

# **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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Gutierrez, Marco, , ,**

Mailing Address 511 N. Depot Road

City  
edenburg

State  
TX

Zip Code  
78541

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 ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 20 / 2019

**Transaction ID : SA11AI.46252**

Amount of Each Receipt this Period

400.00

☐ Memo Item  
contribution

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

**B. Gutierrez, Marco, , ,**

Mailing Address 511 N. Depot Road

City  
edenburg

State  
TX

Zip Code  
78541

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 ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 26 / 2019

**Transaction ID : SA11AI.46253**

Amount of Each Receipt this Period

400.00

☐ Memo Item  
contribution

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

**C. Gutierrez, Marco, , ,**

Mailing Address 511 N. Depot Road

City  
edenburg

State  
TX

Zip Code  
78541

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 ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 22 / 2019

**Transaction ID : SA11AI.46875**

Amount of Each Receipt this Period

400.00

☐ Memo Item  
contribution

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

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

1200.00