

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 149
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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

<p>A. Full Name (Last, First, Middle Initial) Dr. Ayda Garza-Montalvo</p> <p>Mailing Address 2311 Silvarido North</p> <p>City State Zip Code Palmhurst TX 78539</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer selfemployed Occupation self-employee physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt MM / DD / YYYY 11 / 18 / 2010</p> <p>Transaction ID: SA11AI.13373</p> <p>Amount of Each Receipt this Period 125.00</p> <p>contribution</p>
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<p>B. Full Name (Last, First, Middle Initial) Lawrence Gelman</p> <p>Mailing Address 3900 Sundown Drive</p> <p>City State Zip Code mcallen TX 78503</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer selfemployed Occupation physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2650.00</p>	<p>Date of Receipt MM / DD / YYYY 10 / 18 / 2010</p> <p>Transaction ID: SA11AI.13156</p> <p>Amount of Each Receipt this Period 400.00</p> <p>contribution</p>
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<p>C. Full Name (Last, First, Middle Initial) Lawrence Gelman</p> <p>Mailing Address 3900 Sundown Drive</p> <p>City State Zip Code mcallen TX 78503</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer selfemployed Occupation physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3050.00</p>	<p>Date of Receipt MM / DD / YYYY 11 / 18 / 2010</p> <p>Transaction ID: SA11AI.13378</p> <p>Amount of Each Receipt this Period 400.00</p> <p>contribution</p>
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SUBTOTAL of Receipts This Page (optional)	925.00
TOTAL This Period (last page this line number only)	