

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
HELENA MORENO FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) HOUMA JET CENTER, LLC		Date of Receipt MM / DD / YYYY 11 / 03 / 2008
	Mailing Address P.O. BOX 133		Transaction ID: SA11AI.5231
	City HOUMA	State LA	Zip Code 70361
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1500.00
Name of Employer		Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 3800.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) MICHAEL ST. MARTIN		Date of Receipt MM / DD / YYYY 11 / 03 / 2008
	Mailing Address 4084 HWY 311		Transaction ID: SA11AI.5231.0
	City HOUMA	State LA	Zip Code 70360
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1500.00
Name of Employer HOUMA JET CENTER, LLC		Occupation PARTNER	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <b>[MEMO ITEM]</b>
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1500.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) THOMAS M IRWIN, JR., MD		Date of Receipt MM / DD / YYYY 10 / 28 / 2008
	Mailing Address 1111 MEDICAL CENTER BLVD. SUITE N406		Transaction ID: SA11AI.5140
	City MARRERO	State LA	Zip Code 70072
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer WEST JEFFERSON MEDICAL CE- NTER		Occupation PHYSICIAN	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	