

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Lawrence Gelman
Full Name (Last, First, Middle Initial)
Mailing Address 3900 Sundown Drive

City mcallen	State TX	Zip Code 78503
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FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2011

Transaction ID : SA11AI.15835

Amount of Each Receipt this Period

400.00

contribution

B. Lawrence Gelman
Full Name (Last, First, Middle Initial)
Mailing Address 3900 Sundown Drive

City mcallen	State TX	Zip Code 78503
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FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

Transaction ID : SA11AI.16053

Amount of Each Receipt this Period

400.00

contribution

C. Lawrence Gelman
Full Name (Last, First, Middle Initial)
Mailing Address 3900 Sundown Drive

City mcallen	State TX	Zip Code 78503
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FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

Transaction ID : SA11AI.16272

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	