

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 238 / 535

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Senatorial Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Alejandro Bugnone

Mailing Address 429 Umar Ave

City

Edinburg

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Quality Radiology

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5356.00

Date of Receipt

03 / 31 / 2009

Transaction ID: C4728975

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Enrique Caceres

Mailing Address 205 E. Yellowhammer

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Doctors Hospital at Renai-
ssance

Occupation
Partner/Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

536.00

Date of Receipt

03 / 31 / 2009

Transaction ID: C4743641

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Charles Campbell

Mailing Address 5540 Saratoga Blvd.

City

Corpus Christi

State

TX

Zip Code

78413

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Texas Retina

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 31 / 2009

Transaction ID: C4732196

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

6500.00

TOTAL This Period (last page this line number only)