

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Ortiz for Congress Committee

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

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)).....	12600.00	366148.02
(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)).....	12600.00	364148.02
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	20829.37	332748.18
(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)).....	20829.37	332748.18
8. Cash on Hand at Close of Reporting Period (from Line 27).....	120001.72	
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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
Ortiz for Congress Committee

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

1500.00

266700.00

(ii) Unitemized.....

100.00

935.00

(iii) TOTAL of contributions

1600.00

267635.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

(c) Other Political Committees (such as PACS).....

11000.00

98513.02

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

12600.00

366148.02

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

0.00

(add Lines 13(a) and (b)).....

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

676.58

2651.35

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

13276.58

368799.37

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	20829.37	332748.18
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	5000.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	2000.00
21. OTHER DISBURSEMENTS.....	3447.35	7447.35
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	24276.72	347195.53

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	131001.86
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	13276.58
25. SUBTOTAL (add Line 23 and Line 24).....	144278.44
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	24276.72
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	120001.72

CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)
(Millionaires' Amendment)

Name of Candidate		Candidate ID Number	
Solomon P. Ortiz		H2TX27026	
Name of Principal Campaign Committee		Committee ID Number	
Ortiz for Congress Committee		C C00149187	
Committee Address			
P. O. Box 7806			
City	State	ZIP	
Corpus Christi	TX	78467-	
Report Covering Period (check one) <input checked="" type="checkbox"/> through June 30, or <input type="checkbox"/> through December 31 of the year preceding the year of the general election			
	Primary	General	
1. Gross receipts of authorized committees	0.00	0.00	
2. Aggregate amount of contributions from personal funds of the candidate	0.00	0.00	
3. Gross receipts minus the candidate's personal contributions	0.00	0.00	

**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 6 / 46
	<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. American Medical PAC

Full Name (Last, First, Middle Initial)
Mr. Kevin Walker

Mailing Address
1101 Vermont Avenue, NW

City State Zip Code
Washington DC 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 ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 9 / 2 0 0 6

Transaction ID: 60713.C5540

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. Concrete Masonry PAC

Full Name (Last, First, Middle Initial)
Mr. Randal Pence

Mailing Address
2302 Horse Pen Road

City State Zip Code
Herndon VA 22071

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 ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 9 / 2 0 0 6

Transaction ID: 60713.C5544

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. Intl. Union of Oper. Engineers

Full Name (Last, First, Middle Initial)
Mr. Frank Hankins

Mailing Address
1125 Seventeenth Street, N. W.

City State Zip Code
Washington DC 20036

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
0 6 / 1 4 / 2 0 0 6

Transaction ID: 60713.C5546

Amount of Each Receipt this Period
2500.00

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:	PAGE 7 / 46
	(check only one)	
<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)
Vought PAC

Mailing Address Mr. Larry Cherry
P. O. Box 655907

City State Zip Code
Dallas TX 75265-5907

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 ▼
5000.00

Date of Receipt
MM / DD / YYYY
05 / 09 / 2006

Transaction ID: 60713.C5543

Amount of Each Receipt this Period
5000.00

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)	▶	11000.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 / 46
	(check only one)	
<input checked="" 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

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

A. Full Name (Last, First, Middle Initial)
F. Jed Becker

Mailing Address Eurpac Service Co.
13 Prospect Avenue

City State Zip Code
Darien CT 06820

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

Name of Employer Occupation
EURPAC SERVICE CO. President

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

1200.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2006

Transaction ID: 60713.C5547

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)
Jerry Hunsaker

Mailing Address 4707 Everhart Rd. Suite #106

City State Zip Code
Corpus Christi TX 78411

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

Name of Employer Occupation
Self Medical Doctor

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

500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 09 / 2006

Transaction ID: 60713.C5545

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	1500.00

**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 9 / 46
	<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		Date of Receipt MM / DD / YYYY 04 / 30 / 2006
Mailing Address 711 North Carancahua		Transaction ID: 60713.C5541
City Corpus Christi	State TX	Zip Code 78475-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 228.97
Name of Employer American Bank	Occupation N/A	Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2190.50	

Full Name (Last, First, Middle Initial) B. American Bank		Date of Receipt MM / DD / YYYY 05 / 31 / 2006
Mailing Address 711 North Carancahua		Transaction ID: 60713.C5542
City Corpus Christi	State TX	Zip Code 78475-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 223.65
Name of Employer American Bank	Occupation N/A	Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2414.15	

Full Name (Last, First, Middle Initial) C. American Bank		Date of Receipt MM / DD / YYYY 06 / 30 / 2006
Mailing Address 711 North Carancahua		Transaction ID: 60713.C5539
City Corpus Christi	State TX	Zip Code 78475-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 213.77
Name of Employer American Bank	Occupation N/A	Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2627.92	

SUBTOTAL of Receipts This Page (optional)	▶	666.39
TOTAL This Period (last page this line number only)	▶	666.39

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. Adult Learning Ctr.		Transaction ID: 60713.E8111 Date of Disbursement 04 / 27 / 2006	
Mailing Address 3902 Morgan		Amount of Each Disbursement this Period 100.00	
City Corpus Christi State TX Zip Code 78405-	Purpose of Disbursement ADVERTISING Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ADVERTISING	
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. American Bank		Transaction ID: 60713.E8137 Date of Disbursement 06 / 30 / 2006	
Mailing Address 711 North Carancahua		Amount of Each Disbursement this Period 5.00	
City Corpus Christi State TX Zip Code 78475-	Purpose of Disbursement MONEYFUND SERVICE FEE Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MONEYFUND SERVICE FEE	
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. David Andrukitis, Inc.		Transaction ID: 60713.E8135 Date of Disbursement 06 / 23 / 2006	
Mailing Address Room WA 29 Rayburn Bldg.		Amount of Each Disbursement this Period 566.82	
City Washington State DC Zip Code 20515-	Purpose of Disbursement PRINTING DCFR06 Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PRINTING DCFR06	
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) ▶	671.82
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. AT&T		Transaction ID: 60713.E8131 Date of Disbursement 06 / 23 / 2006	
Mailing Address P. O. Box 945800		Amount of Each Disbursement this Period 35.45	
City Maitland State FL Zip Code 32794-	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) ▼	Category/Type PHONE SERVICE	

Full Name (Last, First, Middle Initial) B. Aviators Baseball		Transaction ID: 60713.E8114 Date of Disbursement 04 / 28 / 2006	
Mailing Address 1151 E. Main Street		Amount of Each Disbursement this Period 750.00	
City Robstown State TX Zip Code 78380-	Purpose of Disbursement ADVERTISING-SEATS	<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) ▼	Category/Type ADVERTISING-SEATS	

Full Name (Last, First, Middle Initial) C. Mr. Bif Browning		Transaction ID: 60713.E8130 Date of Disbursement 06 / 22 / 2006	
Mailing Address 3708 Jacksonville		Amount of Each Disbursement this Period 1000.00	
City Tyler State TX Zip Code 75701-	Purpose of Disbursement DATA ENTRY-POLITICAL CONSULTING	<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) ▼	Category/Type DATA ENTRY-POLITICAL CONSULTING	

SUBTOTAL of Disbursements This Page (optional) ▶	1785.45
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. Coalition for Advancement of Women		Transaction ID: 60713.E8127 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address P. O. Box 271443		Amount of Each Disbursement this Period 300.00
City Corpus Christi State TX Zip Code 78427-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 AD-TABLE	
Purpose of Disbursement AD-TABLE 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) ▼	

Full Name (Last, First, Middle Initial) B. Congressional FCU		Transaction ID: 60713.E8108 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6
Mailing Address P. O. Box 3322		Amount of Each Disbursement this Period 3209.90
City Oakton State VA Zip Code 22124-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CREDIT CARD SEE BELOW	
Purpose of Disbursement CREDIT CARD SEE BELOW 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) ▼	

Full Name (Last, First, Middle Initial) C. AOL Operations & Service		Transaction ID: 60713.E8186 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 9 / 2 0 0 6
Mailing Address P. O. Box 17200		Amount of Each Disbursement this Period 23.90
City Jacksonville State FL Zip Code 32245-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: INTERNET SERVICE	
Purpose of Disbursement INTERNET 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3509.90
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. Circle K		Transaction ID: 60713.E8188 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6
Mailing Address 4121 Carroll Lane		Amount of Each Disbursement this Period 32.69
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 [MEMO ITEM] MEMO: GAS	
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) ▼	

Full Name (Last, First, Middle Initial) B. Circle K		Transaction ID: 60713.E8187 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 9 / 2 0 0 6
Mailing Address 4121 Carroll Lane		Amount of Each Disbursement this Period 52.88
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 [MEMO ITEM] MEMO: GAS	
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) ▼	

Full Name (Last, First, Middle Initial) C. Circle K #9438Corpus		Transaction ID: 60713.E8190 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 6
Mailing Address 4101 Agnes Street		Amount of Each Disbursement this Period 48.46
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 [MEMO ITEM] MEMO: GAS	
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) ▼	

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. Circle K #9438Corpus</p> <p>Full Name (Last, First, Middle Initial) Circle K #9438Corpus</p> <p>Mailing Address 4101 Agnes Street</p> <p>City Corpus Christi State TX Zip Code 78405-</p> <p>Purpose of Disbursement GAS</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: 60713.E8189</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="51.39"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: GAS</p>
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<p>B. Diamond Shamrock</p> <p>Full Name (Last, First, Middle Initial) Diamond Shamrock</p> <p>Mailing Address P. O. Box 631</p> <p>City Amarillo State TX Zip Code 79105-</p> <p>Purpose of Disbursement GAS</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: 60713.E8199</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="8.39"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: GAS</p>
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<p>C. Diamond Shamrock</p> <p>Full Name (Last, First, Middle Initial) Diamond Shamrock</p> <p>Mailing Address P. O. Box 631</p> <p>City Amarillo State TX Zip Code 79105-</p> <p>Purpose of Disbursement GAS</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: 60713.E8200</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="43.91"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: GAS</p>
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<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="0.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></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. Exxon USA 9166375999		Transaction ID: 60713.E8194 Date of Disbursement MM / DD / YYYY 02 / 26 / 2006	
Mailing Address 5939 Holly Road		Amount of Each Disbursement this Period 54.00	
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	

Full Name (Last, First, Middle Initial) B. Exxon POS75 Robstown		Transaction ID: 60713.E8193 Date of Disbursement MM / DD / YYYY 03 / 06 / 2006	
Mailing Address 301 So. Hwy 77		Amount of Each Disbursement this Period 18.76	
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	

Full Name (Last, First, Middle Initial) C. Federal Express		Transaction ID: 60713.E8192 Date of Disbursement MM / DD / YYYY 03 / 16 / 2006	
Mailing Address 300 Maryland Ave NE		Amount of Each Disbursement this Period 17.89	
City Washington State DC Zip Code 20515-	Purpose of Disbursement EXPRESS PACKAGE	<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: EXPRESS PACKAGE	

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. Federal Express</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 300 Maryland Ave NE</p> <p>City Washington State DC Zip Code 20515-</p> <p>Purpose of Disbursement EXPRESS PACKAGE</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: 60713.E8191</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.22"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: EXPRESS PACKAGE</p>	
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>	

<p>B. H. E. B. Port</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 3033 S. Port</p> <p>City Corpus Christi State TX Zip Code 78405-</p> <p>Purpose of Disbursement SUPPLIES</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: 60713.E8197</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="26.23"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: SUPPLIES</p>	
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>	

<p>C. Lilas Restaurant</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 554 Old Robstown Rd.</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: 60713.E8196</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="42.62"/></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><input type="text" value="0.00"/></p>	
<p>TOTAL This Period (last page this line number only)</p>		<p><input type="text"/></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. OMNI Hotels Bayfront		Transaction ID: 60713.E8184 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address 900 N. Shoreline		Amount of Each Disbursement this Period 308.52
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 [MEMO ITEM] MEMO: ROOM RENTAL	
Purpose of Disbursement ROOM RENTAL		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. OMNI Hotels Bayfront		Transaction ID: 60713.E8185 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address 900 N. Shoreline		Amount of Each Disbursement this Period 1.50
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 [MEMO ITEM] MEMO: ROOM SERVICE	
Purpose of Disbursement ROOM SERVICE		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. Office Depot		Transaction ID: 60713.E8179 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 6
Mailing Address 5425 S. P. I. D. Suite 151		Amount of Each Disbursement this Period 180.55
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 [MEMO ITEM] MEMO: OFFICE SUPPLIES	
Purpose of Disbursement OFFICE SUPPLIES		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) ▶	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. Office Depot		Transaction ID: 60713.E8178 Date of Disbursement MM / DD / YYYY 02 / 17 / 2006
Mailing Address 5425 S. P. I. D. Suite 151		Amount of Each Disbursement this Period 47.61
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 OFFICE SUPPLIES Candidate Name	Category/Type	[MEMO ITEM] MEMO: OFFICE 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. Shell Oil CC		Transaction ID: 60713.E8181 Date of Disbursement MM / DD / YYYY 02 / 19 / 2006
Mailing Address 13901 FM624		Amount of Each Disbursement this Period 8.45
City Corpus Christi State TX Zip Code 78410-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement GAS Candidate Name	Category/Type	[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. Shell Oil CC		Transaction ID: 60713.E8182 Date of Disbursement MM / DD / YYYY 02 / 24 / 2006
Mailing Address 13901 FM624		Amount of Each Disbursement this Period 28.05
City Corpus Christi State TX Zip Code 78410-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement GAS Candidate Name	Category/Type	[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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 / 46

<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. Southwestern Bell		Transaction ID: 60713.E8180 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address P. O. Box 4845		Amount of Each Disbursement this Period 243.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Houston State TX Zip Code 77097-0080	[MEMO ITEM] MEMO: PHONE SERVICE	
Purpose of Disbursement PHONE SERVICE		Category/ Type
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. Thrifty Rent-A-Car		Transaction ID: 60713.E8183 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 6
Mailing Address 1928 NPID		Amount of Each Disbursement this Period 64.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Corpus Chrsti State TX Zip Code 78408-	[MEMO ITEM] MEMO: CAR RENTAL	
Purpose of Disbursement CAR RENTAL		Category/ Type
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. Time Warner Cable		Transaction ID: 60713.E8177 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6
Mailing Address 4060 S.P.I.D.		Amount of Each Disbursement this Period 73.66 <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-	[MEMO ITEM] MEMO: ROADRUNNER SERVICE	
Purpose of Disbursement ROADRUNNER SERVICE		Category/ Type
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) ▶	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: 60713.E8176 Date of Disbursement MM / DD / YYYY 02 / 28 / 2006
Mailing Address 4060 S.P.I.D.		Amount of Each Disbursement this Period 57.22 <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 CABLE 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: CABLE SERVICE

Full Name (Last, First, Middle Initial) B. Congressional FCU		Transaction ID: 60713.E8117 Date of Disbursement MM / DD / YYYY 05 / 10 / 2006
Mailing Address P. O. Box 3322		Amount of Each Disbursement this Period 1860.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Oakton State VA Zip Code 22124-	Purpose of Disbursement CREDIT CARD SEE BELOW 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) ▼	CREDIT CARD SEE BELOW

Full Name (Last, First, Middle Initial) C. AOL Operations & Service		Transaction ID: 60713.E8143 Date of Disbursement MM / DD / YYYY 04 / 12 / 2006
Mailing Address P. O. Box 17200		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
City Jacksonville State FL Zip Code 32245-	Purpose of Disbursement INTERNET 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: INTERNET SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶	1860.20
TOTAL This Period (last page this line number only) ▶	(Empty box)

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. AOL Operations & Service

Full Name (Last, First, Middle Initial)
AOL Operations & Service

Mailing Address P. O. Box 17200

City Jacksonville State FL Zip Code 32245-

Purpose of Disbursement INTERNET SERVICE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 60713.E8144
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]
MEMO: INTERNET SERVICE

B. Astor Rest.

Full Name (Last, First, Middle Initial)
Astor Rest.

Mailing Address 5533 Leopard

City Corpus Christi State TX Zip Code 78408-

Purpose of Disbursement MEALS W/CONSTITUENTS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 60713.E8142
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]
MEMO: MEALS W/CONSTITUENTS

C. Badge A Minit LTD

Full Name (Last, First, Middle Initial)
Badge A Minit LTD

Mailing Address P. O. Box 800

City La Salle State IL Zip Code 61301-

Purpose of Disbursement BADGE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 60713.E8138
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]
MEMO: BADGE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶

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. Circle K		Transaction ID: 60713.E8149 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 6
Mailing Address 4121 Carroll Lane		Amount of Each Disbursement this Period 57.23
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: 60713.E8148 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 6
Mailing Address 4121 Carroll Lane		Amount of Each Disbursement this Period 30.64
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: 60713.E8147 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 6
Mailing Address 4121 Carroll Lane		Amount of Each Disbursement this Period 54.77
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

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 9831 CC		Transaction ID: 60713.E8150 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 6	
Mailing Address 1050 Nueces Bay Blvd.		Amount of Each Disbursement this Period 19.47	
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. City of Corpus Christi		Transaction ID: 60713.E8139 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6	
Mailing Address 1201 Leopard Street		Amount of Each Disbursement this Period 2.00	
City Corpus Christi State TX Zip Code 78401-	Purpose of Disbursement PARKING	<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: PARKING	

Full Name (Last, First, Middle Initial) C. City of Corpus Christi		Transaction ID: 60713.E8141 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 6	
Mailing Address 1201 Leopard Street		Amount of Each Disbursement this Period 10.00	
City Corpus Christi State TX Zip Code 78401-	Purpose of Disbursement PARKING	<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: PARKING	

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: 60713.E8140 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6
Mailing Address 1201 Leopard Street		Amount of Each Disbursement this Period 10.00 <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-	[MEMO ITEM] MEMO: PARKING	
Purpose of Disbursement PARKING		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. Diamond Shamrock		Transaction ID: 60713.E8152 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6
Mailing Address P. O. Box 631		Amount of Each Disbursement this Period 25.43 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Amarillo State TX Zip Code 79105-	[MEMO ITEM] MEMO: GAS	
Purpose of Disbursement GAS		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. Diamond Shamrock		Transaction ID: 60713.E8153 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 6
Mailing Address P. O. Box 631		Amount of Each Disbursement this Period 31.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Amarillo State TX Zip Code 79105-	[MEMO ITEM] MEMO: GAS	
Purpose of Disbursement GAS		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) ▶	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. Diamond Shamrock		Transaction ID: 60713.E8154 Date of Disbursement MM / DD / YYYY 03 / 16 / 2006	
Mailing Address P. O. Box 631		Amount of Each Disbursement this Period 15.66	
City Amarillo State TX Zip Code 79105-	Purpose of Disbursement GAS Candidate Name Category/Type	<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:		[MEMO ITEM] MEMO: GAS	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Diamond Shamrock		Transaction ID: 60713.E8155 Date of Disbursement MM / DD / YYYY 03 / 29 / 2006	
Mailing Address P. O. Box 631		Amount of Each Disbursement this Period 39.01	
City Amarillo State TX Zip Code 79105-	Purpose of Disbursement GAS Candidate Name Category/Type	<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:		[MEMO ITEM] MEMO: GAS	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Exxon USA 8365		Transaction ID: 60713.E8159 Date of Disbursement MM / DD / YYYY 03 / 28 / 2006	
Mailing Address 5939 S. P. I. D.		Amount of Each Disbursement this Period 58.83	
City Corpus Christi State TX Zip Code 78412-	Purpose of Disbursement GAS Candidate Name Category/Type	<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:		[MEMO ITEM] MEMO: GAS	
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)

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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. Exxonmobil Rivera		Transaction ID: 60713.E8160 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address Hwy 77		Amount of Each Disbursement this Period 61.27
City Riviera State TX Zip Code 78379-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement GAS Candidate Name	Category/Type	[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. Federal Express		Transaction ID: 60713.E8161 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 6
Mailing Address 300 Maryland Ave NE		Amount of Each Disbursement this Period 25.00
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	Category/Type	[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. H. E. B. #263 Brown.		Transaction ID: 60713.E8158 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address 1628 Central Blvd		Amount of Each Disbursement this Period 35.00
City Brownsville State TX Zip Code 78520-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FOOD SUPPLIES Candidate Name	Category/Type	[MEMO ITEM] MEMO: FOOD 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) ▼	

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. HEB #3		Transaction ID: 60713.E8157 Date of Disbursement 04 / 13 / 2006	
Mailing Address 3500 Leopard		Amount of Each Disbursement this Period 25.59	
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) B. HEB #3		Transaction ID: 60713.E8156 Date of Disbursement 04 / 05 / 2006	
Mailing Address 3500 Leopard		Amount of Each Disbursement this Period 5.61	
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. Southwestern Bell		Transaction ID: 60713.E8168 Date of Disbursement 03 / 29 / 2006	
Mailing Address P. O. Box 4845		Amount of Each Disbursement this Period 246.98	
City Houston State TX Zip Code 77097-0080	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	

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. Splash Car Wash</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address S. Capitol & I St. SE</p> <p>City Washington State DC Zip Code 20024-</p> <p>Purpose of Disbursement CAR WASH</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: 60713.E8167</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="22.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: CAR WASH</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>B. Time Warner Cable</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 4060 S.P.I.D.</p> <p>City Corpus Christi State TX Zip Code 78411-</p> <p>Purpose of Disbursement ROADRUNNER SERVICE</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: 60713.E8166</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="73.66"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: ROADRUNNER SERVICE</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>C. Time Warner Cable</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 4060 S.P.I.D.</p> <p>City Corpus Christi State TX Zip Code 78411-</p> <p>Purpose of Disbursement CABLE SERVICE</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: 60713.E8165</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> / <input type="text" value="28"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="57.22"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: CABLE SERVICE</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><input type="text" value="0.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></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)

<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. Vietnam Rest.		Transaction ID: 60713.E8164 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6	
Mailing Address 4501 S. P. I. D.		Amount of Each Disbursement this Period 149.90	
City Corpus Christi State TX Zip Code 78411-	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) B. Waterstreet		Transaction ID: 60713.E8162 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 6	
Mailing Address 309 North Water		Amount of Each Disbursement this Period 47.21	
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) C. Congressional FCU		Transaction ID: 60713.E8128 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6	
Mailing Address P. O. Box 3322		Amount of Each Disbursement this Period 3044.75	
City Oakton State VA Zip Code 22124-	Purpose of Disbursement CREDIT CARD SEE BELOW	<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) ▼	CREDIT CARD SEE BELOW	

SUBTOTAL of Disbursements This Page (optional) ▶	3044.75
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. AOL Operations & Service		Transaction ID: 60713.E8242 Date of Disbursement 04 / 19 / 2006	
Mailing Address P. O. Box 17200		Amount of Each Disbursement this Period 25.90	
City Jacksonville	State FL	Zip Code 32245-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: INTERNEET SERVICE
Purpose of Disbursement INTERNEET SERVICE	Category/Type		
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. AOL Operations & Service		Transaction ID: 60713.E8241 Date of Disbursement 05 / 12 / 2006	
Mailing Address P. O. Box 17200		Amount of Each Disbursement this Period 25.90	
City Jacksonville	State FL	Zip Code 32245-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: INTERNET SERVICE
Purpose of Disbursement INTERNET SERVICE	Category/Type		
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. AT&T		Transaction ID: 60713.E8243 Date of Disbursement 05 / 12 / 2006	
Mailing Address P. O. Box 945800		Amount of Each Disbursement this Period 241.90	
City Maitland	State FL	Zip Code 32794-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: PHONE SERVICE
Purpose of Disbursement PHONE SERVICE	Category/Type		
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)	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. Cingular Wireless		Transaction ID: 60713.E8237 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 6
Mailing Address P. O. Box 4460		Amount of Each Disbursement this Period 160.09
City Houston State TX Zip Code 77097-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PHONE SERVICE	Candidate Name	[MEMO ITEM] MEMO: PHONE 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. Circle K		Transaction ID: 60713.E8233 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 6
Mailing Address 4121 Carroll Lane		Amount of Each Disbursement this Period 60.01
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) ▼	

Full Name (Last, First, Middle Initial) C. Circle K		Transaction ID: 60713.E8236 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6
Mailing Address 4121 Carroll Lane		Amount of Each Disbursement this Period 62.88
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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<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: 60713.E8231 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address 4121 Carroll Lane		Amount of Each Disbursement this Period 41.48 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: GAS
City Corpus Christi State TX Zip Code 78411-		
Purpose of Disbursement GAS	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. Circle K		Transaction ID: 60713.E8235 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6
Mailing Address 4121 Carroll Lane		Amount of Each Disbursement this Period 34.47 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: GAS
City Corpus Christi State TX Zip Code 78411-		
Purpose of Disbursement GAS	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. Circle K		Transaction ID: 60713.E8234 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6
Mailing Address 4121 Carroll Lane		Amount of Each Disbursement this Period 23.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: GAS
City Corpus Christi State TX Zip Code 78411-		
Purpose of Disbursement GAS	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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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		Transaction ID: 60713.E8232 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6
Mailing Address 4121 Carroll Lane		Amount of Each Disbursement this Period 27.85
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 Rancho Viejo		Transaction ID: 60713.E8230 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 6
Mailing Address 101 Carmen Ave		Amount of Each Disbursement this Period 26.76
City Brownsville State TX Zip Code 78520-	<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. City of Corpus Christi		Transaction ID: 60713.E8239 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address 1201 Leopard Street		Amount of Each Disbursement this Period 4.00
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 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) ▼	

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<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: 60713.E8238 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6
Mailing Address 1201 Leopard Street		Amount of Each Disbursement this Period 10.00
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 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. Diamond Shamrock		Transaction ID: 60713.E8244 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6
Mailing Address P. O. Box 631		Amount of Each Disbursement this Period 30.49
City Amarillo State TX Zip Code 79105-	<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. Diamond Shamrock		Transaction ID: 60713.E8245 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address P. O. Box 631		Amount of Each Disbursement this Period 47.29
City Amarillo State TX Zip Code 79105-	<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
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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. Diamond Shamrock		Transaction ID: 60713.E8247 Date of Disbursement 04 / 27 / 2006	
Mailing Address P. O. Box 631		Amount of Each Disbursement this Period 33.74	
City Amarillo State TX Zip Code 79105-	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. Diamond Shamrock		Transaction ID: 60713.E8246 Date of Disbursement 04 / 25 / 2006	
Mailing Address P. O. Box 631		Amount of Each Disbursement this Period 31.04	
City Amarillo State TX Zip Code 79105-	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. Diamond Shamrock		Transaction ID: 60713.E8248 Date of Disbursement 04 / 17 / 2006	
Mailing Address P. O. Box 631		Amount of Each Disbursement this Period 21.89	
City Amarillo State TX Zip Code 79105-	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	

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NAME OF COMMITTEE (In Full)
Ortiz for Congress Committee

Full Name (Last, First, Middle Initial) A. Firestone Tire		Transaction ID: 60713.E8228 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6
Mailing Address 2802 Leopard Street		Amount of Each Disbursement this Period 12.50
City Corpus Christi State TX Zip Code 78408-	Purpose of Disbursement STATE INSPECTION STICKER 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: STATE INSPECTION STICKER

Full Name (Last, First, Middle Initial) B. H. E. B. Brownsville		Transaction ID: 60713.E8225 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address 2250 Boca Chica Blvd.		Amount of Each Disbursement this Period 8.25
City Brownsville State TX Zip Code 78521-	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. H. E. B. Portland 488		Transaction ID: 60713.E8224 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 6
Mailing Address 1600 Wildcat Drive		Amount of Each Disbursement this Period 44.98
City Portland State TX Zip Code 78374-	Purpose of Disbursement FOOD FOR MEETING 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: FOOD FOR MEETING

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<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: 60713.E8226 Date of Disbursement MM / DD / YYYY 04 / 18 / 2006	
Mailing Address 3500 Leopard		Amount of Each Disbursement this Period 138.45	
City Corpus Christi State TX Zip Code 78408-	Purpose of Disbursement SUPPLIES FOR OFFICE	<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 OFFICE	

Full Name (Last, First, Middle Initial) B. OMNI Hotels Bayfront		Transaction ID: 60713.E8216 Date of Disbursement MM / DD / YYYY 04 / 19 / 2006	
Mailing Address 900 N. Shoreline		Amount of Each Disbursement this Period 84.30	
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	

Full Name (Last, First, Middle Initial) C. OMNI Hotels Bayfront		Transaction ID: 60713.E8217 Date of Disbursement MM / DD / YYYY 04 / 20 / 2006	
Mailing Address 900 N. Shoreline		Amount of Each Disbursement this Period 182.85	
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	

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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. OMNI Hotels Bayfront		Transaction ID: 60713.E8218 Date of Disbursement MM / DD / YYYY 04 / 20 / 2006	
Mailing Address 900 N. Shoreline		Amount of Each Disbursement this Period 182.85	
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	

Full Name (Last, First, Middle Initial) B. Office Depot		Transaction ID: 60713.E8220 Date of Disbursement MM / DD / YYYY 05 / 12 / 2006	
Mailing Address 5425 S. P. I. D. Suite 151		Amount of Each Disbursement this Period 44.82	
City Corpus Christi State TX Zip Code 78411-	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) C. Office Depot		Transaction ID: 60713.E8221 Date of Disbursement MM / DD / YYYY 05 / 08 / 2006	
Mailing Address 5425 S. P. I. D. Suite 151		Amount of Each Disbursement this Period 185.08	
City Corpus Christi State TX Zip Code 78411-	Purpose of Disbursement OFFICE SUPPLIES-PRINTER AND PAPER	<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-PRI- NTER AND PAPER	

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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. Office Depot		Transaction ID: 60713.E8219 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6	
Mailing Address 5425 S. P. I. D. Suite 151		Amount of Each Disbursement this Period 31.38	
City Corpus Christi State TX Zip Code 78411-	Purpose of Disbursement OFFICE SUPPLIES Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE 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) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. Radio Shack		Transaction ID: 60713.E8215 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6	
Mailing Address 2511 Leopard		Amount of Each Disbursement this Period 32.46	
City Corpus Chrsti State TX Zip Code 78408-	Purpose of Disbursement OFFICE SUPPLIES Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE 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) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. Shell Oil CC		Transaction ID: 60713.E8214 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 6	
Mailing Address 13901 FM624		Amount of Each Disbursement this Period 36.82	
City Corpus Christi State TX Zip Code 78410-	Purpose of Disbursement GAS Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [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) ▼	Category/Type	

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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. Southwestern Bell		Transaction ID: 60713.E8209 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address P. O. Box 4845		Amount of Each Disbursement this Period 247.07
City Houston State TX Zip Code 77097-0080	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PHONE SERVICE	Category/Type	[MEMO ITEM] MEMO: PHONE SERVICE
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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Things Remembered		Transaction ID: 60713.E8207 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6
Mailing Address Padre Staples Mall		Amount of Each Disbursement this Period 85.11
City Corpus Chrsti 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 ENGRAVING	Category/Type	[MEMO ITEM] MEMO: ENGRAVING
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:	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: 60713.E8205 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 6
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 ROADRUNNER SERVICE	Category/Type	[MEMO ITEM] MEMO: ROADRUNNER SERVICE
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:	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)

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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. Time Warner Cable		Transaction ID: 60713.E8206 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 4060 S.P.I.D.		Amount of Each Disbursement this Period 57.22 <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 CABLE 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: CABLE SERVICE

Full Name (Last, First, Middle Initial) B. Vietnam Rest.		Transaction ID: 60713.E8211 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6
Mailing Address 4501 S. P. I. D.		Amount of Each Disbursement this Period 114.59 <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 MEALS W/CONSTITUENTS 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: MEALS W/CONSTITUENTS

Full Name (Last, First, Middle Initial) C. Wal-Mart		Transaction ID: 60713.E8212 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6
Mailing Address 4833 SPID		Amount of Each Disbursement this Period 27.18 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Corpus Chrsti State TX Zip Code 78416-	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) ▼	[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. El Defensor Full Name (Last, First, Middle Initial) Mailing Address 1016 Santa Fe, Suite 207 City Corpus Christi State TX Zip Code 78404- Purpose of Disbursement 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) ▼		Transaction ID: 60713.E8121 Date of Disbursement: M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ADVERTISING
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B. Mr. Roland Garza Full Name (Last, First, Middle Initial) Mailing Address Civil Rights Show City Corpus Christi State TX Zip Code 78406- Purpose of Disbursement AD SPONSOR 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: 60713.E8116 Date of Disbursement: M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 AD SPONSOR
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C. International Ltd. Full Name (Last, First, Middle Initial) Mailing Address 3649 Leopard Street City Corpus Christi State TX Zip Code 78408- Purpose of Disbursement ROOM LEASE 603 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: 60713.E8132 Date of Disbursement: M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 1200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ROOM LEASE 603
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SUBTOTAL of Disbursements This Page (optional) ▶	1400.00
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. Nat. Democratic Club		Transaction ID: 60713.E8133 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 6
Mailing Address 30 Ivy Street, S. E.		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 Washington State DC Zip Code 20003-	Purpose of Disbursement MEAL SPONSOR Candidate Name <input type="checkbox"/> 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) ▼	MEAL SPONSOR

Full Name (Last, First, Middle Initial) B. Solomon P. Ortiz		Transaction ID: 60713.E8106 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6
Mailing Address 4514 Carlow		Amount of Each Disbursement this Period 1900.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Corpus Christi State TX Zip Code 78413-	Purpose of Disbursement RADIO SPOTS Candidate Name <input type="checkbox"/> 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) ▼	RADIO SPOTS

Full Name (Last, First, Middle Initial) C. Solomon P. Ortiz		Transaction ID: 60713.E8119 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6
Mailing Address 4514 Carlow		Amount of Each Disbursement this Period 1746.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Corpus Christi State TX Zip Code 78413-	Purpose of Disbursement MEALS AND TRAVEL Candidate Name <input type="checkbox"/> 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) ▼	MEALS AND TRAVEL

SUBTOTAL of Disbursements This Page (optional) ▶	4646.32
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. Robstown Area Dev. Comm.		Transaction ID: 60713.E8113 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6	
Mailing Address 1150 E. Main Street		Amount of Each Disbursement this Period 225.00	
City Robstown State TX Zip Code 78380-	Purpose of Disbursement ADVERTISING-TABLE	<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) ▼	ADVERTISING-TABLE	

Full Name (Last, First, Middle Initial) B. Joseph Ramirez		Transaction ID: 60713.E8136 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6	
Mailing Address 4229 Belfast		Amount of Each Disbursement this Period 1400.00	
City Corpus Christi State TX Zip Code 78413-	Purpose of Disbursement SUPPLIES FOR DCFR06	<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) ▼	SUPPLIES FOR DCFR06	

Full Name (Last, First, Middle Initial) C. Rosies Flowers		Transaction ID: 60713.E8118 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 6	
Mailing Address 702 Ayers Street		Amount of Each Disbursement this Period 1360.73	
City Corpus Christi State TX Zip Code 78404-	Purpose of Disbursement FLOWERS	<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) ▼	FLOWERS	

SUBTOTAL of Disbursements This Page (optional) ▶	2985.73
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. Sprint PCS		Transaction ID: 60713.E8110	
Mailing Address 6550 Little River Turnpike		Date of Disbursement MM / DD / YYYY 04 / 21 / 2006	
City Alexandria	State VA	Zip Code 22312-	Amount of Each Disbursement this Period 55.09
Purpose of Disbursement PHONE SERVICE	Candidate Name		<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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		PHONE SERVICE
State: District:	Category/Type		

Full Name (Last, First, Middle Initial) B. West Oso Alumni Association		Transaction ID: 60713.E8123	
Mailing Address 5202 Bear Lane		Date of Disbursement MM / DD / YYYY 05 / 30 / 2006	
City Corpus Christi	State TX	Zip Code 78405-	Amount of Each Disbursement this Period 150.00
Purpose of Disbursement ADVERTISING	Candidate Name		<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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		ADVERTISING
State: District:	Category/Type		

SUBTOTAL of Disbursements This Page (optional) ►

205.09

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

20109.26

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 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. Francine Busby for Congress		Transaction ID: 60713.E8122 Date of Disbursement 05 / 24 / 2006
Mailing Address P. O. Box 712		Amount of Each Disbursement this Period 1000.00
City Cardiff By The Sea State CA Zip Code 92007-	<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. Joe Baca Jr. for Assembly		Transaction ID: 60713.E8125 Date of Disbursement 06 / 02 / 2006
Mailing Address P. O. Box 1670		Amount of Each Disbursement this Period 1000.00
City San Bernardino State CA Zip Code 92402-	<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) C. Solomon P. Ortiz		Transaction ID: 60713.E8126 Date of Disbursement 06 / 01 / 2006
Mailing Address 4514 Carlow		Amount of Each Disbursement this Period 1447.35
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 GOING AWAY PARTY	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) ▼	

SUBTOTAL of Disbursements This Page (optional)	3447.35
TOTAL This Period (last page this line number only)	3447.35