

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

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

FOR LINE NUMBER: PAGE 227 OF 526

(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 ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 18 / 2019

Transaction ID : SA11AI.48821

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 ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 15 / 2019

Transaction ID : SA11AI.48822

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

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

C. 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 ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 20 / 2019

Transaction ID : SA11AI.48823

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

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

750.00

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