

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

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

FOR LINE NUMBER: PAGE 150 OF 330

(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. Kanhere, Gauri, , ,**

Mailing Address 2548 Palm Circle

City

rio grande city

State

TX

Zip Code

78582

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

selfemployed

Occupation (for Individual)

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 10 / 2019

Transaction ID : SA11AI.46926

Amount of Each Receipt this Period

250.00

☐ Memo Item  
contribution

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

**B. Kanhere, Gauri, , ,**

Mailing Address 2548 Palm Circle

City

rio grande city

State

TX

Zip Code

78582

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

selfemployed

Occupation (for Individual)

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 14 / 2019

Transaction ID : SA11AI.47421

Amount of Each Receipt this Period

250.00

☐ Memo Item  
contribution

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

**C. Kaplan, Adolfo, , Dr.,**

Mailing Address 7902 N. 2th Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

self-employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 20 / 2019

Transaction ID : SA11AI.46304

Amount of Each Receipt this Period

200.00

☐ Memo Item  
contribution

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

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

700.00