

**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 142 OF 479
	<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

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

Full Name (Last, First, Middle Initial) <b>A. Lawrence Gelman</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 15 / 2013 <b>Transaction ID : SA11AI.23949</b>
Mailing Address 3900 Sundown Drive		Amount of Each Receipt this Period 400.00 contribution
City mcallen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 4400.00	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Sathiyaraj George</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 15 / 2013 <b>Transaction ID : SA11AI.22563</b>
Mailing Address 2607 Solera		Amount of Each Receipt this Period 250.00 contribution
City Mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 1750.00	
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Sathiyaraj George</b>		Date of Receipt M M / D D / Y Y Y Y Y 08 / 09 / 2013 <b>Transaction ID : SA11AI.22875</b>
Mailing Address 2607 Solera		Amount of Each Receipt this Period 250.00 contribution
City Mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 2000.00	
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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