

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 10
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
HINDU AMERICAN POLITICAL ACTION COMMITTEE

A. Meghani, Mihir, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 37808 Fruitwood Ct.
City Fremont State CA Zip Code 94536-3944
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) TPMG Occupation (for Individual) Physician
Receipt For:
 Primary General
 Other (specify) Aggregate Year-to-Date **5000.00**

Date of Receipt
MM / DD / YYYY
02 / 10 / 2017
Transaction ID : SA11AI.4170
Amount of Each Receipt this Period
5000.00
 Memo Item

B. Pandit, Rahul, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 4511 Valerie St.
City Bellaire State TX Zip Code 77401
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) Methodist Eye Associates Occupation (for Individual) Physician
Receipt For:
 Primary General
 Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt
MM / DD / YYYY
06 / 12 / 2017
Transaction ID : SA11AI.4181
Amount of Each Receipt this Period
500.00
 Memo Item

C. Pandit, Rajiv, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 6901 Peters Path
City Colleyville State TX Zip Code 76034
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) Dallas ENT Occupation (for Individual) Physician
Receipt For:
 Primary General
 Other (specify) Aggregate Year-to-Date **1500.00**

Date of Receipt
MM / DD / YYYY
06 / 30 / 2017
Transaction ID : SA11AI.4194
Amount of Each Receipt this Period
1500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **7000.00**
TOTAL This Period (last page this line number only).....

NON-FEDERAL CONTRIBUTION