

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 319 OF 358
	<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

A. Verdoreen, Ramiro, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 301 E. Newport

City mcallen	State TX	Zip Code 78501
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		14		2017

Transaction ID : SA11AI.38839

Amount of Each Receipt this Period
200.00

Memo Item contribution

B. Verdoreen, Ramiro, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 301 E. Newport

City mcallen	State TX	Zip Code 78501
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		15		2017

Transaction ID : SA11AI.39498

Amount of Each Receipt this Period
200.00

Memo Item contribution

C. Verdoreen, Ramiro, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 301 E. Newport

City mcallen	State TX	Zip Code 78501
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

Transaction ID : SA11AI.39499

Amount of Each Receipt this Period
200.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	