

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d (check only one) <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	PAGE 5 / 91
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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

A.	Full Name (Last, First, Middle Initial) Robert Adler		Date of Receipt MM / DD / YYYY 09 / 08 / 2008
	Mailing Address P. O. Box 5405		Transaction ID: 80911.C6344
	City Corpus Christi	State TX	Zip Code 78405
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer Texas Paper Stock, Inc.	Occupation recycler	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

B.	Full Name (Last, First, Middle Initial) Caroline Altheide		Date of Receipt MM / DD / YYYY 09 / 22 / 2008
	Mailing Address 202 Del Mar Blvd		Transaction ID: 81015.C6375
	City Corpus Christi	State TX	Zip Code 78404
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer Self Employed	Occupation Oil and Gas	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

C.	Full Name (Last, First, Middle Initial) Lynn Anderson		Date of Receipt MM / DD / YYYY 07 / 30 / 2008
	Mailing Address P. O. Box 1029		Transaction ID: 81015.C6678
	City Olmito	State TX	Zip Code 78575
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer Valley Day and Night Clinic	Occupation Physician	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	