

**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 220 OF 254
	<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	

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

A. Wilson, Teresa, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) self-employee	Occupation (for Individual) 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
04		15		2016

Transaction ID : SA11AI.34550

Amount of Each Receipt this Period
50.00

Memo Item contribution

B. Wilson, Teresa, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) self-employee	Occupation (for Individual) 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
05		13		2016

Transaction ID : SA11AI.34937

Amount of Each Receipt this Period
50.00

Memo Item contribution

C. Yarra, Subbarao, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Self-employed	Occupation (for Individual) physician
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		08		2016

Transaction ID : SA11AI.34173

Amount of Each Receipt this Period
100.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	