

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

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

FOR LINE NUMBER: PAGE 20 OF 125

(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bernini, Juan, , ,

Mailing Address 2804 Santa Ana

City  
missionState  
TXZip Code  
78574FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
self-employedOccupation (for Individual)  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 13 / 2020

Transaction ID : SA11AI.49677

Amount of Each Receipt this Period

250.00

☐ Memo Item  
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bose, Sarojini, , ,

Mailing Address 7007 N 1st Lane

City  
mcallenState  
TXZip Code  
78504FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
self-employedOccupation (for Individual)  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
01 / 17 / 2020

Transaction ID : SA11AI.49678

Amount of Each Receipt this Period

250.00

☐ Memo Item  
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bose, Sarojini, , ,

Mailing Address 7007 N 1st Lane

City  
mcallenState  
TXZip Code  
78504FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
self-employedOccupation (for Individual)  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 20 / 2020

Transaction ID : SA11AI.49679

Amount of Each Receipt this Period

250.00

☐ Memo Item  
contribution

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

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

750.00