

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 28 OF 182 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Dr. William Jordan Wagner Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 408 W Goodwin Ave
 City Victoria State TX Zip Code 77901-6426
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Victoria Surgical Associates Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 18 / 2012
Transaction ID : 44014634
 Amount of Each Receipt this Period
 250.00

B. Dr. Jeffrey G. Detweiler
 Full Name (Last, First, Middle Initial)
 Mailing Address 3818 Bellaire Cir
 City Fort Worth State TX Zip Code 76109-2764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 18 / 2012
Transaction ID : 44014636
 Amount of Each Receipt this Period
 250.00

C. Dr. Tracie Dalene Updike
 Full Name (Last, First, Middle Initial)
 Mailing Address 2933 Park Plaza Ln
 City Port Arthur State TX Zip Code 77642-5516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 18 / 2012
Transaction ID : 44014637
 Amount of Each Receipt this Period
 250.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 750.00 |
| TOTAL This Period (last page this line number only).....▶ | |