

**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 221 OF 241
	<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

A. Ms Teresa Wilson
Full Name (Last, First, Middle Initial)
Mailing Address 1520 Xanthisma

City McAllen	State TX	Zip Code 78504
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FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee	Occupation investor
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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
05	/	15	/	2014

Transaction ID : SA11AI.26129

Amount of Each Receipt this Period

50.00

contribution

B. Ms Teresa Wilson
Full Name (Last, First, Middle Initial)
Mailing Address 1520 Xanthisma

City McAllen	State TX	Zip Code 78504
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FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee	Occupation investor
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2014

Transaction ID : SA11AI.26478

Amount of Each Receipt this Period

50.00

contribution

C. Subbarao Yarra
Full Name (Last, First, Middle Initial)
Mailing Address 6905 N. Cynthia

City McAllen	State TX	Zip Code 78504
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed	Occupation physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	16	/	2014

Transaction ID : SA11AI.25787

Amount of Each Receipt this Period

300.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	