

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Ortiz for Congress Committee

ADDRESS (number and street) P, O, Box 7806
 Check if different than previously reported. (ACC)
Corpus Christi TX 78467

2. **FEC IDENTIFICATION NUMBER** C00149187
CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**
3. IS THIS REPORT NEW (N) OR AMENDED (A)
TX 27

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 11 07 2006 in the State of TX

5. Covering Period 10 19 2006 through 11 27 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Adelfino Palacios, Jr.

Signature of Treasurer Electronically Filed by Adelfino Palacios, Jr. Date 02 15 2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Ortiz for Congress Committee

Report Covering the Period: From:

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	90000.00	705997.02
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	2000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	90000.00	703997.02
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	83170.32	595320.29
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	83170.32	595320.29
8. Cash on Hand at Close of Reporting Period (from Line 27).....	44359.94	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**POST-ELECTION DETAILED
SUMMARY PAGE**

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Page 5

- . If the candidate participated in the general election, use this form for the 30-day Post-General report.
- . If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Ortiz for Congress Committee

Report Covering the Period: From: To:

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of	COLUMN C Total for
11. CONTRIBUTIONS (other than loans) FROM: (a) Individuals/Persons Other than Political Committees (i) Itemized (Use Schedule A)	<input type="text" value="11"/> <input type="text" value="07"/> <input type="text" value="2006"/> (date of general election)	<input type="text" value="11"/> <input type="text" value="08"/> <input type="text" value="2006"/> (date after general election)
<input type="text" value="61600.00"/> (ii) Unitemized		through <input type="text" value="11"/> <input type="text" value="27"/> <input type="text" value="2006"/> (last day of reporting period)
(iii) Total of contributions from individuals		
<input type="text" value="62000.00"/>	<input type="text" value="522884.00"/>	<input type="text" value="400.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Other Political Committees		
<input type="text" value="28000.00"/>	<input type="text" value="183113.02"/>	<input type="text" value="0.00"/>

**POST-ELECTION DETAILED
SUMMARY PAGE
Report of Receipts and Disbursements**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general Election) (* See page 5 for date)	COLUMN C Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate 0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d)) 90000.00	705997.02	400.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES 0.00	0.00	0.00
13. LOANS: (a) Made or Guaranteed by the Candidate 0.00	0.00	0.00
(b). All Other Loans 0.00	0.00	0.00
(c). TOTAL LOANS (add Lines 13(a) and (b)) 0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc) 0.00	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc) 89.86	3367.88	2.06
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) 90089.86	709364.90	402.06

POST ELECTION DETAILED SUMMARY PAGE

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Report of Receipts and Disbursements

Page 7

Write or Type Committe Name

Ortiz for Congress Committee

Report the covering period

From:

10

19

2006

To:

11

27

2006

II. DISBURSEMENTS

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date)
17. OPERATING EXPENDITURES		
83170.32	595320.29	8985.19
18. TRANSFER TO OTHER AUTHORIZED COMMITTEES		
10000.00	5000.00	10000.00
19. LOAN PAYMENTS		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
0.00	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
0.00	0.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Page 8

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	Total for * Through *	COLUMN C (date after general election) (last day of reporting period) (* See page 5 for date)
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(c) Other political committees (such as PACs)

0.00	2000.00	0.00
------	---------	------

(d) TOTAL CONTRIBUTION REFUNDS (See Lines 20(a), (b) and (c))

0.00	2000.00	0.00
------	---------	------

21. OTHER DISBURSEMENTS

4250.00	78997.35	2500.00
---------	----------	---------

22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21)

97420.32	681317.64	21485.19
----------	-----------	----------

III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract line 20(d) from Line 11(e))

90000.00	703997.02	400.00
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract line 14 from Line 17)

83170.32	595320.29	8985.19
----------	-----------	---------

V. CASH SUMMARY

23. CASH ON HAND AT BEGINING OF REPORTING PERIOD	51690.40
24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16).....	90089.86
25. SUBTOTAL(add Line 23 and Line 24)	141780.26
26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22).....	97420.32
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25).....	44359.94

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 77
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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)
Ortiz for Congress Committee

A. Full Name (Last, First, Middle Initial)
AFT PAC

Mailing Address Ms. Elizabeth Smith
555 New Jersey Avenue, NW

City State Zip Code
WASHINGTON DC 20001

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

Name of Employer Occupation
PAC N/A

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: 61204.C5737

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
American Meat Institute PAC

Mailing Address 1700 N. Moore St., Suite 1600

City State Zip Code
Arlington VA 22209

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

Name of Employer Occupation
PAC N/A

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 61024.C5711

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
American Medical PAC

Mailing Address Mr. Kevin Walker
1101 Vermont Avenue, NW

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation
PAC N/A

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 61204.C5734

Amount of Each Receipt this Period
3000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	6000.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 77
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

A. Full Name (Last, First, Middle Initial)
Anheuser-Busch PAC

Mailing Address Mr. Richard F. Keating
1776 Eye St. Suite 200

City Washington State DC Zip Code 20006

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

Name of Employer PAC Occupation N/A

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 6

Transaction ID: 70215.C5803

Amount of Each Receipt this Period
1500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
B. P. America PAC

Mailing Address 4101 Winfield Road 106D

City Warrenville State IL Zip Code 60555

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

Name of Employer N/A Occupation PAC

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 0 6

Transaction ID: 61204.C5777

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Beef-PAC

Mailing Address 5501 West I-40

City Amarillo State TX Zip Code 79106

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

Name of Employer PAC Occupation N/A

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: 70215.C5804

Amount of Each Receipt this Period
1500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **4000.00**

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

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 77
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

A. Full Name (Last, First, Middle Initial)
Build PAC of the National Assoc.

Mailing Address of Home Builders
Mr. Robert D. Bannister

City Washington State DC Zip Code 20005

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

Name of Employer PAC Occupation N/A

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: 61204.C5739

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
CALPAC-California Aggressive Leadership

Mailing Address 555 Capitol Mall
Suite 1425

City Sacramento State CA Zip Code 95814

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

Name of Employer PAC Occupation N/A

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 0 6

Transaction ID: 61204.C5780

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Celene Americas PAC

Mailing Address Mr. H. Newton Williams
1530 Wilson Blvd., Ste. 210

City Arlington State VA Zip Code 22209

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

Name of Employer PAC Occupation N/A

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 6

Transaction ID: 70215.C5806

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 3000.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 77
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

A. Full Name (Last, First, Middle Initial)
Comm. on. Letter Carriers PAC

Mailing Address Mr. George B. Gould
100 Indiana Avenue, NW

City State Zip Code
WASHINGTON DC 20001

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

Name of Employer Occupation
PAC N/A

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 6

Transaction ID: 61204.C5736

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Credit Union Legislative Action Council

Mailing Address 805 15th Street, NW
Suite 300

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation
PAC N/A

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 6

Transaction ID: 70215.C5807

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Engineers Pol. Education Committee

Mailing Address Mr. Frank Hanley
1125 Seventeenth St. NW

City State Zip Code
Washington DC 20036

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

Name of Employer Occupation
PAC N/A

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 61204.C5735

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 77
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

A. Full Name (Last, First, Middle Initial)
GENERAL ELECTRIC CO. PAC

Mailing Address Mr. Clifford C. La Plante
1299 Pennsylvania Ave. NW Suite 11

City Washington State DC Zip Code 20004

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

Name of Employer PAC Occupation N/A

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 0 6

Transaction ID: 61204.C5779

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Honeywell Inter. PAC

Mailing Address 101 Constitution Ave., NW
Suite 500 W.

City Washington State DC Zip Code 20001

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

Name of Employer PAC Occupation N/A

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 0 6

Transaction ID: 61204.C5773

Amount of Each Receipt this Period
2500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr. R. Steven Hicks

Mailing Address 600 Congress Ave, Ste 1400

City Austin State TX Zip Code 78701

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

Name of Employer Self Occupation Real Estate

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: 61204.C5738

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	4500.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 77
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

A. Full Name (Last, First, Middle Initial)
Raytheon PAC

Mailing Address Mr. George J. Khoury
141 Spring Street

City State Zip Code
LEXINGTON MA 02173

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

Name of Employer Occupation
PAC N/A

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 0 6

Transaction ID: 61204.C5778

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Texas Farm Credit PAC

Mailing Address P. O. Box 2689

City State Zip Code
Waco TX 76702

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

Name of Employer Occupation
PAC N/A

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 6

Transaction ID: 61204.C5755

Amount of Each Receipt this Period
2500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Wells Fargo PAC

Mailing Address Mr. Eduardo Caso
Norwest Center, Sixth & Marquette

City State Zip Code
Minneapolis MN 55479

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

Name of Employer Occupation
PAC N/A

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 6

Transaction ID: 70215.C5808

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	28000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

A. Full Name (Last, First, Middle Initial)
Angel Almodovar

Mailing Address 616 King Ranch Road

City State Zip Code
Roanoke TX 76262

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

Name of Employer Occupation
Intuitive Research & Tech President/CEO

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 6

Transaction ID: 61204.C5720

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Jorge I. Aunon

Mailing Address 15826 E. Limestone Road

City State Zip Code
Athens AL 35613

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

Name of Employer Occupation
Univ. of Alabama in Huntsville Dean, College of Engineering

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 6

Transaction ID: 61204.C5731

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
John Blue

Mailing Address 5003 Garth Road SE

City State Zip Code
Huntsville AL 35802

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

Name of Employer Occupation
Self Real Estate

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 6

Transaction ID: 61204.C5727

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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)
Ortiz for Congress Committee

A. Full Name (Last, First, Middle Initial)
Richard M. Borchard

Mailing Address County Judge
901 Leopard Street

City State Zip Code
Corpus Christi TX 78401

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

Name of Employer Occupation
Calame, Linebarger, Grh Public Relations

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
MM / DD / YYYY
10 / 26 / 2006

Transaction ID: 70215.C5805

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Stewart Burleigh

Mailing Address 637 Sharon

City State Zip Code
Corpus Christi TX 78412

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

Name of Employer Occupation
Integrity Communications

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2000.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2006

Transaction ID: 61204.C5740

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Joseph Ceci

Mailing Address 1319 Toney Drive

City State Zip Code
Huntsville AL 35802

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

Name of Employer Occupation
Main Street Strategies President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
MM / DD / YYYY
10 / 26 / 2006

Transaction ID: 61204.C5732

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **4000.00**

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

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

A. Full Name (Last, First, Middle Initial)
Jana Chapa

Mailing Address 4410 Sue Circle

City State Zip Code
Corpus Christi TX 78426

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

Name of Employer N/A Occupation Housewife

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: 61204.C5741

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Johnny Chapa

Mailing Address 4410 Sue Circle

City State Zip Code
Corpus Christi TX 78426

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

Name of Employer Dove Communications Occupation Co-Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: 61204.C5742

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Jose A. Collazo

Mailing Address 798 Collazo Loop

City State Zip Code
Scottsboro AL 35769

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

Name of Employer Collazo Enterprises Inc. Occupation Vice President

Receipt For: 2006
 Primary General
 Other (specify) ▼
Primary 2008

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 6

Transaction ID: 61204.C5726

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **6000.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or 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 <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	PAGE 16 / 77
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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

A. Full Name (Last, First, Middle Initial)
Jose A. Collazo

Mailing Address 798 Collazo Loop

City State Zip Code
Scottsboro AL 35769

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

Name of Employer Collazo Enterprises Inc. Occupation Vice President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 6

Transaction ID: 61204.C5725

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Lisa G. Collazo

Mailing Address 176b Rosecliff Drive

City State Zip Code
Harvest AL 35749

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 6

Transaction ID: 61204.C5733

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Lisa G. Collazo

Mailing Address 176b Rosecliff Drive

City State Zip Code
Harvest AL 35749

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 6

Transaction ID: 61204.C5724

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **6000.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

A. Full Name (Last, First, Middle Initial)
Steve Corum

Mailing Address 6726 Odyssey Drive

City State Zip Code
Huntsville AL 35806

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

Name of Employer Occupation
COLSA Corp. Executive Vice President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 6

Transaction ID: 61204.C5721

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Julian Davidson

Mailing Address 1240 Deborah Drive SE

City State Zip Code
Huntsville AL 35801

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

Name of Employer Occupation
Davidson Technologies, In-c. Owner/Engineer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 6

Transaction ID: 61204.C5730

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Lauren B. Dirienzo

Mailing Address 129 Hunington Circle

City State Zip Code
Madison AL 35758

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

Name of Employer Occupation
COLSA Corp. Vice President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 6

Transaction ID: 61204.C5723

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **4000.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

A. Full Name (Last, First, Middle Initial)
Bruce Elam

Mailing Address 6014 Killarney Drive

City State Zip Code
Corpus Christi TX 78413

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

Name of Employer Occupation
Integrity Communications Sales

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: 61204.C5745

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Billie Hughes Foster

Mailing Address 128 Lovvorn Lane

City State Zip Code
Huntsville AL 35806

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

Name of Employer Occupation
Colsa Corpotation Assistant to President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 6

Transaction ID: 61204.C5728

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Ivan Garcia

Mailing Address P. O. Box 5345

City State Zip Code
Huntsville AL 35814

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

Name of Employer Occupation
Colsa Corpotation Vice-President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 6

Transaction ID: 61204.C5722

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

Full Name (Last, First, Middle Initial) A. Juan A. Garcia		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 1 / 2 0 0 6
Mailing Address 4032 Weber Road		Transaction ID: 61204.C5785
City State Zip Code Corpus Christi TX 78411	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2008	Occupation Hair Stylist Election Cycle-to-Date 200.00	

Full Name (Last, First, Middle Initial) B. Anja Graves		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 5 / 2 0 0 6
Mailing Address 1050 17th St. NW Suite 510		Transaction ID: 61204.C5774
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2008	Occupation Consultant Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) C. Joe Guzman		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address 725 Belmeade Drive		Transaction ID: 61204.C5757
City State Zip Code Corpus Christi TX 78412	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer McTurbine Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Sales Election Cycle-to-Date 1600.00	

SUBTOTAL of Receipts This Page (optional)	1300.00
TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

A. Full Name (Last, First, Middle Initial)
George Hawn

Mailing Address 101 N. Shoreline, Suite 600

City State Zip Code
Corpus Christi TX 78411

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

Name of Employer Self Occupation Attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 6

Transaction ID: 61204.C5769

Amount of Each Receipt this Period
1500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Gippie Hawn

Mailing Address 101 N. Shoreline, Suite 600

City State Zip Code
Corpus Christi TX 78411

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

Name of Employer N/A Occupation Housewife

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 6

Transaction ID: 61204.C5770

Amount of Each Receipt this Period
1500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
R. Mark Herndon

Mailing Address P. O. Box 122

City State Zip Code
Aransas Pass TX 78335

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

Name of Employer Self Occupation shrimper

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 6

Transaction ID: 61204.C5759

Amount of Each Receipt this Period
200.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **3200.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

A. Full Name (Last, First, Middle Initial)
Ed Hicks

Mailing Address 5226 Greenbrier

City State Zip Code
Corpus Christi TX 78413

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

Name of Employer Self Occupation Ed Hicks Imports

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 6

Transaction ID: 61204.C5752

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Hutton & Williams

Mailing Address 1900 K Street, N.W.

City State Zip Code
Washington DC 20006-1109

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

Name of Employer Hutton & Williams Occupation Attorneys

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 6

Transaction ID: 61204.C5756

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Al Jones

Mailing Address P.O. Box 6469

City State Zip Code
Corpus Christi TX 78411

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

Name of Employer Amer. Bank-Corpus C. Occupation (Constr.)Mngr Advertising Indu

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 6

Transaction ID: 61204.C5755

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 4000.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

A. Full Name (Last, First, Middle Initial)
Janet Jones

Mailing Address 3420 Ocean Drive

City State Zip Code
Corpus Christi TX 78411

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

Name of Employer N/A Occupation Housewife

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
MM / DD / YYYY
11 / 06 / 2006

Transaction ID: 61204.C5766

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Hannah Kim

Mailing Address 4601 Grand Lake Drive

City State Zip Code
Corpus Christi TX 78413

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

Name of Employer Self Occupation Laundry & Cleaners

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
11 / 02 / 2006

Transaction ID: 61204.C5751

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
J. P. Lagerloef

Mailing Address 7231 Resota Lane

City State Zip Code
Panama City FL 32409

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

Name of Employer C. C. Distributors, Inc Occupation (Constr.)Mngr Advertising Indu

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2006

Transaction ID: 61204.C5743

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **5000.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

A. Full Name (Last, First, Middle Initial)
Jeffrey L. Lambert

Mailing Address 342 Dana

City Kingsville State TX Zip Code 78363

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) Primary 2008

Election Cycle-to-Date 2008

Date of Receipt
11 / 21 / 2006

Transaction ID: 61204.C5784

Amount of Each Receipt this Period
200.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Robert Maynor

Mailing Address 120 Governors Drive, Ste. 100

City Huntsville State AL Zip Code 35801

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

Name of Employer Self Occupation Doctor

Receipt For: 2006
 Primary General
 Other (specify)

Election Cycle-to-Date 2008

Date of Receipt
11 / 05 / 2006

Transaction ID: 61204.C5772

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mary L. McHenry

Mailing Address 2557 Nestlebrook Trail

City Virginia Beach State VA Zip Code 23456

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

Name of Employer Self Occupation Consultant

Receipt For: 2006
 Primary General
 Other (specify)

Election Cycle-to-Date 2008

Date of Receipt
11 / 02 / 2006

Transaction ID: 61204.C5754

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) **2200.00**

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

A. Full Name (Last, First, Middle Initial)
Dick Messbarger

Mailing Address P.O. Box 5122

City Kingsville State TX Zip Code 78364

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

Name of Employer Kingsville Chamber of Commerce
Occupation Director

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
11 / 06 / 2006

Transaction ID: 61204.C5783

Amount of Each Receipt this Period
200.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Amber Mostyn

Mailing Address 200 Westcott Street

City Houston State TX Zip Code 77007

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

Name of Employer N/A
Occupation Housewife

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2006

Transaction ID: 61204.C5776

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
John Steven Mostyn

Mailing Address 200 Westcott Street

City Houston State TX Zip Code 77007

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

Name of Employer Self
Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2006

Transaction ID: 61204.C5775

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	2700.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

A. Full Name (Last, First, Middle Initial)
Larry Myers

Mailing Address 412 First Street SE

City Washington State DC Zip Code 20003

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

Name of Employer Self Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 6

Transaction ID: 61204.C5753

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Juan Antonio Pimentel

Mailing Address 14125 Riverway Drive

City Corpus Christi State TX Zip Code 78410

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

Name of Employer Tropical Margaritas Occupation owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: 61204.C5744

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Nancy Reed

Mailing Address 4117 Pernitas Creek Drive

City Corpus Christi State TX Zip Code 78410

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

Name of Employer Integrity Communications Occupation Secretary

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: 61204.C5746

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

A. Full Name (Last, First, Middle Initial)
Frank Scanio

Mailing Address 101 N. Shoreline Suite 600

City State Zip Code
Corpus Christi TX 78401

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

Name of Employer Self Occupation Rooke, Scanio International Li

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 6

Transaction ID: 61204.C5767

Amount of Each Receipt this Period
1500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Marion Scanio

Mailing Address 101 N. Shoreline, Suite 600

City State Zip Code
Corpus Christi TX 78401

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

Name of Employer N/A Occupation Housewife

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 6

Transaction ID: 61204.C5768

Amount of Each Receipt this Period
1500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Charlotte Smith

Mailing Address P. O. Box 381

City State Zip Code
Beeville TX 78104

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

Name of Employer Integrity Communications Occupation Administrative Assistant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: 61204.C5748

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **5000.00**

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

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

A. Full Name (Last, First, Middle Initial)
Ronnie Smith

Mailing Address P. O. Box 381

City State Zip Code
Beeville TX 78104

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

Name of Employer
Smith Enterprises

Occupation
owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: 61204.C5747

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Kyle Sugarek

Mailing Address 5201 Northwest Trail

City State Zip Code
Corpus Christi TX 78410

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

Name of Employer
Integrity Communications

Occupation
Data Tech

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: 61204.C5749

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Robert Viera

Mailing Address 14834 Beal Street

City State Zip Code
Corpus Christi TX 78410

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

Name of Employer
LNV Engineering

Occupation
Engineer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: 61204.C5750

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **5000.00**

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

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

A. Full Name (Last, First, Middle Initial)
Robert Weatherford

Mailing Address 10729 Westwood

City State Zip Code
Corpus Christi TX 78410

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 6

Transaction ID: 61204.C5762

Amount of Each Receipt this Period
200.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
George Williams

Mailing Address 486 Brenda Drive

City State Zip Code
Madison AL 35758

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

Name of Employer Occupation
Self Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 0 6

Transaction ID: 61204.C5771

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Michael K. Wisner

Mailing Address 2502 Scenic Drive

City State Zip Code
Huntsville AL 35801

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

Name of Employer Occupation
Self Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 6

Transaction ID: 61204.C5729

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	2200.00
TOTAL This Period (last page this line number only)	▶	61600.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 / 77
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

Full Name (Last, First, Middle Initial)
A. American Bank

Mailing Address 711 North Carancahua

City State Zip Code
Corpus Christi TX 78475-

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

Name of Employer Occupation
American Bank N/A

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3335.65

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: 61204.C5782

Amount of Each Receipt this Period
87.80

Other Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	87.80
TOTAL This Period (last page this line number only)	▶	87.80

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

Full Name (Last, First, Middle Initial) A. A+ Printing		Transaction ID: 61204.E8562 Date of Disbursement 10 / 26 / 2006
Mailing Address 3305 Ayers		Amount of Each Disbursement this Period 422.18
City Corpus Christi State TX Zip Code 78416-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PRINTING	Category/ Type	PRINTING
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) B. American Bank		Transaction ID: 61204.E8681 Date of Disbursement 10 / 31 / 2006
Mailing Address 711 North Carancahua		Amount of Each Disbursement this Period 79.20
City Corpus Christi State TX Zip Code 78475-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MONEYFUND SERVICE FEE	Category/ Type	MONEYFUND SERVICE FEE
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) C. Isaias Arellano		Transaction ID: 61204.E8540 Date of Disbursement 11 / 08 / 2006
Mailing Address 4833 Saratoga #139		Amount of Each Disbursement this Period 2750.00
City Corpus Christi State TX Zip Code 78413-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POLL WORKERS	Category/ Type	POLL WORKERS
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	3251.38
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

Full Name (Last, First, Middle Initial) A. B&T Rentals		Transaction ID: 61204.E8556 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 1321 S. Staples Street		Amount of Each Disbursement this Period 433.00
City Corpus Christi State TX Zip Code 78401-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement RENTAL FOR CC OPEN HOUSE	Candidate Name	RENTAL FOR CC OPEN HOUSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Boys & Girls Club		Transaction ID: 61204.E8521 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 3902 Greenwood Drive 78416		Amount of Each Disbursement this Period 100.00
City Corpus Christi State TX Zip Code 78416-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement HALLOWEEN CANDY	Candidate Name	HALLOWEEN CANDY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Central Power & Lt.		Transaction ID: 61204.E8522 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 539 N. Carancahua		Amount of Each Disbursement this Period 219.49
City Corpus Christi State TX Zip Code 78401-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement UTILITIES FOR HEADQUARTERS	Candidate Name	UTILITIES FOR HEADQUARTERS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	752.49
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

Full Name (Last, First, Middle Initial) A. Central Power & Lt.		Transaction ID: 61204.E8547 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 539 N. Carancahua		Amount of Each Disbursement this Period 276.74
City Corpus Christi State TX Zip Code 78401-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement UTILITIES	Category/ Type	UTILITIES
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Clear Channel Radio		Transaction ID: 61204.E8560 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address P. O. Box 847472		Amount of Each Disbursement this Period 4930.00
City Dallas State TX Zip Code 75284-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ADVERTISING	Category/ Type	ADVERTISING
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Clear Channel Radio		Transaction ID: 61204.E8530 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address P. O. Box 847472		Amount of Each Disbursement this Period 4951.25
City Dallas State TX Zip Code 75284-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ADVERTISING	Category/ Type	ADVERTISING
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	10157.99
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

A. Congressional FCU Full Name (Last, First, Middle Initial) Mailing Address P. O. Box 3322 City Oakton State VA Zip Code 22124- Purpose of Disbursement CREDIT CARD SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61204.E8553 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 13828.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CREDIT CARD SEE BELOW
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B. AOL Operations & Service Full Name (Last, First, Middle Initial) Mailing Address P. O. Box 17200 City Jacksonville State FL Zip Code 32245- Purpose of Disbursement INTERNET SERVICE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61204.E8588 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 25.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: INTERNET SERVICE
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C. AOL Operations & Service Full Name (Last, First, Middle Initial) Mailing Address P. O. Box 17200 City Jacksonville State FL Zip Code 32245- Purpose of Disbursement INTERNET SERVICE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61204.E8587 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6 Amount of Each Disbursement this Period 25.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: INTERNET SERVICE
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SUBTOTAL of Disbursements This Page (optional) ▶	13828.07
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

Full Name (Last, First, Middle Initial) A. AT&T Easycharge		Transaction ID: 61204.E8614 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address P. O. Box 945800		Amount of Each Disbursement this Period 255.53 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Maitland State FL Zip Code 32794-	Purpose of Disbursement PHONE SERVICE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PHONE SERVICE

Full Name (Last, First, Middle Initial) B. AT&T Easycharge		Transaction ID: 61204.E8568 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address P. O. Box 945800		Amount of Each Disbursement this Period 110.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Maitland State FL Zip Code 32794-	Purpose of Disbursement PHONE SERVICE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PHONE SERVICE

Full Name (Last, First, Middle Initial) C. American BankCenter /Bayfront Plaza		Transaction ID: 61204.E8597 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 6
Mailing Address 1901 N. Shoreline		Amount of Each Disbursement this Period 15.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Corpus Christi State TX Zip Code 78401-	Purpose of Disbursement ROOM Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: ROOM

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

Full Name (Last, First, Middle Initial) A. Aristotle Industries		Transaction ID: 61204.E8613 Date of Disbursement 09 / 26 / 2006
Mailing Address 205 Pennsylvania Avenue, SE		Amount of Each Disbursement this Period 2750.00
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MAINTENANCE Candidate Name	Category/Type	[MEMO ITEM] MEMO: MAINTENANCE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Astor Rest.		Transaction ID: 61204.E8679 Date of Disbursement 10 / 12 / 2006
Mailing Address 5533 Leopard		Amount of Each Disbursement this Period 276.95
City Corpus Christi State TX Zip Code 78408-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS W/CONSTITUENTS Candidate Name	Category/Type	[MEMO ITEM] MEMO: MEALS W/CONSTITUENTS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. B&T Rentals		Transaction ID: 61204.E8678 Date of Disbursement 10 / 12 / 2006
Mailing Address 1321 S. Staples Street		Amount of Each Disbursement this Period 135.31
City Corpus Christi State TX Zip Code 78401-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement RENTALS Candidate Name	Category/Type	[MEMO ITEM] MEMO: RENTALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

Full Name (Last, First, Middle Initial) A. Best Buy		Transaction ID: 61204.E8638 Date of Disbursement 09 / 26 / 2006	
Mailing Address 5625 S. P. I. D.		Amount of Each Disbursement this Period 108.24	
City Corpus Christi State TX Zip Code 78412-	Purpose of Disbursement OFFICE SUPPLIES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: OFFICE SUPPLIES	

Full Name (Last, First, Middle Initial) B. Bill Miller BBQ		Transaction ID: 61204.E8641 Date of Disbursement 10 / 05 / 2006	
Mailing Address 4948 Leopard		Amount of Each Disbursement this Period 24.18	
City Corpus Christi State TX Zip Code 78408-	Purpose of Disbursement FOOD FOR VOLUNTEERS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: FOOD FOR VOLUNTEERS	

Full Name (Last, First, Middle Initial) C. Chilis Grill & Bar		Transaction ID: 61204.E8662 Date of Disbursement 10 / 16 / 2006	
Mailing Address 2750 N. Expressway		Amount of Each Disbursement this Period 29.71	
City Brownsville State TX Zip Code 78526-	Purpose of Disbursement MEAL W/CONSTITUENTS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: MEAL W/CONSTITUENTS	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

Full Name (Last, First, Middle Initial) A. Chilis Grill & Bar		Transaction ID: 61204.E8645 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6
Mailing Address 2750 N. Expressway		Amount of Each Disbursement this Period 36.21 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Brownsville State TX Zip Code 78526-	Purpose of Disbursement MEAL W/CONSTITUENT Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: MEAL W/CONSTITUENT

Full Name (Last, First, Middle Initial) B. Cingular Wireless		Transaction ID: 61204.E8663 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Mailing Address P. O. Box 4460		Amount of Each Disbursement this Period 78.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Houston State TX Zip Code 77097-	Purpose of Disbursement PHONE SERVICE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PHONE SERVICE

Full Name (Last, First, Middle Initial) C. Circle K		Transaction ID: 61204.E8594 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 6
Mailing Address 4121 Carroll Lane		Amount of Each Disbursement this Period 48.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Corpus Christi State TX Zip Code 78411-	Purpose of Disbursement GAS Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: GAS

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

Full Name (Last, First, Middle Initial) A. Circle K		Transaction ID: 61204.E8634 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address 4121 Carroll Lane		Amount of Each Disbursement this Period 50.84
City Corpus Christi State TX Zip Code 78411-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement GAS	Candidate Name	[MEMO ITEM] MEMO: GAS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Circle K		Transaction ID: 61204.E8582 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 6
Mailing Address 4121 Carroll Lane		Amount of Each Disbursement this Period 75.00
City Corpus Christi State TX Zip Code 78411-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement GAS	Candidate Name	[MEMO ITEM] MEMO: GAS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Circle K		Transaction ID: 61204.E8593 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address 4121 Carroll Lane		Amount of Each Disbursement this Period 48.01
City Corpus Christi State TX Zip Code 78411-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement GAS	Candidate Name	[MEMO ITEM] MEMO: GAS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

Full Name (Last, First, Middle Initial) A. Circle K		Transaction ID: 61204.E8637 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6
Mailing Address 4121 Carroll Lane		Amount of Each Disbursement this Period 51.82
City Corpus Christi State TX Zip Code 78411-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement GAS	Candidate Name	[MEMO ITEM] MEMO: GAS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Circle K		Transaction ID: 61204.E8636 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Mailing Address 4121 Carroll Lane		Amount of Each Disbursement this Period 119.39
City Corpus Christi State TX Zip Code 78411-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement GAS	Candidate Name	[MEMO ITEM] MEMO: GAS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Circle K #9438Corpus		Transaction ID: 61204.E8583 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 6
Mailing Address 4101 Agnes Street		Amount of Each Disbursement this Period 25.00
City Corpus Christi State TX Zip Code 78405-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement GAS	Candidate Name	[MEMO ITEM] MEMO: GAS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

Full Name (Last, First, Middle Initial) A. Circle K #9438Corpus		Transaction ID: 61204.E8576 Date of Disbursement MM / DD / YYYY 09 / 18 / 2006
Mailing Address 4101 Agnes Street		Amount of Each Disbursement this Period 200.00
City Corpus Christi State TX Zip Code 78405-	Purpose of Disbursement CASH CARD GAS FOR SIGN TRUCKS Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CASH CARD GAS FOR SIGN TRUCKS

Full Name (Last, First, Middle Initial) B. Circle K #9438Corpus		Transaction ID: 61204.E8580 Date of Disbursement MM / DD / YYYY 10 / 05 / 2006
Mailing Address 4101 Agnes Street		Amount of Each Disbursement this Period 500.00
City Corpus Christi State TX Zip Code 78405-	Purpose of Disbursement CASH CARD GAS SIGN TRUCKS Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CASH CARD GAS SIGN TRUCKS

Full Name (Last, First, Middle Initial) C. Circle K #9438Corpus		Transaction ID: 61204.E8573 Date of Disbursement MM / DD / YYYY 09 / 18 / 2006
Mailing Address 4101 Agnes Street		Amount of Each Disbursement this Period 200.00
City Corpus Christi State TX Zip Code 78405-	Purpose of Disbursement CASH CARD FOR GAS Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CASH CARD FOR GAS

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

Full Name (Last, First, Middle Initial) A. Circle K #9438Corpus		Transaction ID: 61204.E8581 Date of Disbursement 10 / 05 / 2006	
Mailing Address 4101 Agnes Street		Amount of Each Disbursement this Period 28.01	
City Corpus Christi State TX Zip Code 78405-	Purpose of Disbursement GAS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: GAS	

Full Name (Last, First, Middle Initial) B. Circle K #9438Corpus		Transaction ID: 61204.E8579 Date of Disbursement 09 / 25 / 2006	
Mailing Address 4101 Agnes Street		Amount of Each Disbursement this Period 75.00	
City Corpus Christi State TX Zip Code 78405-	Purpose of Disbursement GAS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: GAS	

Full Name (Last, First, Middle Initial) C. Circle K #9438Corpus		Transaction ID: 61204.E8572 Date of Disbursement 09 / 17 / 2006	
Mailing Address 4101 Agnes Street		Amount of Each Disbursement this Period 75.00	
City Corpus Christi State TX Zip Code 78405-	Purpose of Disbursement GAS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: GAS	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

Full Name (Last, First, Middle Initial) A. Circle K #9438Corpus		Transaction ID: 61204.E8575 Date of Disbursement MM / DD / YYYY 09 / 18 / 2006
Mailing Address 4101 Agnes Street		Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Corpus Christi State TX Zip Code 78405-	Purpose of Disbursement CASH CARD GAS FOR SIGN TRUCKS Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: CASH CARD GAS FOR SIGN TRUCKS

Full Name (Last, First, Middle Initial) B. Circle K #9438Corpus		Transaction ID: 61204.E8574 Date of Disbursement MM / DD / YYYY 09 / 18 / 2006
Mailing Address 4101 Agnes Street		Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Corpus Christi State TX Zip Code 78405-	Purpose of Disbursement CASH CARDGAS FOR SIGN TRUCKS Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: CASH CARDGAS FOR SIGN TRUCKS

Full Name (Last, First, Middle Initial) C. Circle K 7130 CC		Transaction ID: 61204.E8610 Date of Disbursement MM / DD / YYYY 09 / 23 / 2006
Mailing Address 9360 Leopard Street		Amount of Each Disbursement this Period 50.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Corpus Christi State TX Zip Code 78409-	Purpose of Disbursement GAS Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: GAS

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

Full Name (Last, First, Middle Initial) A. Circle K 7130 CC		Transaction ID: 61204.E8639 Date of Disbursement 09 / 27 / 2006	
Mailing Address 9360 Leopard Street		Amount of Each Disbursement this Period 69.15	
City Corpus Christi State TX Zip Code 78409-	Purpose of Disbursement GAS	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: GAS	

Full Name (Last, First, Middle Initial) B. Circle K Brownsville		Transaction ID: 61204.E8635 Date of Disbursement 09 / 30 / 2006	
Mailing Address 845 International		Amount of Each Disbursement this Period 63.16	
City Brownsville State TX Zip Code 78520-	Purpose of Disbursement GAS	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: GAS	

Full Name (Last, First, Middle Initial) C. Circle K CC		Transaction ID: 61204.E8665 Date of Disbursement 10 / 13 / 2006	
Mailing Address 4433 Baldwin Blvd		Amount of Each Disbursement this Period 4.19	
City Corpus Christi State TX Zip Code 78408-	Purpose of Disbursement GAS	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: GAS	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

Full Name (Last, First, Middle Initial) A. Circle K CC		Transaction ID: 61204.E8648 Date of Disbursement 10 / 03 / 2006	
Mailing Address 4433 Baldwin Blvd		Amount of Each Disbursement this Period 35.36	
City Corpus Christi State TX Zip Code 78408-	Purpose of Disbursement GAS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: GAS	

Full Name (Last, First, Middle Initial) B. Circle K CC		Transaction ID: 61204.E8666 Date of Disbursement 10 / 12 / 2006	
Mailing Address 4433 Baldwin Blvd		Amount of Each Disbursement this Period 56.05	
City Corpus Christi State TX Zip Code 78408-	Purpose of Disbursement GAS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: GAS	

Full Name (Last, First, Middle Initial) C. Circle K CC		Transaction ID: 61204.E8650 Date of Disbursement 10 / 07 / 2006	
Mailing Address 4433 Baldwin Blvd		Amount of Each Disbursement this Period 45.71	
City Corpus Christi State TX Zip Code 78408-	Purpose of Disbursement GAS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: GAS	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

Full Name (Last, First, Middle Initial) A. Circle K CC		Transaction ID: 61204.E8649 Date of Disbursement 10 / 06 / 2006	
Mailing Address 4433 Baldwin Blvd		Amount of Each Disbursement this Period 102.81	
City Corpus Christi State TX Zip Code 78408-	Purpose of Disbursement GAS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: GAS	

Full Name (Last, First, Middle Initial) B. Circle K CC		Transaction ID: 61204.E8664 Date of Disbursement 10 / 14 / 2006	
Mailing Address 4433 Baldwin Blvd		Amount of Each Disbursement this Period 34.75	
City Corpus Christi State TX Zip Code 78408-	Purpose of Disbursement GAS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: GAS	

Full Name (Last, First, Middle Initial) C. Circle K CC		Transaction ID: 61204.E8647 Date of Disbursement 09 / 30 / 2006	
Mailing Address 4433 Baldwin Blvd		Amount of Each Disbursement this Period 20.59	
City Corpus Christi State TX Zip Code 78408-	Purpose of Disbursement GAS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: GAS	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

Full Name (Last, First, Middle Initial) A. City of Corpus Christi		Transaction ID: 61204.E8608 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 1201 Leopard Street		Amount of Each Disbursement this Period 6.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Corpus Christi State TX Zip Code 78401-	Category/Type	
Purpose of Disbursement PARKING	Candidate Name	[MEMO ITEM] MEMO: PARKING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Continental Airline		Transaction ID: 61204.E8584 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 6
Mailing Address International Airport		Amount of Each Disbursement this Period 154.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Corpus Christi State TX Zip Code 78406-	Category/Type	
Purpose of Disbursement PLANE TICKET	Candidate Name	[MEMO ITEM] MEMO: PLANE TICKET
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Continental Airline		Transaction ID: 61204.E8585 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address International Airport		Amount of Each Disbursement this Period 1244.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Corpus Christi State TX Zip Code 78406-	Category/Type	
Purpose of Disbursement TICKETS FOR 4	Candidate Name	[MEMO ITEM] MEMO: TICKETS FOR 4
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

A. Full Name (Last, First, Middle Initial)
Diamond Shamrock

Mailing Address P. O. Box 631

City Amarillo State TX Zip Code 79105-

Purpose of Disbursement GAS

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 61204.E8571
Date of Disbursement
10 / 05 / 2006

Amount of Each Disbursement this Period
10.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: GAS

B. Full Name (Last, First, Middle Initial)
Diamond Shamrock

Mailing Address P. O. Box 631

City Amarillo State TX Zip Code 79105-

Purpose of Disbursement GAS

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 61204.E8570
Date of Disbursement
09 / 21 / 2006

Amount of Each Disbursement this Period
8.90

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: GAS

C. Full Name (Last, First, Middle Initial)
Diamond Shamrock

Mailing Address P. O. Box 631

City Amarillo State TX Zip Code 79105-

Purpose of Disbursement GAS

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 61204.E8569
Date of Disbursement
09 / 17 / 2006

Amount of Each Disbursement this Period
33.49

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: GAS

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

Full Name (Last, First, Middle Initial) A. Eddies Bakery		Transaction ID: 61204.E8640 Date of Disbursement 09 / 30 / 2006	
Mailing Address 4810 Kostoryz		Amount of Each Disbursement this Period 28.22	
City Corpus Christi State TX Zip Code 78415-	Purpose of Disbursement FOOD FOR VOLUNTEERS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: FOOD FOR VOLUNTEERS	

Full Name (Last, First, Middle Initial) B. Emilis Old Hs Rest		Transaction ID: 61204.E8611 Date of Disbursement 09 / 24 / 2006	
Mailing Address 605 W. Elizabeth		Amount of Each Disbursement this Period 68.00	
City Brownsville State TX Zip Code 78520-	Purpose of Disbursement MEA;S W/CONSTITUENTS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: MEA;S W/CONSTITUENTS	

Full Name (Last, First, Middle Initial) C. Exxon USA 9166375999		Transaction ID: 61204.E8651 Date of Disbursement 10 / 07 / 2006	
Mailing Address 5939 Holly Road		Amount of Each Disbursement this Period 49.61	
City Corpus Christi State TX Zip Code 78412-	Purpose of Disbursement GAS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: GAS	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

Full Name (Last, First, Middle Initial) A. Exxon USA Brownsville		Transaction ID: 61204.E8606 Date of Disbursement 09 / 22 / 2006	
Mailing Address 2300 N. Expressway		Amount of Each Disbursement this Period 55.07	
City Brownsville State TX Zip Code 78520-	Purpose of Disbursement GAS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: GAS	

Full Name (Last, First, Middle Initial) B. Exxon USA Brownsville		Transaction ID: 61204.E8607 Date of Disbursement 09 / 24 / 2006	
Mailing Address 2300 N. Expressway		Amount of Each Disbursement this Period 106.88	
City Brownsville State TX Zip Code 78520-	Purpose of Disbursement GAS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: GAS	

Full Name (Last, First, Middle Initial) C. Exxon POS75 Robstown		Transaction ID: 61204.E8599 Date of Disbursement 09 / 22 / 2006	
Mailing Address 301 So. Hwy 77		Amount of Each Disbursement this Period 60.37	
City Robstown State TX Zip Code 78380-	Purpose of Disbursement GAS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: GAS	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

Full Name (Last, First, Middle Initial) A. Federal Express		Transaction ID: 61204.E8628 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6
Mailing Address 300 Maryland Ave NE		Amount of Each Disbursement this Period 24.07
City Washington State DC Zip Code 20515-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement EXPRESS PACKAGE	Candidate Name	[MEMO ITEM] MEMO: EXPRESS PACKAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Federal Express		Transaction ID: 61204.E8630 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 300 Maryland Ave NE		Amount of Each Disbursement this Period 22.48
City Washington State DC Zip Code 20515-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement EXPRESS PACKAGE	Candidate Name	[MEMO ITEM] MEMO: EXPRESS PACKAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Federal Express		Transaction ID: 61204.E8631 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Mailing Address 300 Maryland Ave NE		Amount of Each Disbursement this Period 23.98
City Washington State DC Zip Code 20515-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement EXPRESS PACKAGE	Candidate Name	[MEMO ITEM] MEMO: EXPRESS PACKAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

Full Name (Last, First, Middle Initial) A. Federal Express		Transaction ID: 61204.E8629 Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address 300 Maryland Ave NE		Amount of Each Disbursement this Period 22.58
City Washington State DC Zip Code 20515-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement EXPRESS PACKAGE	Candidate Name	[MEMO ITEM] MEMO: EXPRESS PACKAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Federal Express		Transaction ID: 61204.E8626 Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2006
Mailing Address 300 Maryland Ave NE		Amount of Each Disbursement this Period 26.48
City Washington State DC Zip Code 20515-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement EXPRESS PACKAGE	Candidate Name	[MEMO ITEM] MEMO: EXPRESS PACKAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Federal Express		Transaction ID: 61204.E8627 Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2006
Mailing Address 300 Maryland Ave NE		Amount of Each Disbursement this Period 13.81
City Washington State DC Zip Code 20515-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement EXPRESS PACKAGE	Candidate Name	[MEMO ITEM] MEMO: EXPRESS PACKAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

Full Name (Last, First, Middle Initial) A. Greyhound Bus Lines		Transaction ID: 61204.E8661 Date of Disbursement 10 / 16 / 2006
Mailing Address 702 N. Chaparral Street		Amount of Each Disbursement this Period 9.75
City Corpus Christi State TX Zip Code 78401-	Purpose of Disbursement EXPRESS PACKAGE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: EXPRESS PACKAGE

Full Name (Last, First, Middle Initial) B. H. E. B. #263 Brown.		Transaction ID: 61204.E8620 Date of Disbursement 09 / 24 / 2006
Mailing Address 1628 Central Blvd		Amount of Each Disbursement this Period 172.88
City Brownsville State TX Zip Code 78520-	Purpose of Disbursement FOOD SUPPLIES Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FOOD SUPPLIES

Full Name (Last, First, Middle Initial) C. H. E. B. #4		Transaction ID: 61204.E8589 Date of Disbursement 09 / 18 / 2006
Mailing Address 4737 Saratoga Blvd.		Amount of Each Disbursement this Period 74.85
City Corpus Christi State TX Zip Code 78413-	Purpose of Disbursement SUPPLIES Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

Full Name (Last, First, Middle Initial) A. H. E. B. Port		Transaction ID: 61204.E8669 Date of Disbursement 10 / 13 / 2006	
Mailing Address 3033 S. Port		Amount of Each Disbursement this Period 330.09	
City Corpus Christi State TX Zip Code 78405-	Purpose of Disbursement SUPPLIES FOR RALLY	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: SUPPLIES FOR RALLY	

Full Name (Last, First, Middle Initial) B. HEB #3		Transaction ID: 61204.E8621 Date of Disbursement 09 / 25 / 2006	
Mailing Address 3500 Leopard		Amount of Each Disbursement this Period 28.26	
City Corpus Christi State TX Zip Code 78408-	Purpose of Disbursement SUPPLIES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: SUPPLIES	

Full Name (Last, First, Middle Initial) C. HEB #3		Transaction ID: 61204.E8590 Date of Disbursement 09 / 19 / 2006	
Mailing Address 3500 Leopard		Amount of Each Disbursement this Period 22.83	
City Corpus Christi State TX Zip Code 78408-	Purpose of Disbursement SUPPLIES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: SUPPLIES	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

Full Name (Last, First, Middle Initial) A. HEB #3		Transaction ID: 61204.E8670 Date of Disbursement 10 / 11 / 2006
Mailing Address 3500 Leopard		Amount of Each Disbursement this Period 24.24
City Corpus Christi State TX Zip Code 78408-	Purpose of Disbursement SUPPLIES Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: SUPPLIES

Full Name (Last, First, Middle Initial) B. HEB #3		Transaction ID: 61204.E8622 Date of Disbursement 09 / 29 / 2006
Mailing Address 3500 Leopard		Amount of Each Disbursement this Period 64.22
City Corpus Christi State TX Zip Code 78408-	Purpose of Disbursement SUPPLIES Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: SUPPLIES

Full Name (Last, First, Middle Initial) C. Home Depot CC		Transaction ID: 61204.E8624 Date of Disbursement 10 / 01 / 2006
Mailing Address 13202 Leopard		Amount of Each Disbursement this Period 48.65
City Corpus Christi State TX Zip Code 78410-	Purpose of Disbursement SUPPLIES Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

Full Name (Last, First, Middle Initial) A. Home Depot CC		Transaction ID: 61204.E8668 Date of Disbursement MM / DD / YYYY 10 / 13 / 2006
Mailing Address 13202 Leopard		Amount of Each Disbursement this Period 75.45
City Corpus Christi State TX Zip Code 78410-	Purpose of Disbursement SUPPLIES Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: SUPPLIES

Full Name (Last, First, Middle Initial) B. Home Depot CC		Transaction ID: 61204.E8577 Date of Disbursement MM / DD / YYYY 09 / 18 / 2006
Mailing Address 13202 Leopard		Amount of Each Disbursement this Period 34.85
City Corpus Christi State TX Zip Code 78410-	Purpose of Disbursement SIGN SUPPLIES Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: SIGN SUPPLIES

Full Name (Last, First, Middle Initial) C. K-Mart		Transaction ID: 61204.E8617 Date of Disbursement MM / DD / YYYY 09 / 24 / 2006
Mailing Address 2440 Pablo Kisel Blvd.		Amount of Each Disbursement this Period 31.40
City Brownsville State TX Zip Code 78520-	Purpose of Disbursement OFFICE SUPPLIES Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

<p>A. Kinkos</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 3850 SPID</p> <p>City Corpus Christi State TX Zip Code 78416-</p> <p>Purpose of Disbursement MEALS W/CONSTITUENTS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 61204.E8592</p> <p>Date of Disbursement</p> <p>09 / 19 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>34.55</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: MEALS W/CONSTITUENTS</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>B. La Costenita Rest</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 4217 Leopard Street</p> <p>City Corpus Christi State TX Zip Code 78408-</p> <p>Purpose of Disbursement MEALS W/CONSTITUENTS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 61204.E8625</p> <p>Date of Disbursement</p> <p>10 / 06 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>27.20</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: MEALS W/CONSTITUENTS</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>C. La Playa Mexican Rest</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 5017 Saratoga Blvd</p> <p>City Corpus Christi State TX Zip Code 78413-</p> <p>Purpose of Disbursement MEALS W/CONSTITUENTS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 61204.E8667</p> <p>Date of Disbursement</p> <p>10 / 14 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>76.85</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: MEALS W/CONSTITUENTS</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>0.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

Full Name (Last, First, Middle Initial) A. La Quinta Inn Brownsville		Transaction ID: 61204.E8619 Date of Disbursement 09 / 24 / 2006
Mailing Address 5051 N. Expressway		Amount of Each Disbursement this Period 77.97
City Brownsville State TX Zip Code 78520-	Purpose of Disbursement ROOM RENTAL	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: ROOM RENTAL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. La Quinta Inn Brownsville		Transaction ID: 61204.E8618 Date of Disbursement 09 / 24 / 2006
Mailing Address 5051 N. Expressway		Amount of Each Disbursement this Period 77.97
City Brownsville State TX Zip Code 78520-	Purpose of Disbursement ROOM RENTAL	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: ROOM RENTAL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Lilas Restaurant		Transaction ID: 61204.E8677 Date of Disbursement 10 / 11 / 2006
Mailing Address 554 Old Robstown Rd.		Amount of Each Disbursement this Period 57.52
City Corpus Christi State TX Zip Code 78408-	Purpose of Disbursement FOOD FOR VOLUNTEERS	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FOOD FOR VOLUNTEERS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

Full Name (Last, First, Middle Initial) A. MG building Material		Transaction ID: 61204.E8596 Date of Disbursement 09 / 19 / 2006	
Mailing Address 121 N. Staples		Amount of Each Disbursement this Period 320.74	
City Corpus Christi State TX Zip Code 78401-	Purpose of Disbursement STAKES FOR SIGNS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: STAKES FOR SIGNS	

Full Name (Last, First, Middle Initial) B. OMNI Hotels Bayfront		Transaction ID: 61204.E8656 Date of Disbursement 10 / 15 / 2006	
Mailing Address 900 N. Shoreline		Amount of Each Disbursement this Period 1075.25	
City Corpus Christi State TX Zip Code 78401-	Purpose of Disbursement 11 ROOM RENTALS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: 11 ROOM RENTALS	

Full Name (Last, First, Middle Initial) C. OMNI Hotels Bayfront		Transaction ID: 61204.E8658 Date of Disbursement 10 / 16 / 2006	
Mailing Address 900 N. Shoreline		Amount of Each Disbursement this Period 215.33	
City Corpus Christi State TX Zip Code 78401-	Purpose of Disbursement ROOM RENTAL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: ROOM RENTAL	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

Full Name (Last, First, Middle Initial) A. OMNI Hotels Bayfront		Transaction ID: 61204.E8654 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Mailing Address 900 N. Shoreline		Amount of Each Disbursement this Period 146.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Corpus Christi State TX Zip Code 78401-	[MEMO ITEM] MEMO: ROOM RENTAL	
Purpose of Disbursement ROOM RENTAL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. OMNI Hotels Bayfront		Transaction ID: 61204.E8655 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Mailing Address 900 N. Shoreline		Amount of Each Disbursement this Period 172.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Corpus Christi State TX Zip Code 78401-	[MEMO ITEM] MEMO: ROOM RENTAL	
Purpose of Disbursement ROOM RENTAL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. OMNI Hotels Bayfront		Transaction ID: 61204.E8653 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Mailing Address 900 N. Shoreline		Amount of Each Disbursement this Period 97.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Corpus Christi State TX Zip Code 78401-	[MEMO ITEM] MEMO: ROOM RENTAL	
Purpose of Disbursement ROOM RENTAL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

Full Name (Last, First, Middle Initial) A. OMNI Hotels Bayfront		Transaction ID: 61204.E8652 Date of Disbursement 10 / 15 / 2006
Mailing Address 900 N. Shoreline		Amount of Each Disbursement this Period 89.70
City Corpus Christi State TX Zip Code 78401-	Purpose of Disbursement ROOM RENTAL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: ROOM RENTAL

Full Name (Last, First, Middle Initial) B. Office Depot		Transaction ID: 61204.E8598 Date of Disbursement 09 / 21 / 2006
Mailing Address 5425 S. P. I. D. Suite 151		Amount of Each Disbursement this Period 56.26
City Corpus Christi State TX Zip Code 78411-	Purpose of Disbursement SUPPLIES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: SUPPLIES

Full Name (Last, First, Middle Initial) C. Office Depot		Transaction ID: 61204.E8642 Date of Disbursement 10 / 02 / 2006
Mailing Address 5425 S. P. I. D. Suite 151		Amount of Each Disbursement this Period 289.77
City Corpus Christi State TX Zip Code 78411-	Purpose of Disbursement SUPPLIES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

A. Petes Chicken Full Name (Last, First, Middle Initial) Mailing Address 3801 Agnes City Corpus Christi State TX Zip Code 78405- Purpose of Disbursement FOOD FOR VOLUNTEERS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61204.E8676 Date of Disbursement 10 / 10 / 2006 Amount of Each Disbursement this Period 49.62 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FOOD FOR VOLUNTEERS
---	--	---

B. Pizza Hut Full Name (Last, First, Middle Initial) Mailing Address 3648 Leopard City Corpus Christi State TX Zip Code 78408- Purpose of Disbursement FOOD FOR VOLUNTEERS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61204.E8633 Date of Disbursement 09 / 26 / 2006 Amount of Each Disbursement this Period 41.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FOOD FOR VOLUNTEERS
---	--	---

C. Pizza Hut Full Name (Last, First, Middle Initial) Mailing Address 3648 Leopard City Corpus Christi State TX Zip Code 78408- Purpose of Disbursement FOOD FOR VOLUNTEERS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61204.E8675 Date of Disbursement 10 / 11 / 2006 Amount of Each Disbursement this Period 66.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FOOD FOR VOLUNTEERS
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SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

Full Name (Last, First, Middle Initial) A. Roosevelt Baker		Transaction ID: 61204.E8673 Date of Disbursement 10 / 12 / 2006	
Mailing Address 1875 So. Alameda		Amount of Each Disbursement this Period 209.95	
City Corpus Christi State TX Zip Code 78404-	Purpose of Disbursement PHOTOS DEVELOPED	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PHOTOS DEVELOPED	

Full Name (Last, First, Middle Initial) B. Sprint PCS		Transaction ID: 61204.E8660 Date of Disbursement 10 / 16 / 2006	
Mailing Address 6550 Little River Turnpike		Amount of Each Disbursement this Period 110.61	
City Alexandria State VA Zip Code 22312-	Purpose of Disbursement PHONE SERVICE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PHONE SERVICE	

Full Name (Last, First, Middle Initial) C. Taqueria Jalisco		Transaction ID: 61204.E8600 Date of Disbursement 09 / 21 / 2006	
Mailing Address 9729 S. Padre Island Drive		Amount of Each Disbursement this Period 70.22	
City Corpus Christi State TX Zip Code 78418-	Purpose of Disbursement MEALS W/CONSTITUENTS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: MEALS W/CONSTITUENTS	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

Full Name (Last, First, Middle Initial) A. The Home Depot		Transaction ID: 61204.E8578 Date of Disbursement 09 / 18 / 2006
Mailing Address 605 Morrison		Amount of Each Disbursement this Period 97.36
City Brownsville State TX Zip Code 78521-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SIGN SUPPLIES	Candidate Name	[MEMO ITEM] MEMO: SIGN SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Tien Tan Rest.		Transaction ID: 61204.E8603 Date of Disbursement 10 / 04 / 2006
Mailing Address 5898 Everhart		Amount of Each Disbursement this Period 60.59
City Corpus Christi State TX Zip Code 78413-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS W/CONSTITUENTS	Candidate Name	[MEMO ITEM] MEMO: MEALS W/CONSTITUENTS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Time Warner Cable		Transaction ID: 61204.E8601 Date of Disbursement 09 / 22 / 2006
Mailing Address 4060 S.P.I.D.		Amount of Each Disbursement this Period 73.66
City Corpus Christi State TX Zip Code 78411-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CABLE SERVICE	Candidate Name	[MEMO ITEM] MEMO: CABLE SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

Full Name (Last, First, Middle Initial) A. Time Warner Cable		Transaction ID: 61204.E8602 Date of Disbursement 09 / 28 / 2006
Mailing Address 4060 S.P.I.D.		Amount of Each Disbursement this Period 57.22
City Corpus Christi State TX Zip Code 78411-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CABLE SERVICE	Candidate Name	[MEMO ITEM] MEMO: CABLE SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. U & I Restaurant		Transaction ID: 61204.E8644 Date of Disbursement 09 / 30 / 2006
Mailing Address 309 S. Water		Amount of Each Disbursement this Period 87.46
City Corpus Christi State TX Zip Code 78401-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS W/CONSTITUENTS	Candidate Name	[MEMO ITEM] MEMO: MEALS W/CONSTITUENTS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Warehouse Liquor #1		Transaction ID: 61204.E8671 Date of Disbursement 10 / 12 / 2006
Mailing Address 5635 Everhart Road		Amount of Each Disbursement this Period 280.03
City Corpus Christi State TX Zip Code 78411-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SUPPLIES FOR HOSPITALITY ROOM	Candidate Name	[MEMO ITEM] MEMO: SUPPLIES FOR HOSPITALITY ROOM
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	[]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

Full Name (Last, First, Middle Initial) A. Waterstreet		Transaction ID: 61204.E8616 Date of Disbursement 10 / 04 / 2006	
Mailing Address 309 North Water		Amount of Each Disbursement this Period 105.50	
City Corpus Chrsti State TX Zip Code 78401-	Purpose of Disbursement MEALS W/CONSTITUENTS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: MEALS W/CONSTITUENTS	

Full Name (Last, First, Middle Initial) B. Whataburger #283		Transaction ID: 61204.E8672 Date of Disbursement 10 / 10 / 2006	
Mailing Address 2419 Boca Chica Blvd		Amount of Each Disbursement this Period 16.21	
City Brownsville State TX Zip Code 78521-	Purpose of Disbursement MEALS W/CONSTITUENT	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: MEALS W/CONSTITUENT	

Full Name (Last, First, Middle Initial) C. Whataburger #313		Transaction ID: 61204.E8591 Date of Disbursement 09 / 18 / 2006	
Mailing Address 201 N. Shoreline		Amount of Each Disbursement this Period 22.31	
City Corpus Christi State TX Zip Code 78401-	Purpose of Disbursement MEALS W/CONSTITUENTS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: MEALS W/CONSTITUENTS	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

Full Name (Last, First, Middle Initial) A. Mr. Jaime DeAnda		Transaction ID: 61204.E8533 Date of Disbursement 11 / 05 / 2006
Mailing Address 11300 Expo Blvd Apt. 804		Amount of Each Disbursement this Period 1500.00
City San Antonio State TX Zip Code 78230-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MUSIC FOR RALLY BROWNSVILLE		MUSIC FOR RALLY BROWNSVILLE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Mr. Ben DeLeon		Transaction ID: 61204.E8535 Date of Disbursement 11 / 06 / 2006
Mailing Address 471 Acasia		Amount of Each Disbursement this Period 2500.00
City Rio Grande City State TX Zip Code 78582-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MUSIC FOR BROWNSVILLE RALLY		MUSIC FOR BROWNSVILLE RALLY
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. El Veterano Scholarship Fund		Transaction ID: 61204.E8554 Date of Disbursement 10 / 20 / 2006
Mailing Address P. O. Box 4321		Amount of Each Disbursement this Period 100.00
City Corpus Christi State TX Zip Code 78469-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ADVERTISING		ADVERTISING
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4100.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

Full Name (Last, First, Middle Initial) A. Ms. Anna Lisa Gonzalez		Transaction ID: 61204.E8534 Date of Disbursement 11 / 05 / 2006	
Mailing Address 1908 Anglewood		Amount of Each Disbursement this Period 2000.00	
City Brownsville State TX Zip Code 78521-	Purpose of Disbursement MUSIC BY MAZZ	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MUSIC BY MAZZ	

Full Name (Last, First, Middle Initial) B. Mr. Lorenzo Hernandez		Transaction ID: 61204.E8536 Date of Disbursement 11 / 06 / 2006	
Mailing Address 4549 Bernadino		Amount of Each Disbursement this Period 200.00	
City Corpus Christi State TX Zip Code 78416-	Purpose of Disbursement SOUND SYSTEM FOR ELECTION DAY	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SOUND SYSTEM FOR ELECTION DAY	

Full Name (Last, First, Middle Initial) C. Jeff Montgomery & Assoc.		Transaction ID: 61204.E8682 Date of Disbursement 10 / 30 / 2006	
Mailing Address 707 West Ave. Suite 250		Amount of Each Disbursement this Period 30000.00	
City Austin State TX Zip Code 78701-	Purpose of Disbursement CAMPAIGN ADVERTISING	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CAMPAIGN ADVERTISING	

SUBTOTAL of Disbursements This Page (optional) ▶	32200.00
TOTAL This Period (last page this line number only) ▶	[]

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

A. Full Name (Last, First, Middle Initial)
Kleberg County Democratic Party

Mailing Address Mr. Hoss Castillo

City State Zip Code
Kingsville TX 78363-

Purpose of Disbursement
CAMPAIGN CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 61204.E8550

Date of Disbursement

10 / 21 / 2006

Amount of Each Disbursement this Period

500.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

CAMPAIGN CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Lulac 4444

Mailing Address P. O. Box 10807

City State Zip Code
Corpus Christi TX 78460-

Purpose of Disbursement
ADVERTISING

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 61204.E8525

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

500.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

ADVERTISING

C. Full Name (Last, First, Middle Initial)
Majic 105 KTMV

Mailing Address P. O. Box 270547

City State Zip Code
Corpus Christi TX 78427-

Purpose of Disbursement
RADIO ADS

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 61204.E8524

Date of Disbursement

10 / 28 / 2006

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

RADIO ADS

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

Full Name (Last, First, Middle Initial) A. Mary Morales		Transaction ID: 61204.E8529 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 4437 Green Grove		Amount of Each Disbursement this Period 1680.00
City Corpus Christi State TX Zip Code 78415-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONE BANKS	
Purpose of Disbursement PHONE BANKS		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) B. Mary Morales		Transaction ID: 61204.E8538 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 4437 Green Grove		Amount of Each Disbursement this Period 5350.00
City Corpus Christi State TX Zip Code 78415-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONE BANKERS	
Purpose of Disbursement PHONE BANKERS		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) C. Perez Graphic Design		Transaction ID: 61204.E8546 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 3801 Apollo		Amount of Each Disbursement this Period 250.00
City Corpus Christi State TX Zip Code 78413-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SIGN GRAPHICS	
Purpose of Disbursement SIGN GRAPHICS		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	7280.00
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

Full Name (Last, First, Middle Initial) A. Printers Unlimited		Transaction ID: 61204.E8532 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 6
Mailing Address 112 Tarlton		Amount of Each Disbursement this Period 1047.86
City Corpus Christi State TX Zip Code 78415-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PRINTING	Category/ Type	PRINTING
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Mr. Joseph Ramirez		Transaction ID: 61204.E8528 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 4229 Belfast		Amount of Each Disbursement this Period 217.40
City Corpus Christi State TX Zip Code 78413-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement RALLY AND MEALS	Category/ Type	RALLY AND MEALS
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Mike Rendon		Transaction ID: 61204.E8523 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 6725 Deerwood		Amount of Each Disbursement this Period 267.00
City Corpus Christi State TX Zip Code 78413-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SIGN CONSTRUCTION	Category/ Type	SIGN CONSTRUCTION
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	1532.26
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

Full Name (Last, First, Middle Initial) A. Roberto Rodriguez		Transaction ID: 61204.E8543 Date of Disbursement 11 / 13 / 2006	
Mailing Address 106 Ligustrum		Amount of Each Disbursement this Period 600.00	
City Robstown State TX Zip Code 78380-	Purpose of Disbursement SIGN REMOVAL Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Daniel Saenz		Transaction ID: 61204.E8561 Date of Disbursement 10 / 26 / 2006	
Mailing Address 101 E. Ave D		Amount of Each Disbursement this Period 175.00	
City Robstown State TX Zip Code 78380-	Purpose of Disbursement BBQ FOR MOLINA RALLY Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Daniel Saenz		Transaction ID: 61204.E8527 Date of Disbursement 11 / 03 / 2006	
Mailing Address 101 E. Ave D		Amount of Each Disbursement this Period 150.00	
City Robstown State TX Zip Code 78380-	Purpose of Disbursement BBQ FOR RALLY Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	925.00
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

<p>A. Full Name (Last, First, Middle Initial) Mr. Daniel Saenz</p>		<p>Transaction ID: 61204.E8545 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	6	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	1	6	/	2	0	0	6														
<p>Mailing Address 101 E. Ave D</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>175.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </p>		175.00																			
175.00																							
<p>City Robstown State TX Zip Code 78380-</p>	<p>Purpose of Disbursement BBQ FOR ELECTION DAY</p>	<p>Category/ Type</p>																					
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>																						

<p>B. Full Name (Last, First, Middle Initial) Salinas BBQ</p>		<p>Transaction ID: 61204.E8555 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	0	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	2	0	/	2	0	0	6														
<p>Mailing Address 231 E. Main Drive</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>627.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </p>		627.00																			
627.00																							
<p>City Robstown State TX Zip Code 78380-</p>	<p>Purpose of Disbursement FOOD FOR OPEN HOUSE CC</p>	<p>Category/ Type</p>																					
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>																						

<p>C. Full Name (Last, First, Middle Initial) Sams Club</p>		<p>Transaction ID: 61204.E8551 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>2</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	4	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	2	4	/	2	0	0	6														
<p>Mailing Address 4949 Greenwood</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>97.08</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </p>		97.08																			
97.08																							
<p>City Corpus Christi State TX Zip Code 78416-</p>	<p>Purpose of Disbursement SUPPLIES</p>	<p>Category/ Type</p>																					
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>																						

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>899.08</p>
<p>TOTAL This Period (last page this line number only)</p>	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

Full Name (Last, First, Middle Initial) A. Sams Club		Transaction ID: 61204.E8563 Date of Disbursement 10 / 26 / 2006
Mailing Address 4949 Greenwood		Amount of Each Disbursement this Period 132.07
City Corpus Christi State TX Zip Code 78416-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FOOD FOR VOLUNTEERS	Candidate Name	FOOD FOR VOLUNTEERS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Sams Club		Transaction ID: 61204.E8537 Date of Disbursement 11 / 06 / 2006
Mailing Address 4949 Greenwood		Amount of Each Disbursement this Period 303.03
City Corpus Christi State TX Zip Code 78416-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SUPPLIES FOR ELECTION DAY	Candidate Name	SUPPLIES FOR ELECTION DAY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Enrique Serrato		Transaction ID: 61204.E8559 Date of Disbursement 10 / 24 / 2006
Mailing Address 2130 Carolyn		Amount of Each Disbursement this Period 230.00
City Corpus Christi State TX Zip Code 78417-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SIGNS	Candidate Name	SIGNS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	665.10
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

Full Name (Last, First, Middle Initial) A. Enrigue Serrato		Transaction ID: 61204.E8539 Date of Disbursement 11 / 08 / 2006	
Mailing Address 2130 Carolyn		Amount of Each Disbursement this Period 2750.00	
City Corpus Christi	State TX	Zip Code 78417-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POLL WORKERS
Purpose of Disbursement POLL WORKERS		Category/ Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Enrigue Serrato		Transaction ID: 61204.E8544 Date of Disbursement 11 / 15 / 2006	
Mailing Address 2130 Carolyn		Amount of Each Disbursement this Period 1600.00	
City Corpus Christi	State TX	Zip Code 78417-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SIGN REMOVAL
Purpose of Disbursement SIGN REMOVAL		Category/ Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional)

4350.00

TOTAL This Period (last page this line number only)

81941.37

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/>	17	<input checked="" type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

A. Full Name (Last, First, Middle Initial)
Rio Grande Valley Ortiz for

Mailing Address P. O. Box 6188

City Brownsville, State TX Zip Code 78523-

Purpose of Disbursement
TRANS. TO AFFIL.

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼
Primary 2008

Transaction ID: 61204.E8684

Date of Disbursement

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
1	1		1	4		2	0	0	6

Amount of Each Disbursement this Period

10000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

10000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

Full Name (Last, First, Middle Initial) A. Adolfo Contreas for JP		Transaction ID: 61204.E8531 Date of Disbursement 11 / 04 / 2006
Mailing Address 502 1/2 Main Street		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bishop State TX Zip Code 78343-	Category/ Type	
Purpose of Disbursement CAMPAIGN CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Ciro Rodriguez for Congress Committee		Transaction ID: 61204.E8542 Date of Disbursement 11 / 08 / 2006
Mailing Address 246 W. Harding Blvd.		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City San Antonio State TX Zip Code 78221-	Category/ Type	
Purpose of Disbursement CAMPAIGN CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Lampson for Congress		Transaction ID: 61204.E8519 Date of Disbursement 10 / 31 / 2006
Mailing Address P. O. Box 58606		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Houston State TX Zip Code 77258-	Category/ Type	
Purpose of Disbursement CAMPAIGN CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

Full Name (Last, First, Middle Initial) A. San Patricio Demo. Party		Transaction ID: 61204.E8520 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address Fletcher Kelly P. O. Box 460		Amount of Each Disbursement this Period 250.00
City Sinton State TX Zip Code 78387-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN CONTRIBUTION	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. The Jefferson Committee		Transaction ID: 61204.E8566 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 1723 Valmont Street		Amount of Each Disbursement this Period 500.00
City New Orleans State LA Zip Code 70115-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN CONTRIBUTION	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	750.00
TOTAL This Period (last page this line number only)	4250.00