

**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 397 OF 435
	<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	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Subbarao Yarra
Full Name (Last, First, Middle Initial)
Mailing Address 6905
N. Cynthia
City McAllen State TX Zip Code 78504
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-employed
Occupation physician
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
09 / 09 / 2011
Transaction ID : SA11Al.15977
Amount of Each Receipt this Period
200.00
contribution

B. Subbarao Yarra
Full Name (Last, First, Middle Initial)
Mailing Address 6905
N. Cynthia
City McAllen State TX Zip Code 78504
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-employed
Occupation physician
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 14 / 2011
Transaction ID : SA11Al.16195
Amount of Each Receipt this Period
200.00
contribution

C. Subbarao Yarra
Full Name (Last, First, Middle Initial)
Mailing Address 6905
N. Cynthia
City McAllen State TX Zip Code 78504
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-employed
Occupation physician
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
800.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 10 / 2011
Transaction ID : SA11Al.16419
Amount of Each Receipt this Period
200.00
contribution

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	