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 38 / 106

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial): Mary Ann Homer
Mailing Address: 6601 Sahalee Dr
City: Fort Worth State: TX Zip Code: 76132
FEC ID number of contributing federal political committee.
Name of Employer:
Occupation: Home-maker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 06 10 2002
Amount of Each Receipt this Period: 250.00
Check
Transaction ID: R21726

B.
Full Name (Last, First, Middle Initial): Dr Melton J. Horwitz, MD
Mailing Address: 4902 Braesheather Dr
City: Houston State: TX Zip Code: 77096
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 06 28 2002
Amount of Each Receipt this Period: 300.00
Check
Transaction ID: R21727

C.
Full Name (Last, First, Middle Initial): Dr David Scott Howard, MD
Mailing Address: 1 bridal Path
City: Longview State: TX Zip Code: 75605
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 06 06 2002
Amount of Each Receipt this Period: 300.00
Check
Transaction ID: R21697

SUBTOTAL of Receipts This Page (optional) ..... ▶ **850.00**

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