

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

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

FOR LINE NUMBER: PAGE 45 OF 330

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**BORDER HEALTH FEDERAL PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bracamontes, Francisco, , ,**

Mailing Address 2005 Cimarron Court

City  
mission

State  
TX

Zip Code  
78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
self-employed

Occupation (for Individual)  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 14 / 2019

**Transaction ID : SA11AI.47315**

Amount of Each Receipt this Period

400.00

☐ Memo Item  
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bracamontes, Yvonne, , Dr.,**

Mailing Address 2005 Cimarron Court

City  
Mission

State  
TX

Zip Code  
78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
selfemployed

Occupation (for Individual)  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 10 / 2019

**Transaction ID : SA11AI.46716**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bracamontes, Yvonne, , Dr.,**

Mailing Address 2005 Cimarron Court

City  
Mission

State  
TX

Zip Code  
78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
selfemployed

Occupation (for Individual)  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 14 / 2019

**Transaction ID : SA11AI.47316**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

500.00