

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 115

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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

A.

Full Name (Last, First, Middle Initial)  
Lawrence Gelman

Mailing Address 3900 Sundown Drive

City	State	Zip Code
mcallen	TX	78503

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.7479

Amount of Each Receipt this Period  
250.00

contribution

B.

Full Name (Last, First, Middle Initial)  
Lawrence Gelman

Mailing Address 3900 Sundown Drive

City	State	Zip Code
mcallen	TX	78503

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.7631

Amount of Each Receipt this Period  
250.00

contribution

C.

Full Name (Last, First, Middle Initial)  
Lawrence Gelman

Mailing Address 3900 Sundown Drive

City	State	Zip Code
mcallen	TX	78503

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
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Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00
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Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.7632

Amount of Each Receipt this Period  
250.00

contribution

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

750.00

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