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

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

FOR LINE NUMBER:					PAGE	: :	οU	OF		130	
(0	(check only one)										
	X	11a		11b		11c		12			
		13		14		15		16	;		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	ne name and address of any political committee to	solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL				
Full Name (Last, First, Middle Initial) Lawrence Gelman Mailing Address 3900 Sundown Drive City mcallen	Date of Receipt 03 14 2014 Transaction ID: SA11Al.25114 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date 1200.00	400.00 contribution		
Full Name (Last, First, Middle Initial) Dr. Sathiyaraj George Mailing Address 2607 Solera City Mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary Other (specify) Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt O1 15 2014 Transaction ID : SA11AI.24412 Amount of Each Receipt this Period 250.00 contribution		
Full Name (Last, First, Middle Initial) Dr. Sathiyaraj George Mailing Address 2607 Solera City Mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt 02 20 2014 Transaction ID : SA11Al.24765 Amount of Each Receipt this Period 250.00 contribution		
SUBTOTAL of Receipts This Page (optional)	<u> </u>	900.00		
TOTAL This Period (last page this line numbe	r only)			