

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

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

FOR LINE NUMBER: PAGE 529 OF 609
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Roger Vitko
 Full Name (Last, First, Middle Initial)
 Mailing Address 1017 south 1st
 City mcallen State TX Zip Code 78502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2015
Transaction ID : SA11AI.30607
 Amount of Each Receipt this Period
 400.00
 contribution

B. Roger Vitko
 Full Name (Last, First, Middle Initial)
 Mailing Address 1017 south 1st
 City mcallen State TX Zip Code 78502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 13 / 2015
Transaction ID : SA11AI.30960
 Amount of Each Receipt this Period
 400.00
 contribution

C. Roger Vitko
 Full Name (Last, First, Middle Initial)
 Mailing Address 1017 south 1st
 City mcallen State TX Zip Code 78502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.31334
 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)..... ▶