

**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 437 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	

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) <b>A. Subbarao Yarra</b>		Date of Receipt MM / DD / YYYY 11 / 15 / 2013 <b>Transaction ID : SA11AI.24188</b>
Mailing Address 6905 N. Cynthia		Amount of Each Receipt this Period 300.00 contribution
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3100.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Christopher Zaleski</b>		Date of Receipt MM / DD / YYYY 07 / 15 / 2013 <b>Transaction ID : SA11AI.22777</b>
Mailing Address 6804 N. 1st		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Christopher Zaleski</b>		Date of Receipt MM / DD / YYYY 08 / 09 / 2013 <b>Transaction ID : SA11AI.23091</b>
Mailing Address 6804 N. 1st		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

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