

**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 436 OF 479
	<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 ▼
2200.00

Date of Receipt
08 / 09 / 2013
Transaction ID : SA11AI.23090
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 ▼
2500.00

Date of Receipt
09 / 13 / 2013
Transaction ID : SA11AI.23411
Amount of Each Receipt this Period
300.00
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 ▼
2800.00

Date of Receipt
10 / 11 / 2013
Transaction ID : SA11AI.23840
Amount of Each Receipt this Period
300.00
contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 800.00
TOTAL This Period (last page this line number only)..... ▶