

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 38 / 123                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Rene Garza   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 1 / 2 0 0 7 |
| Mailing Address 5404 N. 1st street  |  | Transaction ID: SA11A1.6468                                   |
| City State Zip Code<br>mcallen TX 78504   | Amount of Each Receipt this Period<br>250.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution  |
| Name of Employer selfemployed<br>Occupation private investor  | Aggregate Year-to-Date ▼<br>1250.00          |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Rene Garza   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 6 / 1 5 / 2 0 0 7 |
| Mailing Address 5404 N. 1st street  |  | Transaction ID: SA11A1.6594                                   |
| City State Zip Code<br>mcallen TX 78504   | Amount of Each Receipt this Period<br>250.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution  |
| Name of Employer selfemployed<br>Occupation private investor  | Aggregate Year-to-Date ▼<br>1500.00          |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Lawrence Gelman  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 1 2 / 2 0 0 7 |
| Mailing Address 3900 Sundown Drive  |  | Transaction ID: SA11A1.6347                                   |
| City State Zip Code<br>mcallen TX 78503   | Amount of Each Receipt this Period<br>250.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution  |
| Name of Employer selfemployed<br>Occupation physician   | Aggregate Year-to-Date ▼<br>1000.00          |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 750.00      |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |