

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 3900 Sundown Drive

City State Zip Code
mcallen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Transaction ID: SA11AI.7353

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 2208 Summer Breeze

City State Zip Code
mission TX 78572

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1898.08

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

Transaction ID: SA11AI.7103

Amount of Each Receipt this Period
176.15

contribution

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

Mailing Address 2208 Summer Breeze

City State Zip Code
mission TX 78572

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.87

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

Transaction ID: SA11AI.7224

Amount of Each Receipt this Period
202.79

contribution

SUBTOTAL of Receipts This Page (optional) ▶ **628.94**

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