	12/5/94	250.00
I. Oliver Kitzman Campiagn Route 1, Box 92 Brookshire, Texas 77423	debt retirement Supreme Court Seat Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/5/94	1,000.00

SUBTOTAL of Disbursements This Page (optional) 38,500.00

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Jesse Jones Campaign 6149 Moonglow Dallas, Texas 75241	Cont THD 110 Primary [ ] General [X] Other (specify)	12/7/94	250.00
B. Deborah Race Campaign 719 W. Front Street Tyler, Texas 75702	contrib. Appealate Court Seat Primary [ ] General [ ] Other (specify) debt retirement	12/7/94	500.00
C. Bob Bullock Campaign P.O. Box 2243 Austin,Texas 78768	contri. Lt. Governor Primary [ ] General [X] Other (specify)	12/8/94	2,000.00
D. Friends of Tony Garza P.O. Box 8943 Austin,Texas 78798	contri. Sec. of State Primary [ ] General [X] Other (specify)	12/8/94	1,000.00
E. Committee to Keep Justice Gonzalez 919 COngress Ave. Suite 750 Austin,Texas 78701	cont. Supreme Ct. Primary [X] General [ ] Other (specify)	12/8/94	1,000.00
F. Texas Medical Association 401 W. 15th Street Austin, Texas 78701	administrative costs services 1994 Primary [ ] General [ ] Other (specify)	12/16/94	40,000.00
G. John Birchl Campaign	contri. THD 69 Primary [ ] General [ ] Other (specify) void check	12/12/94	-250.00
H.	Primary [ ] General [ ] Other (specify)		
I.	Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional) ..... 44,750.00 -250.00 44,500.00

TOTAL This Period (last page this line number only) 169,058.71

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FE4AN101

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
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☐	No Postmark	
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☐	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

Q.A.Q.
PREPARER

2/4/95
DATE PREPARED

FEC FORM 70-2 (12/92)

9 5 0 3 9 6 4 2 4 7 8