

**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 39 / 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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Lawrence Gelman		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 3900 Sundown Drive		<b>Transaction ID:</b> SA11A1.6469
City State Zip Code mcallen TX 78503	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		contribution
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Lawrence Gelman		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 3900 Sundown Drive		<b>Transaction ID:</b> SA11A1.6595
City State Zip Code mcallen TX 78503	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		contribution
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Robert Genovese		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7
Mailing Address 2208 Summer Breeze		<b>Transaction ID:</b> SA11A1.6348
City State Zip Code mission TX 78572	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		contribution
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 797.73	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	700.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]