

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)

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

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NAME OF COMMITTEE (In Full)

Texas Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Simon Cavendish Mears

Mailing Address 3825 Mapleshade Ln #7102

City
Plano

State
TX

Zip Code
75075-5702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2014

Transaction ID : 58485496

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Dr. Corey Jay Haggard

Mailing Address 4817 100th St

City
Lubbock

State
TX

Zip Code
79424-5703

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2014

Transaction ID : 58485503

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Ronald G. Henry MD

Mailing Address 11 Doe Run Dr

City
Spring

State
TX

Zip Code
77380-0931

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Northwoods Urology Associates

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2014

Transaction ID : 58485505

Amount of Each Receipt this Period

300.00

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

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

1600.00