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

FOR LINE NUMBER: PAGE 358 OF 386 Use separate schedule(s) for each category of the Detailed Summary Page

(0	(check only one)										
	X	11a		11b		11c		12			
		13		14		15		16		17	

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and addre	not be sold or used by any peess of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC						
Full Name of Individual (Last, First, Middle In Yanez, Sandra, , Ms, Mailing Address 106 S. Alton Blvd	Date of Receipt						
City	State	Zip Code	Transaction ID : SA11AI.36351				
Alton	TX	78573	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		25.00				
Name of Employer (for Individual)	Occupat	tion (for Individual)	Memo Item				
selfemployed	private i	investor	contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 250.00					
Yarra, Subbarrao, , ,							
Mailing Address 6905 N. Cynthia	lou	Zin Codo	07 07 2016				
City McAllen	State	Zip Code 78504	Transaction ID : SA11AI.35295				
	11/	7 0004	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		100.00				
Name of Employer (for Individual) Self-employed	Occupati physicia	ition (for Individual) an	Memo Item contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 700.00					
Full Name of Individual (Last, First, Middle In Yarra, Subbarrao, , ,	nitial) or Full Orgai	nization Name	Date of Receipt				
Mailing Address 6905 N. Cynthia	1-	Tau e	07 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.35648				
		70004	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		100.00				
Name of Employer (for Individual)		tion (for Individual)	Memo Item				
Self-employed	physicia		contribution				
Receipt For: Primary General	Aggregate Yea	ar-to-Date ▼					
Other (specify)	4	800.00					
SUBTOTAL of Receipts This Page (optional)			225.00				
TOTAL This Period (last page this line numbe	r only)						