

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 / 248
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Texas Medical Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Glenn Walter Dunnington

Mailing Address 1025 Wilburn Dr

City State Zip Code
Paris TX 75460-6457

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 04 / 2007

Transaction ID: 20266922

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Dr. Ray M. Fitzgerald, III

Mailing Address 15402 Brandonwood PI

City State Zip Code
Houston TX 77069-1540

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1125.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2007

Transaction ID: 20266925

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Thomas Parker Hawk

Mailing Address 3720 Harvard Ave

City State Zip Code
Dallas TX 75205-3133

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 03 / 2007

Transaction ID: 20266934

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	▶	1600.00
TOTAL This Period (last page this line number only)	▶	