

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
WellMed Medical Management, Inc. Federal Political Action Committee

ADDRESS (number and street) 8637 Fredericksburg Rd.
Suite 360
 Check if different than previously reported. (ACC)
San Antonio TX 78240

2. **FEC IDENTIFICATION NUMBER** C00452631
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2009 through 06 30 2009

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 Bryan David Grundhoefer

Signature of Treasurer Electronically Filed by Bryan David Grundhoefer Date 07 29 2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
WellMed Medical Management, Inc. Federal Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		940.00
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	940.00									
(c) Total Receipts (from Line 19)	21900.00	21900.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	22840.00	22840.00								
7. Total Disbursements (from Line 31)	3924.00	3924.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	18916.00	18916.00								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

WellMed Medical Management, Inc. Federal Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	20900.00	20900.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	20900.00	20900.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	20900.00	20900.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	1000.00	1000.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	21900.00	21900.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	21900.00	21900.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	24.00	24.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	24.00	24.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3400.00	3400.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	500.00	500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	3924.00	3924.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3924.00	3924.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 17

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	20900.00	20900.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20900.00	20900.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	24.00	24.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	1000.00	1000.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-976.00	-976.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 17
(check only one)

<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
WellMed Medical Management, Inc. Federal Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Robert Babiak

Mailing Address 9102 Brigadoon

City San Antonio State TX Zip Code 78254

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

Name of Employer Wellmed Medical Management Inc Occupation Nurse

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 14 / 2009

Transaction ID: SA11AI.4143

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Thomas Mike Brennand

Mailing Address 2007 Encino White

City San Antonio State TX Zip Code 78259

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

Name of Employer Wellmed Medical Management Inc Occupation Clinic Ops.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 04 / 29 / 2009

Transaction ID: SA11AI.4156

Amount of Each Receipt this Period 1500.00

C.

Full Name (Last, First, Middle Initial)
William G. Connolly

Mailing Address 24822 Birdie Ridge

City San Antonio State TX Zip Code 78260

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

Name of Employer Wellmed Medical Management Inc Occupation SVP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 04 / 21 / 2009

Transaction ID: SA11AI.4145

Amount of Each Receipt this Period 2500.00

SUBTOTAL of Receipts This Page (optional) ▶ 4500.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 17
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WellMed Medical Management, Inc. Federal Political Action Committee

A. Full Name (Last, First, Middle Initial)
Roberto Corral
 Mailing Address 11654 White Cross
 City San Antonio State TX Zip Code 78253
 Date of Receipt 04 / 21 / 2009
Transaction ID: SA11AI.4147
 Amount of Each Receipt this Period 50.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Wellmed Medical Management Inc Occupation PA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

B. Full Name (Last, First, Middle Initial)
Robin Eickhoff, MD
 Mailing Address 8729 Mountain Top
 City San Antonio State TX Zip Code 78255
 Date of Receipt 04 / 09 / 2009
Transaction ID: SA11AI.4133
 Amount of Each Receipt this Period 2000.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Wellmed Medical Management Inc Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

C. Full Name (Last, First, Middle Initial)
Michele A. Fite
 Mailing Address 20 South Inwood Heights Dr.
 City San Antonio State TX Zip Code 78248
 Date of Receipt 04 / 09 / 2009
Transaction ID: SA11AI.4129
 Amount of Each Receipt this Period 200.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Wellmed Medical Management Inc Occupation VP Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

SUBTOTAL of Receipts This Page (optional) ► 2250.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 17
(check only one)

<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)
WellMed Medical Management, Inc. Federal Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Robert J. Freeman, MD

Mailing Address 602 Happy Trail

City San Antonio State TX Zip Code 78231

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

Name of Employer Wellmed Medical Management Inc Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 09 / 2009

Transaction ID: SA11AI.4137

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Bryan David Grundhoefer

Mailing Address 1500 Stag Meadow

City San Antonio State TX Zip Code 78248-1346

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

Name of Employer Wellmed Medical Management Inc Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 05 / 28 / 2009

Transaction ID: SA11AI.4173

Amount of Each Receipt this Period 2500.00

C.

Full Name (Last, First, Middle Initial)
Gordy S. Hall

Mailing Address 741 Tuxedo Ave.

City San Antonio State TX Zip Code 78209

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

Name of Employer Wellmed Medical Management Inc Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 28 / 2009

Transaction ID: SA11AI.4154

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 3500.00

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

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

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

FOR LINE NUMBER: PAGE 9 / 17
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WellMed Medical Management, Inc. Federal Political Action Committee

A. Full Name (Last, First, Middle Initial)
Richard L. Manning

Mailing Address 28732 Verde Mountain Trail

City San Antonio State TX Zip Code 78261-2533

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

Name of Employer Wellmed Medical Management Inc Occupation Sr. VP, Strategic Initiatives

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 05 / 28 / 2009
Transaction ID: SA11AI.4171
Amount of Each Receipt this Period 1250.00

B. Full Name (Last, First, Middle Initial)
Lenibet M. Montemayor

Mailing Address 322 Yorktown

City Pleasanton State TX Zip Code 78064

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

Name of Employer Wellmed Medical Management Inc Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 28 / 2009
Transaction ID: SA11AI.4152
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Steve Morgan

Mailing Address 314 Cypress Trail

City San Antonio State TX Zip Code 78256

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

Name of Employer Physicians Health Clinic Occupation VP Market Ops.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 14 / 2009
Transaction ID: SA11AI.4141
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ 2500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 17
(check only one)

<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)
WellMed Medical Management, Inc. Federal Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Robert E. Noland, Jr.

Mailing Address 2011 Walsbrook

City State Zip Code
San Antonio TX 78260

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

Name of Employer Wellmed Medical Management Inc
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
04 / 14 / 2009

Transaction ID: SA11AI.4139

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Carlos Perches, MD

Mailing Address 8706 Mountaintop

City State Zip Code
San Antonio TX 78255

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

Name of Employer Wellmed Medical Management Inc
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
04 / 01 / 2009

Transaction ID: SA11AI.4127

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
George M. Rapier, III

Mailing Address 405 W. Magnolia Ave.

City State Zip Code
San Antonio TX 78212

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

Name of Employer WellMed Medical Management Inc
Occupation Chairman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2009

Transaction ID: SA11AI.4121

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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

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

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

FOR LINE NUMBER: PAGE 11 / 17
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WellMed Medical Management, Inc. Federal Political Action Committee

A. Full Name (Last, First, Middle Initial)
George M. Rapier, III
Mailing Address 405 W. Magnolia Ave.
City San Antonio State TX Zip Code 78212
FEC ID number of contributing federal political committee. **C**
Name of Employer WellMed Medical Management Inc Occupation Chairman
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00
Date of Receipt 03 / 31 / 2009
Transaction ID: SA11AI.4124
Amount of Each Receipt this Period 1500.00

B. Full Name (Last, First, Middle Initial)
Benjamin J. Stevens, MD
Mailing Address 137 Phantom Creek
City Cibolo State TX Zip Code 78130
FEC ID number of contributing federal political committee. **C**
Name of Employer Wellmed Medical Management Inc Occupation Physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 100.00
Date of Receipt 04 / 09 / 2009
Transaction ID: SA11AI.4135
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Lynnette Taylor
Mailing Address 9315 Whisper Pt.
City San Antonio State TX Zip Code 78240-4983
FEC ID number of contributing federal political committee. **C**
Name of Employer Wellmed Medical Management Inc Occupation VP of Utilization Management
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 05 / 20 / 2009
Transaction ID: SA11AI.4174
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1850.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 17
(check only one)

<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)
WellMed Medical Management, Inc. Federal Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Joe E. Trevino, MD

Mailing Address 14 Court Circle

City San Antonio State TX Zip Code 78209

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

Name of Employer Wellmed Medical Management Inc Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 01 / 2009

Transaction ID: SA11AI.4125

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Eileen M. Weigum

Mailing Address 2630 Chestnut Bend

City San Antonio State TX Zip Code 78232

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

Name of Employer Wellmed Medical Management Occupation SVP Innovation Implementation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 21 / 2009

Transaction ID: SA11AI.4150

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Richard J. Whitaker

Mailing Address 22730 Steeple Bluff

City San Antonio State TX Zip Code 78256

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

Name of Employer Princeton Medical Group PA Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 03 / 25 / 2009

Transaction ID: SA11AI.4122

Amount of Each Receipt this Period 2500.00

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 17
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WellMed Medical Management, Inc. Federal Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Carol Zernial

Mailing Address 438 Ridgemont Ave.

City State Zip Code
San Antonio TX 78209

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

Name of Employer
Wellmed Medical Management Inc

Occupation
Gerontologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.4131

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)	▶	300.00
TOTAL This Period (last page this line number only)	▶	20900.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 17

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

WellMed Medical Management, Inc. Federal Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Michael Burgess for Congress

Mailing Address PO Box 2334

City

Denton

State

TX

Zip Code

76202

FEC ID number of contributing federal political committee.

C C00372532

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	0	9

Transaction ID: SA15.4180

Amount of Each Receipt this Period

1000.00

Voided Check

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 15 / 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

WellMed Medical Management, Inc. Federal Political Action Committee

A.	Full Name (Last, First, Middle Initial) Bank of America		Transaction ID: SB21B.4181	
	Mailing Address P.O. Box 831547		Date of Disbursement 04 / 02 / 2009	
	City Dallas	State TX	Zip Code 75283-1547	Amount of Each Disbursement this Period 24.00
	Purpose of Disbursement Bank service charge		001	
	Candidate Name		Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State:	District:		

SUBTOTAL of Disbursements This Page (optional)

24.00

TOTAL This Period (last page this line number only)

24.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WellMed Medical Management, Inc. Federal Political Action Committee

A. Full Name (Last, First, Middle Initial)
Congressman Joe Barton Committee, The

Mailing Address P.O. Box 1444

City Ennis State TX Zip Code 75120

Purpose of Disbursement
Political Contribution

Candidate Name
Joe Linus Barton

Office Sought: House
 Senate
 President

State: TX District: 06

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.4166

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
Hall for Congress Committee (Ralph Hall - Rockwall, Texas)

Mailing Address Post Office Box 711

City Rockwall State TX Zip Code 75087

Purpose of Disbursement
Political Contribution

Candidate Name
Ralph Moody Hall

Office Sought: House
 Senate
 President

State: TX District: 04

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.4158

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

3400.00

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

3400.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 17 / 17

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WellMed Medical Management, Inc. Federal Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Julian Castro for Mayor Campaign

Mailing Address 115 E. Travis, Ste 1403

City San Antonio State TX Zip Code 78205

Purpose of Disbursement
Political Contribution

Candidate Name
Julian Castro

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB29.4179

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	9	/	2	0	0	9

Amount of Each Disbursement this Period

500.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

500.00