

**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 136 / 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

Full Name (Last, First, Middle Initial) A. Dr. Michael E. Newell		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2007	
Mailing Address 315 Happy Trl		Transaction ID: 20266956	
City State Zip Code San Antonio TX 78231-1439	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Urology San Antonio, PA	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Dr. Carl Barth Rountree		Date of Receipt M M / D D / Y Y Y Y 05 / 01 / 2007	
Mailing Address 3245 REBA DR		Transaction ID: 20266964	
City State Zip Code HOUSTON TX 77019	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Dr. Patrick Brian Ryan		Date of Receipt M M / D D / Y Y Y Y 05 / 21 / 2007	
Mailing Address 2909 Camille Dr		Transaction ID: 20266966	
City State Zip Code College Station TX 77845-7723	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Brazos Anesthesiology	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	900.00
TOTAL This Period (last page this line number only) ▶	