

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

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

FOR LINE NUMBER: PAGE 22 / 148

(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-employedOccupation
doctor

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.13113

Amount of Each Receipt this Period

200.00

contribution

B.

Full Name (Last, First, Middle Initial)

Desi Canals

Mailing Address 1912 Trinity

City

Mission

State

TX

Zip Code

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employedOccupation
physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.13114

Amount of Each Receipt this Period

25.00

contribution

C.

Full Name (Last, First, Middle Initial)

Desi Canals

Mailing Address 1912 Trinity

City

Mission

State

TX

Zip Code

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employedOccupation
physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: SA11AI.13334

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)