

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

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

FOR LINE NUMBER: PAGE 23 / 472

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Texas Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Wesley Kent Herman

Mailing Address 4527 N Lindhurst Ave

City

Dallas

State

TX

Zip Code

75229-6515

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 ▼

300.00

Date of Receipt

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

Transaction ID: 38488513

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. H. Pat Hezmall

Mailing Address 5505 Hunterwood Ln

City

Arlington

State

TX

Zip Code

76017-8209

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 ▼

300.00

Date of Receipt

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

Transaction ID: 38488514

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. David Sheng Huang

Mailing Address 3512 Harrison St

City

Wichita Falls

State

TX

Zip Code

76308-2324

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 3 / 2 0 1 1

Transaction ID: 38488523

Amount of Each Receipt this Period

1000.00

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

1600.00

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