

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 203 OF 220
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Yarra, Subbarao, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 18 / 2018 <b>Transaction ID : SA11AI.43031</b>
Mailing Address 6905 N. Cynthia			Amount of Each Receipt this Period 100.00
City McAllen	State TX	Zip Code 78504	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item contribution
Name of Employer (for Individual) Self-employed		Occupation (for Individual) physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Yarra, Subbarao, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 11 / 2018 <b>Transaction ID : SA11AI.43353</b>
Mailing Address 6905 N. Cynthia			Amount of Each Receipt this Period 100.00
City McAllen	State TX	Zip Code 78504	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item contribution
Name of Employer (for Individual) Self-employed		Occupation (for Individual) physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Yarra, Subbarao, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 22 / 2018 <b>Transaction ID : SA11AI.43675</b>
Mailing Address 6905 N. Cynthia			Amount of Each Receipt this Period 100.00
City McAllen	State TX	Zip Code 78504	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item contribution
Name of Employer (for Individual) Self-employed		Occupation (for Individual) physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	