

**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 211 OF 241
	<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

Full Name (Last, First, Middle Initial)
A. Jose Vasquez

Mailing Address 2548 Palm Circle

City State Zip Code
rio grande city TX 78582

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

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2014
Transaction ID : SA11AI.26460

Amount of Each Receipt this Period
250.00
contribution

Full Name (Last, First, Middle Initial)
B. Dr. Carlos Vela

Mailing Address P.O. Box 1909

City State Zip Code
Mission TX 78573

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

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2014
Transaction ID : SA11AI.26114

Amount of Each Receipt this Period
50.00
contribution

Full Name (Last, First, Middle Initial)
c. Dr. Carlos Vela

Mailing Address P.O. Box 1909

City State Zip Code
Mission TX 78573

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

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2014
Transaction ID : SA11AI.26463

Amount of Each Receipt this Period
50.00
contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 350.00

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