

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

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

FOR LINE NUMBER: PAGE 22 / 159

(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Alejandro Bugnone

Mailing Address 429

Umar

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
doctor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.12230

Amount of Each Receipt this Period

200.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Alonzo Cantu

Mailing Address P.O.Box 2673

City

mcallen

State

TX

Zip Code

78502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.11827

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Alonzo Cantu

Mailing Address P.O.Box 2673

City

mcallen

State

TX

Zip Code

78502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.12032

Amount of Each Receipt this Period

250.00

contribution

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

700.00

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