

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

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

FOR LINE NUMBER: PAGE 22 / 156

(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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.10294

Amount of Each Receipt this Period

200.00

contribution

**B.**

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10457

Amount of Each Receipt this Period

200.00

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 employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10458

Amount of Each Receipt this Period

25.00

contribution

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

425.00

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