

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 264 OF 305 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <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

| | | |
|---|-------------|---|
| Full Name (Last, First, Middle Initial) A. Subbarao Yarra | | Date of Receipt MM / DD / YYYY 04 / 23 / 2015 |
| Mailing Address 6905 N. Cynthia | | Transaction ID : SA11AI.29907 |
| City McAllen | State TX | Zip Code 78504 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer Self-employed | | contribution |
| Occupation physician | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 400.00 |

| | | |
|---|-------------|---|
| Full Name (Last, First, Middle Initial) B. Subbarao Yarra | | Date of Receipt MM / DD / YYYY 05 / 15 / 2015 |
| Mailing Address 6905 N. Cynthia | | Transaction ID : SA11AI.30245 |
| City McAllen | State TX | Zip Code 78504 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer Self-employed | | contribution |
| Occupation physician | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 |

| | | |
|---|-------------|---|
| Full Name (Last, First, Middle Initial) c. Dr. Christopher Zaleski | | Date of Receipt MM / DD / YYYY 01 / 09 / 2015 |
| Mailing Address 6804 N. 1st | | Transaction ID : SA11AI.28877 |
| City mcallen | State TX | Zip Code 78504 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer selfemployed | | contribution |
| Occupation physician | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 450.00 |
| TOTAL This Period (last page this line number only).....▶ | |