

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

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

FOR LINE NUMBER: PAGE 157 OF 526

(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**

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

**A. Gomez, Felipe, , Dr.,**

Mailing Address 2401 SE Augusta Square

City  
McAllen

State  
TX

Zip Code  
78503

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 20 / 2019

Transaction ID : SA11AI.48655

Amount of Each Receipt this Period

50.00

☐ Memo Item  
contribution

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

**B. Gomez, Juan Pablo, , Dr.,**

Mailing Address 113 Canary

City  
McAllen

State  
TX

Zip Code  
78504

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 ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 19 / 2019

Transaction ID : SA11AI.47857

Amount of Each Receipt this Period

200.00

☐ Memo Item  
contribution

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

**C. Gomez, Juan Pablo, , Dr.,**

Mailing Address 113 Canary

City  
McAllen

State  
TX

Zip Code  
78504

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 ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 16 / 2019

Transaction ID : SA11AI.47858

Amount of Each Receipt this Period

200.00

☐ Memo Item  
contribution

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

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

450.00