

**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 49 OF 158
	<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A. Dr. Jesus Garza-Tamez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1400 W. Gardenia  
 City McAllen State TX Zip Code 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 14 / 2014**  
**Transaction ID : SA11AI.25113**  
 Amount of Each Receipt this Period  
**100.00**  
 contribution

**B. Lawrence Gelman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3900 Sundown Drive  
 City mcallen State TX Zip Code 78503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 15 / 2014**  
**Transaction ID : SA11AI.24411**  
 Amount of Each Receipt this Period  
**400.00**  
 contribution

**C. Lawrence Gelman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3900 Sundown Drive  
 City mcallen State TX Zip Code 78503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 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  
**02 / 20 / 2014**  
**Transaction ID : SA11AI.24764**  
 Amount of Each Receipt this Period  
**400.00**  
 contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>900.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	