

**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 104 OF 115
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Villanueva, Rita, , ,		Date of Receipt
Mailing Address 801 E. Nolana Suite 4		<input type="text" value="10"/> / <input type="text" value="14"/> / <input type="text" value="2016"/>
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.36766
Name of Employer (for Individual) selfemployed		Occupation (for Individual) physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="50.00"/>
		<input type="checkbox"/> Memo Item contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Villarreal, Carlos, , ,		Date of Receipt
Mailing Address 24275 FM 490		<input type="text" value="10"/> / <input type="text" value="14"/> / <input type="text" value="2016"/>
City edinburg	State TX	Zip Code 78541
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.36767
Name of Employer (for Individual) selfemployed		Occupation (for Individual) physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="25.00"/>
		<input type="checkbox"/> Memo Item contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Villarreal, Victor, , ,		Date of Receipt
Mailing Address 901 W. Moore		<input type="text" value="10"/> / <input type="text" value="14"/> / <input type="text" value="2016"/>
City pharr	State TX	Zip Code 78577
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.36768
Name of Employer (for Individual) selfemployed		Occupation (for Individual) physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="90.00"/>
		<input type="checkbox"/> Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="165.00"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>