

# **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. 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

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 07 / 2013

Transaction ID : 49670561

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. North Texas Endocrine Center**

Mailing Address 9301 North Central Expwy Suite 570

City

Dallas

State

TX

Zip Code

75231-4412

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

01 / 04 / 2013

Transaction ID : 49670563

Amount of Each Receipt this Period

125.00

Not a corporation. See 11 CFR 114.7(d) . TX Rev. Civ. Stat. Ann. art. 1528f s2.(A)(Vernon Supp. 2003)

Full Name (Last, First, Middle Initial)

**C. North Texas Endocrine Center**

Mailing Address 9301 North Central Expwy Suite 570

City

Dallas

State

TX

Zip Code

75231-4412

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 04 / 2013

Transaction ID : 49670567

Amount of Each Receipt this Period

125.00

Not a corporation. See 11 CFR 114.7(d) . TX Rev. Civ. Stat. Ann. art. 1528f s2.(A)(Vernon Supp. 2003)

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

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

1250.00