

**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 398 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**

Full Name (Last, First, Middle Initial) <b>A. Subbarao Yarra</b>		Date of Receipt
Mailing Address 6905 N. Cynthia		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.16650</b>
Name of Employer Self-employed		Amount of Each Receipt this Period <input type="text" value="200.00"/>
Occupation physician		contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>		

Full Name (Last, First, Middle Initial) <b>B. Dr. Christopher Zaleski</b>		Date of Receipt
Mailing Address 6804 N. 1st		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.15542</b>
Name of Employer selfemployed		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Occupation physician		contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ <input type="text" value="1750.00"/>		

Full Name (Last, First, Middle Initial) <b>c. Dr. Christopher Zaleski</b>		Date of Receipt
Mailing Address 6804 N. 1st		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.15758</b>
Name of Employer selfemployed		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Occupation physician		contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ <input type="text" value="2000.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="700.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>