10/15/2016 12 : 33

PAGE 1 / 182

REPOF	RT OF	RECE	PTS
AND D	ISBU	RSEME	NTS
For Other T	han An Au	thorized Co	nmittee

FEC FORM 3X	A	ND DISBU	F RECEIP JRSEMEN Authorized Comm	TS	Offic	ce Use Only
1. NAME OF COMMITTEE (in fi		PE OR PRINT ▼	Example: If over the line		12FE4M5	
ADDRESS (number and		12 W. Nolana Suite 3	40			
Check if differ					TY 7	
reported. (AC		McAllen				8504
2. FEC IDENTIFICA	TION NUME	BER V	CITY A	S	STATE 🔺	ZIP CODE
C C00415752			B. IS THIS REPORT	NEW (N) OR	× AMEND (A)	ED
 4. TYPE OF REP (Choose One) (a) Quarterly Report 		(b) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3)	May 20 (M5) Jun 20 (M6)	Aug 20 (M	A9)
July 15 Quarterly October 1		(C) 12-Day PRE-Election Report for th		Jul 20 (M7) (12P) on (12C)	Oct 20 (M General (12G) Special (12S)	
January 3	Report (Q3) 1 Report (YE)	E	lection on	/ D D /	Y Y Y Y Y	in the State of
July 31 M Report (N Year Only	on-election	(d) 30-Day POST -Electi Report for th		(30G)	Runoff (30R)	Special (30S)
Terminatic (TER)	n Report		lection on	/ D D /	Y Y Y Y Y	in the State of
5. Covering Period	01		16 through	gh 03	/ D D / Y 31	2016
I certify that I have exactly that I have of Type or Print Name of	F	leport and to the be Perez, Ernie, , ,	st of my knowledge a	nd belief it is true	e, correct and con	nplete.
Signature of Treasurer	Perez, Err	iie, , ,	[Electron	cally Filed]	ate	15 ⁷ 2016
NOTE: Submission of fa	lse, erroneous	, or incomplete inforr	nation may subject the	person signing th	is Report to the pe	nalties of 52 U.S.C. § 3010
Office Use Only					F	EC FORM 3X Rev. 05/2016

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SUMMARY PAGE

	O FEC Form 3X (Rev. 05/2016)	F RECEIPTS AND DISBURSEMENTS	Page 2
٧	Vrite or Type Committee Name		
_	BORDER HEALTH FEDERAL PAC		
F	Report Covering the Period: From: 01	M / D D / Y Y Y Y 01 2016	To: 03 / D D / Y Y Y Y 31 2016
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2016		340544.04
	(b) Cash on Hand at Beginning of Reporting Period	340544.04	
	(c) Total Receipts (from Line 19)	147890.86	147890.86
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	488434.90	488434.90
7.	Total Disbursements (from Line 31)	261912.59	261912.59
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	226522.31	226522.31
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	1800.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

Image#	2016101	590325	53046

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

BORDER HEALTH FEDERAL PAC

Report Covering the Period: From:	/ D1 / YYYY 01 2016 T	To: M = M / D = D / Y = Y = Y Z <thz< th=""> <thz< th=""> <thz< th=""></thz<></thz<></thz<>
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	112825.00	112825.00
(ii) Unitemized	30065.86	30065.86
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)	142890.86	142890.86
	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	142890.86	142890.86
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	0.00	0.00
All Loans Received		
Lean Denovmente Dessived	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	5000.00	5000.00
(Dividende Interest etc.)		0.00
(Dividends, Interest, etc.)	0.00	0.00
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
Total Receipts (add Linos 11(d)		
 Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) 	147890.86	147890.86
0. Total Federal Receipts		

20. Total Federal Receipts (subtract Line 18(c) from Line 19).......► 147890.86

147890.86

Page 3

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 4 COLUMN A COLUMN B **II. Disbursements Total This Period Calendar Year-to-Date** 21. Operating Expenditures: Allocated Federal/Non-Federal (a) Activity (from Schedule H4) 0.00 0.00 Federal Share (i) 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 41912.59 Expenditures 41912.59 (c) Total Operating Expenditures 41912.59 (add 21(a)(i), (a)(ii), and (b)) 41912.59 22. Transfers to Affiliated/Other Party Committees..... 0.00 0.00 23 Contributions to Federal Candidates/Committees 220000.00 and Other Political Committees... 220000.00 24. Independent Expenditures (use Schedule E)..... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... 0.00 0.00 25. 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 Loans Made..... Refunds of Contributions To: (a) Individuals/Persons Other 0.00 27. 28. 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees 0.00 0.00 Other Political Committees (C) (such as PACs)..... 0.00 0.00 Total Contribution Refunds (d) (add Lines 28(a), (b), and (c))...... 0.00 0.00 29. Other Disbursements (Including Non-Federal Donations)..... 0.00 0.00 30. Federal Election Activity (52 U.S.C. § 30101(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share 0.00 0.00 (ii) "Levin" Share..... 0.00 0.00 (b) Federal Election Activity Paid Entirely With Federal Funds 0.00 0.00 Total Federal Election Activity (add (C) Lines 30(a)(i), 30(a)(ii) and 30(b)) 0.00 0.00 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 261912.59 261912.59 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 261912.59 261912.59

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FEC Form 3X (Rev. 05/2016)

III. Net Contributions/ Operating Expenditures

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))▶
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures

(subtract Line 37 from Line 36)

		Ţ	Ţ		142890.86
					0.00
	-	÷	÷	-	440000.000
-	-7	÷	÷	-	142890.86
_	7			7	41912.59
	-			-	0.00
		1			41912.59
		-7	- - - - - - - - - - - - - - - - - - -	- - - - - - - - - - - - - - - - - - -	

142890.86 0.00 142890.86 41912.59 0.00 41912.59

COLUMN B

Calendar Year-to-Date

Page 5

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 OF 182 (check only one) Image: Check o						
	ny information copied from such Reports and S for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC								
Α.	Full Name of Individual (Last, First, Middle Init Abdeen, Ziad, , Dr.,	tial) or Full O	rganization Name	Date of Receipt						
	Mailing Address 809-A Savannah #3			02 12 / Y Y Y Y 02 12 2016						
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.33004 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		125.00						
	Name of Employer (for Individual) selfemployed		upation (for Individual) ate investor	Contribution						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]						
В.	Full Name of Individual (Last, First, Middle Init Abdeen, Ziad, , Dr., Mailing Address 809-A Savannah #3	tial) or Full O	rganization Name	Date of Receipt						
	City McAllen	State TX	Zip Code 78504	03 10 2016 Transaction ID : SA11AI.33358 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		125.00						
	Name of Employer (for Individual) selfemployed		upation (for Individual) ate investor	Contribution						
Receipt For: Aggr Primary General Other (specify) ▼			Year-to-Date ▼ 375.00]						
с.	Full Name of Individual (Last, First, Middle Init Abreu, Charity, , ,	tial) or Full O	rganization Name	Date of Receipt						
	Mailing Address 1619 hertiage lane	Chata	Zie Oode	M M / D D / Y Y Y Y Y 15 / 2016						
	City mission	State TX	Zip Code 78572	Transaction ID : SA11AI.32657 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.			250.00						
	Name of Employer (for Individual) self-employee		upation (for Individual) sician	Memo Item contribution						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00							

201610150022552050 .

Receipt For:

Primary

General

Im	age# 201610159032553050			
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 OF 182 (check only one)
	ny information copied from such Reports and s for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL			
Α.	Full Name of Individual (Last, First, Middle In Abreu, Charity, , ,	itial) or Full C	Drganization Name	Date of Receipt
	Mailing Address 1619 hertiage lane			M M / D D / Y Y Y Y Y 02 12 2016
	City mission	State TX	Zip Code 78572	Transaction ID : SA11AI.33006 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer (for Individual) self-employee Receipt For:	phy	supation (for Individual) vsician Year-to-Date ▼	Contribution
	Primary General Other (specify) ▼		500.00	
B.	Full Name of Individual (Last, First, Middle In Abreu, Charity, , ,	itial) or Full C	Drganization Name	Date of Receipt
	Mailing Address 1619 hertiage lane			03 / D D / Y Y Y Y 2016
	City mission	State TX	Zip Code 78572	Transaction ID : SA11AI.33360 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual) self-employee		cupation (for Individual) /sician	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	
C.	Full Name of Individual (Last, First, Middle In Abreu, Ricardo, , ,	itial) or Full C	Drganization Name	Date of Receipt
	Mailing Address 200 <u>E. Xenops</u> City	State	Zip Code	02 / 12 / 2016 Transaction ID : SA11AI.33007
	McAllen FEC ID number of contributing	С	78504	Amount of Each Receipt this Period
	federal political committee. Name of Employer (for Individual) Self employed	Occ	upation (for Individual) sician	Memo Item contribution

Other (specify)	300.00							
SUBTOTAL of Receipts This Page (optional)	•			y		,	650.00	
TOTAL This Period (last page this line numbe	r only)	1		-		-		

Aggregate Year-to-Date ▼

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

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

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		Detailed Summary Page				11b	11c	12												
				13		14	15	16	17											
Any information copied from such Reports or for commercial purposes, other than us																				
NAME OF COMMITTEE (In Full)																				
BORDER HEALTH FÉDER	RAL PAC																			
Full Name of Individual (Last, First, Mic A. Abreu, Ricardo, , ,	dle Initial) or Full C	organization Name	Da	ate of	Rec	eipt														
Mailing Address 200			N	/ M	1	D D	/ Y	YY	Y											
E. Xenops		1		03		10	JL	2016												
City	State	Zip Code	Т	ransa	actic	on ID : S	SA11AI.	.33361												
McAllen	ТХ	78504	Amount of Each Receipt this Period																	
FEC ID number of contributing federal political committee.	C					-		15	0.00											
Name of Employer (for Individual)	Occ	upation (for Individual)	- E	Me	emo	ltem														
Self employed	phy	sician	con	tributio	on															
Receipt For:	Aggregate	Year-to-Date V																		
Primary General		450.00	11																	
Other (specify) V			1																	
Full Name of Individual (Last, First, Mic B. Abreu, Ruben, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Abreu, Ruben, , ,							Date of Receipt												
Mailing Address 104 augusta square			M M / D D / Y Y Y Y Y																	
				01 15 2016																
City	State	Zip Code	Т	ransa	actio	on ID : S	SA11AI.	32659												
mcallen	ТХ	78503	An	nount	nis Perio	bd														
FEC ID number of contributing federal political committee.	С		250.00																	
Name of Employer (for Individual) self-employee		upation (for Individual) rsician		Memo Item																
Receipt For:																				
Primary General	Aggregate	Year-to-Date ▼																		
Other (specify) V		, 250.00																		
Full Name of Individual (Last, First, Mic C. Abreu, Ruben, , ,	dle Initial) or Full C	Organization Name	Da	ate of	Rec	eipt														
Mailing Address 104 augusta square			N	02 ^M	1	D D 12	/ Y	2016	Y											
City	State	Zip Code		Fransa	actio	on ID :	SA11AI.	.33008												
mcallen	TX	78503	An	nount	of E	Each Re	eceipt th	nis Perio	bd											
FEC ID number of contributing federal political committee.	C					,	, ,	25	0.00											
Name of Employer (for Individual)	0.00	upation (for Individual)		Me	emo	Item														
self-employee		sician	contribution																	
Receipt For:		Year-to-Date ▼	_																	
Primary General	Aggregate																			
Other (specify)		500.00	1																	
SUBTOTAL of Receipts This Page (optio	nal)						. ,	65	0.00											

TOTAL This Period (last page this line number only)......

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS						y on	MBER e) 11b		PAGE	9 O	F 182					
			'	Detailed Summary Page		13		14		15	16	17					
	y information copied from such Reports and Sta for commercial purposes, other than using the																
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC															
Α.	Full Name of Individual (Last, First, Middle Initi Abreu, Ruben, , ,	al) or Full O	rga	nization Name		Date o	f Red	ceipt									
	Mailing Address 104 augusta square				03 10 Y Y Y Y 2016												
	City mcallen	State TX		Zip Code 78503	Transaction ID : SA11AI.33362 Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С				<u> </u>		y 1		250.00							
	Name of Employer (for Individual) self-employee	Occi phys		tion (for Individual) an		M		ltem									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 750.00													
В.	Full Name of Individual (Last, First, Middle Initi Aguilera, Juan, , , Mailing Address 807 North Cage	al) or Full O		Date o		ceipt	D	/ Y	Y Y	Y							
						01		15	5		2016						
	City	State		Zip Code	Transaction ID : SA11AI.32660												
	Pharr FEC ID number of contributing federal political committee.	TX 78577 C Occupation (for Individual) physician					Amount of Each Receipt this Period 400.00 Memo Item contribution										
	Name of Employer (for Individual) selfemployed																
	Receipt For: Primary General Other (specify) ▼	Aggregate															
C.	Full Name of Individual (Last, First, Middle Initi Aguilera, Juan, , ,	al) or Full O	rga	nization Name		Date o	f Red	ceipt									
	Mailing Address 807 North Cage			1		02	/	D 12			2016	Y					
	City Pharr	State TX		Zip Code 78577						11AI.33							
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period												
	Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician					Memo Item contribution										
	Receipt For: Primary General Other (specify)	Aggregate															

SUBTOTAL of Receipts This Page (optional)							0.00	
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TOTAL This Period (last page this line number only)	L		 -	 	-	 	-	

SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

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

(check only one)

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X 11a 11b 11c 12 **Detailed Summary Page** 14 13 15 16 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 of Individual (Last, First, Middle Initial) or Full Organization Name Aguilera, Juan, , , Date of Receipt Α. Mailing Address 807 North Cage 1 2016 03 10 City Zip Code State Transaction ID : SA11AI.33363 TΧ Pharr 78577 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Alleyn, Michael, , , Date of Receipt Mailing Address 5505 N. 4th 01 15 2016 City State Zip Code Transaction ID : SA11AI.32663 ТΧ mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Alleyn, Michael, , , Date of Receipt Mailing Address 5505 N. 4th MM 02 12 2016 City State Zip Code Transaction ID : SA11AI.33012 ТΧ mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 900.00 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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			(check only one)													
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		¥ 11a 13		11b	11c		12 16	17					
	ny information copied from such Reports and Si				for the		pose of	solicitin		ntributi	ons					
	NAME OF COMMITTEE (In Full)															
	BORDER HEALTH FEDERAL F	PAC														
Α.	Full Name of Individual (Last, First, Middle Init Alleyn, Michael, , ,	ial) or Full O	Organization Name	Date of Receipt												
	Mailing Address 5505 N. 4th				03	/	D 10) 016	Y					
	City mcallen	State TX	Zip Code 78501	\vdash				SA11A								
			78301	_	Amoun	nt of	Each F	Receipt t	his P	eriod						
	FEC ID number of contributing federal political committee.	C		250.00												
	Name of Employer (for Individual)	Occ	upation (for Individual)		Μ	lemo	o Item									
	self-employed	priva	ate investor		contribu	tion										
	Receipt For: Primary General	Aggregate	Year-to-Date V													
	Other (specify) V		750.00													
–	Full Name of Individual (Last, First, Middle Init Alleyn, Robert, , Dr.,	ial) or Full O	Organization Name		Date o	of Be	ceint									
υ.	Mailing Address 8330 North Shary Road			01		15) 16	Y						
	City	State			sacti		SA11AI		1.1							
	mission	State Zip Code TX 78572			Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.				400.00											
	Name of Employer (for Individual) self-employee		upation (for Individual) rsician		Contribut		o Item									
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General Other (specify) ▼		, 400.00													
_	Full Name of Individual (Last, First, Middle Init	ial) or Full O	Organization Name													
C.	Alleyn, Robert, , Dr.,			_	Date o		· .				_					
	Mailing Address 8330 North Shary Road	State	Zip Code	_	02		12		20)16 13	Y					
	mission	TX	78572	\vdash												
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period												
	Name of Employer (for Individual) self-employee		upation (for Individual) sician		Contribu		o Item									
	Receipt For:	1	Year-to-Date V	\neg												
	Primary General Other (specify)	Aygregale	800.00													
5	UBTOTAL of Receipts This Page (optional)									1050.0	0					

TOTAL This Period (last page this line number only)......

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

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

(check only one)

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X 11a 11b 12 11c **Detailed Summary Page** 13 14 15 16 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 of Individual (Last, First, Middle Initial) or Full Organization Name Alleyn, Robert, , Dr., Α. Date of Receipt Mailing Address 8330 North Shary Road 2016 03 10 City Zip Code State Transaction ID : SA11AI.33367 TΧ mission 78572 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employee physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Almedia, Hillary, , Dr., Date of Receipt Mailing Address 900 E. Vermont 03 10 2016 City State Zip Code Transaction ID : SA11AI.33368 ТΧ McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 225.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Amyx, Michael, , , Date of Receipt Mailing Address 2108 Mynah М 01 15 2016 City State Zip Code Transaction ID : SA11AI.32667 ТΧ mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 725.00 SUBTOTAL of Receipts This Page (optional).....

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TOTAL This Derived (lest negative line number only)							
TOTAL This Period (last page this line number only)	 	 	 	-	 	-	

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CHEDULE A (FEC Form 3) EMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 OF 14 (check only one) 11a 11b 11c 12 13 14 15 16 1								
	g the name and a		person for the purpose of soliciting contributions to solicit contributions from such committee.								
Full Name of Individual (Last, First, Middl Amyx, Michael, , , Mailing Address 2108 Mynah	e Initial) or Full O	rganization Name	Date of Receipt								
City mcallen	State TX	Zip Code 78501	Transaction ID : SA11AI.33016 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		250.00								
Name of Employer (for Individual) self-employed		upation (for Individual) ate investor	Memo Item contribution								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]								
Full Name of Individual (Last, First, Middl Amyx, Michael, , , Mailing Address 2108 Mynah	•										
City mcallen	State TX	Zip Code 78501	03 10 2016 Transaction ID : SA11AI.33370 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		250.00								
Name of Employer (for Individual) self-employed		upation (for Individual) ate investor	Memo Item contribution								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00]								
Full Name of Individual (Last, First, Middl Apolinario, Jumar, B., Dr.,	e Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 2805 Santa Erica			03 10 Y Y Y Y 2016								

City	State	Zip Code	Transaction ID : SA11AI.33371
Mission	ТХ	78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual) selfemployed	Occupat physical	tion (for Individual) in	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)		•	600.00
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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	ny information copied from such Reports and S for commercial purposes, other than using the															
\backslash	NAME OF COMMITTEE (In Full)															
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Α.	Full Name of Individual (Last, First, Middle Init Arias-Viaud, Julio, , Dr.,	ial) or Full O	rganization Name		D	ate of	Rec	ceipt								
	Mailing Address 2600 Santa Paula							D D D 10	/ Y	y y 2016	Y					
	City	State	Zip Code	Transaction ID : SA11AI.33375												
	Mission	TX	78572	_	A	mount	of E	Each Re	eceipt th	is Period	k					
	FEC ID number of contributing federal political committee.	С		100.00												
	Name of Employer (for Individual) selfemployed		upation (for Individual) ate investor	Memo Item												
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	Other (specify) V		300.00													
в.	Full Name of Individual (Last, First, Middle Init Arrazola, Pedro, , Dr.,	ial) or Full O	rganization Name	Date of Receipt												
	Mailing Address 5114 N. 10th Street				Γ	м м 03	/	D D D 10	/ Y	2016	Y					
	City	State	Zip Code		2	Transa	actic	n ID · 9	SA11AL	33376						
	McAllen	ТХ							is Period	k						
	FEC ID number of contributing federal political committee.	С	100.00													
	Name of Employer (for Individual) selfemployed	Occuprive		Memo Item												
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	Primary General	Ayyreyale		-												
	Other (specify) V	L	300.00													
с.	Full Name of Individual (Last, First, Middle Init Asase, Danilo, , Dr.,	ial) or Full O	rganization Name		D	ate of	Rec	ceipt								
	Mailing Address 5216 Kensington Lane				Γ	03	/	D D D 10	/ Y	2016	Y					
	City	State	Zip Code			Trans	actio	on ID :	SA11AI.	33377						
	Brownsville	ТХ	78526		A	mount	of E	Each Re	eceipt th	is Period	ł					
	FEC ID number of contributing federal political committee.	С			ļ			y :	, ,	100	.00					
	Name of Employer (for Individual)		pation (for Individual)	Memo Item												
	selfemployed	phys	ician		COI	ntributi	ion									
	Receipt For:	Aggregate	Year-to-Date ▼ 300.00													
_	Other (specify)		7													
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Α.	Full Name of Individual (Last, First, Middle Initia Assistores, Marilyn, , Dr.,	ll) or Full C	Organization Name	Date of Receipt							
	Mailing Address 2222 La Condesa Drive			M M / D D / Y Y Y Y 03 10 2016							
	City	State	Zip Code	Transaction ID : SA11AI.33378							
	Edinburg	ТХ	78539	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		75.00							
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item							
	selfemployed		vate investor	contribution							
	Receipt For:	· ·	Year-to-Date ▼								
	Primary General	Aggregate									
	Other (specify)		225.00								
	Full Name of Individual (Last, First, Middle Initia	l) or Full C	Organization Name								
В.	Avila, Felipe, , Dr.,	,	0	Date of Receipt							
	Mailing Address 104 W. 20th Street			M M / D D / Y Y Y Y							
				01 15 2016							
	City	State	Zip Code	Transaction ID : SA11AI.32677							
	Weslaco	ТХ	78596	Amount of Each Receipt this Period							
	FEC ID number of contributing										
	federal political committee.	С		400.00							
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item							
	self-employed	doc	ctor	contribution							
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	Primary General			1							
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	Mailing Address 104 W. 20th Street			02 / D D / Y Y Y Y Y 02 12 2016							
	City	State	Zip Code	Transaction ID : SA11AI.33026							
	Weslaco	TX	78596	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		400.00							
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item							
	self-employed	doct	I (,	contribution							
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	Primary General	. iggi ogulo		1							
	Other (specify)	L	800.00	1							
s	UBTOTAL of Receipts This Page (optional)			875.00							

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	y information copied from such Reports and Sta for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC												
Α.	Full Name of Individual (Last, First, Middle Initia Avila, Felipe, , Dr.,	al) or Full C	Drga	anization Name	Date of Receipt									
	Mailing Address 104 W. 20th Street				03 10 2016									
	City Weslaco	State TX		Zip Code 78596	Transaction ID : SA11AI.33380 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			400.00									
	Name of Employer (for Individual) self-employed	Occ doc	•	ation (for Individual)	Memo Item contribution									
Descint For				ar-to-Date ▼ 1200.00										
В.	Full Name of Individual (Last, First, Middle Initia Ayers, Roberto, A,, Dr., Mailing Address 1900 S. Jackson #7	al) or Full C	Drga	anization Name	Date of Receipt									
					03 10 2016									
	City McAllen	State TX		Zip Code	Transaction ID : SA11AI.33382									
	FEC ID number of contributing federal political committee.	C		78501	Amount of Each Receipt this Period									
	Name of Employer (for Individual) selfemployed	Occ		ation (for Individual) ian	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Ye	ar-to-Date ▼ , 300.00										
C.	Full Name of Individual (Last, First, Middle Initia Badiga, Murphy, , , Mailing Address 1503 S. Airport	al) or Full C	Drga	anization Name	Date of Receipt									
	Suite 6 City weslaco	State TX		Zip Code 78596	Transaction ID : SA11AI.32680 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.					400.00									
	Name of Employer (for Individual) self-employed	Occ phy	•	ation (for Individual) an	Memo Item contribution									
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SUBTOTAL of Receipts This Page (optional)	L		9	_	 	7	_	900).00)
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Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL Full Name of Individual (Last, First, Middle In Badiga, Murphy, , , Mailing Address 1503 S. Airport suite 6 City weslaco FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed	PAC hitial) or Full Org State TX C	Iress of any political committee anization Name Zip Code 78596 ation (for Individual)	erson for the purpose of soliciting contributions e to solicit contributions from such committee. Date of Receipt 02 12 2016 Transaction ID : SA11AI.33029 Amount of Each Receipt this Period 400.00 Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 800.00]
Full Name of Individual (Last, First, Middle In B. Badiga, Murphy, , , Mailing Address 1503 S. Airport	State TX C	Zip Code 78596 ation (for Individual)	Date of Receipt
Other (specify) ▼		1200.00]

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Barrera, Marcos, , Mr.,

Mailing Address 3000 Yellowhammer	02 12 2016						
City	State	Zip Code	Transaction ID : SA11AI.33030				
mcallen	ТХ	78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.		125.00					
Name of Employer (for Individual) Occupation (for Individual) Memo Item							
self-employed	self-employed private investor						
Receipt For: Primary General Other (specify)							
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
Full Name of Individual (Last, First, Middle Initial) or Full Or A. Barrera, Marcos, , Mr.,	rganization Name	Date of Receipt

۱.	Barrera, Marcos, , Mr.,	Date of Receipt				
	Mailing Address 3000 Yellowhammer	03 10 / Y Y Y Y 2016				
	City	State	Zip Code	Transaction ID : SA11AI.33384		
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	FEC ID number of contributing federal political committee.	С		125.00		
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item		
	self-employed	priva	ate investor	contribution		
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	Primary General Other (specify) ▼		375.00]		
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	Mailing Address 420 Frio			01 15 2016		
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	Name of Employer (for Individual) self-employed		upation (for Individual) sician	contribution		
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	Mailing Address 420 Frio			02 12 2016		
	City	State	Zip Code	Transaction ID : SA11AI.33031		
	mission	ТХ	78572	Amount of Each Receipt this Period		
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	Name of Employer (for Individual) self-employed	Occu phys	ipation (for Individual) ician	Memo Item contribution		
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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

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

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	y information copied from such Reports and St for commercial purposes, other than using the													
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SCHEDULE A	(FEC Form 3X)
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	y information copied from such Reports and St for commercial purposes, other than using the			erson for the	purpo	ose of	soliciting	contributio	ons			
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В.	Full Name of Individual (Last, First, Middle Init Bose, Sarojini, , , Mailing Address 7007 N 1st Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify) ▼	State TX C Occ phy Aggregate	Zip Code 78504 cupation (for Individual) /sician Year-to-Date 250.00	Amoun	saction t of E	15 m ID : Each F			2			
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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	Primary General Other (specify) ▼		750.00]							
В.	Full Name of Individual (Last, First, Middle Initi Bracamontes, Francisco, , ,	al) or Full C	Organization Name		Date of	Receip	ot				
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	y information copied from such Reports and Sta for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and a											
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	Mailing Address 2005 Cimarron Court				03 10 2016								
	City mission	State TX		Zip Code 78572	Transaction ID : SA11AI.33390 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			400.00								
	Name of Employer (for Individual) self-employed	Occi phys		tion (for Individual) an	Memo Item contribution								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 1200.00									
В.	Full Name of Individual (Last, First, Middle Initia Canales, Erasto, , Dr., Mailing Address 105 Bluebird	al) or Full O	rga	nization Name	Date of Receipt								
	City McAllen	State TX		Zip Code 78504	Transaction ID : SA11AI.32689								
	FEC ID number of contributing federal political committee.	C			Amount of Each Receipt this Period								
	Name of Employer (for Individual) self-employed	Occ phy		tion (for Individual) an	Memo Item contribution								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 400.00									
с.	Full Name of Individual (Last, First, Middle Initia Canales, Erasto, , Dr.,	al) or Full O	rga	nization Name	Date of Receipt								
	Mailing Address 105 Bluebird				02 / 12 / 2016								
	City McAllen	State TX		Zip Code 78504	Transaction ID : SA11AI.33038 Amount of Each Receipt this Period								
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_	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 800.00									

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SCHEDULE A	(FEC	Form 3X)
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Use separate schedule(s) for each category of the

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or	for commercial purposes, other than using the	name and a	address of any political committe	e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC		
Α.	Full Name of Individual (Last, First, Middle Init Cardenas, Carlos, , ,	tial) or Full C	Drganization Name	Date of Receipt
	Mailing Address 1000 N. Taylor Road			02 12 2016
	City	State	Zip Code	Transaction ID : SA11AI.33047
	mcallen	TX	78501	Amount of Each Receipt this Period
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	Mailing Address 1000 N. Taylor Road			03 10 / Y Y Y Y 2016
	City	State	Zip Code	Transaction ID : SA11AI.33401
	mcallen	TX	78501	Amount of Each Receipt this Period
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C.	Full Name of Individual (Last, First, Middle Init Carreras, Jose, , ,	tial) or Full C	Drganization Name	Date of Receipt
	Mailing Address 1016 E. Griffin Parkway			01 / Y Y Y Y 2016
	City	State TX	Zip Code	Transaction ID : SA11AI.32699
	mission		78572	Amount of Each Receipt this Period
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SCHEDULE A	(FEC F	orm	3X)
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FEC Schedule A (Form 3X) Rev. 06/2016

SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

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

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	Primary General	Aggregate	Year-to-Date ▼											
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	Mailing Address 223 Rio Grande Drive	0	7		03 10 2016 Transaction ID : SA11AL.33405									
	City	State TX	Zip Code 78572											
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	Mailing Address 2301 N. Bryan Road				01	/ D) 16	Y				
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SCHEDULE A	(FEC Form 3X)
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SCHEDULE A	(FEC Form 3X)
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Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify) ▼	phy	upation (for Individual) sician Year-to-Date ▼ 250.00	Contribution					
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Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify) ▼	phy	upation (for Individual) sician Year-to-Date ▼ 375.00	Contribution					
C. Full Name of Individual (Last, First, Middle Cortez, Oscar, , Dr., Mailing Address 4101 South Burns Drive	Initial) or Full C	rganization Name	Date of Receipt					
City McAllen	State TX	Zip Code 78503	03 10 2016 Transaction ID : SA11AI.33410 Amount of Each Receipt this Period					
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X 11a 11b 12 11c **Detailed Summary Page** 14 13 15 16 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 of Individual (Last, First, Middle Initial) or Full Organization Name Darling, James, , , Α. Date of Receipt Mailing Address 1225 E Peking M M 1 2016 03 10 City Zip Code State Transaction ID : SA11AI.33415 TΧ mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing С 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Deanda, David, , , Date of Receipt Mailing Address 2408 Dorado 01 15 2016 City State Zip Code Transaction ID : SA11AI.32713 ТΧ mission 78574 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Deanda, David, , , Date of Receipt Mailing Address 2408 Dorado MM 02 12 2016 City State Zip Code Transaction ID : SA11AI.33062 ТΧ mission 78574 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 650.00 SUBTOTAL of Receipts This Page (optional).....

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

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

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				Detailed Summary Page	×	11a		_	11b	11c		12 16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the					for the		urpc	ose of	soliciting		ntribut	ions
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SCHEDULE A	(FEC	Form	3X)
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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$\left \right\rangle$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC																		
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	Mailing Address 5128 N. 10th	ng Address 5128 N. 10th							02 / 12 / Y Y Y Y 2016											
	City	State	Zip Code		Trans	act	ion ID :	SA11AL	330(68										
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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

Use separate schedule(s) for each category of the

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Primary	General			11						
Other (specify)			300.00							
Full Name of Individua B. Duran, Alberto, ,	I (Last, First, Middle Initia ,	al) or Full Org	ganization Name		Date c	of Re	eceipt			
Mailing Address 1615	Palazzo				01	/	15		2016	Y
City		State	Zip Code		Trans	sact	ion ID ·	SA11AL	32724	
mission		ТХ	78572	,				Receipt th		b
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FEC Schedule A (Form 3X) Rev. 06/2016

Other (specify)

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				person for the purpose of soliciting contributions						
or	for commercial purposes, other than using the	e name and a	ddress of any political committ	ee to solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_								
Α.		itial) or Full O	rganization Name	Date of Receipt						
	Mailing Address 1615 Palazzo			M M / D D / Y Y Y Y 03 10 2016						
	City	State	Zip Code	Transaction ID : SA11AI.33427						
	mission	TX	78572	Amount of Each Receipt this Period						
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	Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item						
	selfemployed	phys	sician	contribution						
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В.	Full Name of Individual (Last, First, Middle In Esparza, Antonio, , ,	itial) or Full O	rganization Name	Date of Receipt						
	Mailing Address 136 W. Yucca	01 15 2016								
	City	State	Zip Code	Transaction ID : SA11AI.32727						
	mcallent	TX	78504	Amount of Each Receipt this Period						
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	Mailing Address 136 W. Yucca			02 / Y Y Y Y 2016						
	City	State	Zip Code	Transaction ID : SA11AI.33076						
	mcallent	TX	78504	Amount of Each Receipt this Period						
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	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Memo Item contribution						
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SCHEDULE A	(FEC Form 3X)
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182

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	Mailing Address 2768 Pharmacy Road						03 / D D / Y Y Y Y 03 10 2016								
	City rio grande city	State TX	Zip Code 78582				-	SA11A		-					
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с.	Full Name of Individual (Last, First, Middle Initi Falcon, Maria Elena, , ,	ial) or Full O	rganization Name		Date o	f Re	eceipt								
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•••			Detailed Summary Page	X 11a	11b 11c 12						
	ny information copied from such Reports and s for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL										
А.	Full Name of Individual (Last, First, Middle In Falcon, Maria Elena, , ,	itial) or Full C	Drganization Name	Date of Re	eceipt						
	Mailing Address 2212 Westway			02	12 / Y Y Y Y 12 2016						
	City	State	Zip Code		tion ID : SA11AI.33079						
	mcallen	TX	78504	Amount of	Each Receipt this Period						
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	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo	o Item						
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с.	Full Name of Individual (Last, First, Middle In Feigl, Alexander, , Dr.,	itial) or Full C	Drganization Name	Date of Re	eceipt						
	Mailing Address 110 E. Savannah #101			01	15 / Y Y Y Y 15 2016						
City McAllen		State	Zip Code	Transact	tion ID : SA11AI.32731						
		TX	78503	Amount of	Each Receipt this Period						
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate for each categ Detailed Sumi
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FOR LINE NUMBER:

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ITEMIZED RECEIPTS			Use separate schedule(s)			(check only one)								
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Α.	Full Name of Individual (Last, First, Middle Init Feigl, Alexander, , Dr., Mailing Address 110 E. Savannah #101	ial) or Full O	rganization Name			Receipt								
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С.	Full Name of Individual (Last, First, Middle Init Flores, Marco, , ,	ial) or Full O	rganization Name		Date of	Receipt								
	Mailing Address 320 Primrose City mcallen FEC ID number of contributing federal political committee.	State TX	Zip Code 78504			action II	15 D : SA112	20 AI.327]			
	Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	phys	upation (for Individual) sician Year-to-Date ▼ 250.00		contribut	emo Iten ion	n							
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SCHEDULE A	(FEC Form 3X)
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Mailing Address 5936 N. Cy	nthia		01	01 15 2016													
City	State	Zip Code	Tran	saction	ID : SA11A	1.32736											
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SCHEDULE A	(FEC Form 3X)
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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X 11a 11b 12 11c **Detailed Summary Page** 14 13 15 16 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 of Individual (Last, First, Middle Initial) or Full Organization Name Galindo, Eugenio, , , Α. Date of Receipt Mailing Address 5936 N. Cynthia M M 1 2016 02 12 City Zip Code State Transaction ID : SA11AI.33085 TΧ mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Galindo, Eugenio, , , Date of Receipt Mailing Address 5936 N. Cynthia 03 10 2016 City State Zip Code Transaction ID : SA11AI.33439 ТΧ mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 1200.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Garcia, Elvin, , , Date of Receipt Mailing Address 2800 Santa Teresa MM 01 15 2016 City State Zip Code Transaction ID : SA11AI.32737 ТΧ mission 78572 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 1200.00 SUBTOTAL of Receipts This Page (optional).....

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 OF 182 (check only one)								
An	y information copied from such Reports and S	erson for the purpose of soliciting contributions										
or	for commercial purposes, other than using the	e name and a	ddress of any political committee	e to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I											
Α.	Full Name of Individual (Last, First, Middle Ini Garcia, Elvin, , ,	tial) or Full O	rganization Name	Date of Receipt								
	Mailing Address 2800 Santa Teresa			02 12 2016								
	City	State	Zip Code	Transaction ID : SA11AI.33086								
	mission	TX	78572	Amount of Each Receipt this Period								
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	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item								
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	Other (specify) v		800.00									
	Full Name of Individual (Last, First, Middle Ini	rganization Name										
Β.	Garcia, Elvin, , ,			Date of Receipt								
	Mailing Address 2800 Santa Teresa			03 / D D / Y Y Y Y 03 10 2016								
	City	State	Zip Code	Transaction ID : SA11AI.33440								
	mission	TX	78572	Amount of Each Receipt this Period								
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	Name of Employer (for Individual) self-employed		upation (for Individual) sician	Memo Item								
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С.	Full Name of Individual (Last, First, Middle Ini Garcia, Hiram, , ,	tial) or Full O	rganization Name	Date of Receipt								
	Mailing Address 2712 E Mile 5 Road			01 15 2016								
	City	State	Zip Code	Transaction ID : SA11AI.32738								
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SCHEDULE A	(FEC Form 3X)
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PAGE 44 OF

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	y information copied from such Reports and Si for commercial purposes, other than using the				for the		pose of	f solicitir		ontribut	ions					
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FEC Schedule A (Form 3X) Rev. 06/2016

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Α.	Full Name of Individual (Last, First, Middle Initi Garcia, Oscar, , Dr.,	ial) or Full O)rgar	nization Name	Date of Receipt											
	Mailing Address 1717 Palazzo			-	02 12 2016											
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	Mission	TX		78572		Amoun	t of	Each R	eceipt this	Period						
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	Mailing Address 6108 North 5th Street					03	/	D D D 10		ү ү ү 2016	1					
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Α.	Full Name of Individual (Last, First, Middle Initi Garcia, Samuel, , Dr.,	al) or Full C	rga	nization Name	Date of Receipt											
	Mailing Address 137 E. Guardenia				03 / D D / Y Y Y Y Y 03 10 2016											
	City McAllen	State TX		Zip Code 78501	Transaction ID : SA11AI.33447 Amount of Each Receipt this Period											
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 300.00]											
в.	Full Name of Individual (Last, First, Middle Initi Garcia-Cantu, Carlos, , Dr., Mailing Address 4121 N. 10th #240	al) or Full C)rga	nization Name	Date of Receipt											
	City	State		Zip Code	Transaction ID : SA11AI.32746											
	Mcallen	ТХ		78504	Amount of Each Receipt this Period											
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C.	Full Name of Individual (Last, First, Middle Initi Garcia-Cantu, Carlos, , Dr.,	al) or Full C)rga	inization Name	Date of Receipt											
	Mailing Address 4121 N. 10th #240				02 / D D / Y Y Y Y 2016											
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	y information copied from such Reports and S for commercial purposes, other than using the																	
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC																
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в.	Full Name of Individual (Last, First, Middle Ini Garza, James, , Dr., Mailing Address 2821 Lakeshore Drive	tial) or Full C	Drgai	nization Name	_	M	Recei	D D	1		YY	Ŷ						
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	Mailing Address 2821 Lakeshore Drive					02	1	12			2016	Y						
	City Edinburg	State TX		Zip Code 78539			of Fa		-		098 Period							
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC						
Α.	Full Name of Individual (Last, First, Middle Ini Garza, James, , Dr., Mailing Address 2821 Lakeshore Drive							
	City	State	Zip Code	03 10 2016 Transaction ID : SA11AI.33452				
	Edinburg	TX	78539	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C						
	Name of Employer (for Individual)	Оссі	pation (for Individual)	Memo Item				
	self-employed	phys	ician	contribution				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00]				
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В.	Garza, Rene, , ,			Date of Receipt				
	Mailing Address 5404 N. 1st street			01 15 / Y Y Y Y				
	City	State	Zip Code	Transaction ID : SA11AI.32751				
	mcallen	TX	78504	Amount of Each Receipt this Period				
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	Mailing Address 5404 N. 1st street			02 12 / Y Y Y Y 2016				
	City	State	Zip Code	Transaction ID : SA11AI.33100				
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SCHEDULE A	(FEC Form 3X)
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X 11a 11b 11c 12 13 14 15 16 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 of Individual (Last, First, Middle Initial) or Full Organization Name Garza, Rene, , , Α. Date of Receipt Mailing Address 5404 N. 1st street 2016 03 10 City Zip Code State Transaction ID : SA11AI.33454 TΧ mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Garza-Montalvo, Ayda, , Dr., Date of Receipt Mailing Address 2311 Silvardo North 02 12 2016 City State Zip Code Transaction ID : SA11AI.33102 ТΧ Palmhurst 78539 Amount of Each Receipt this Period FEC ID number of contributing С 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed self-employee physician contribution Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Garza-Montalvo, Ayda, , Dr., Date of Receipt Mailing Address 2311 Silvardo North М 03 10 2016 City State Zip Code Transaction ID : SA11AI.33456 ТΧ Palmhurst 78539 Amount of Each Receipt this Period FEC ID number of contributing С 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed self-employee physician Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) 650.00 SUBTOTAL of Receipts This Page (optional).....

FEC Schedule A (Form 3X) Rev. 06/2016

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SCHEDULE A	(FEC	Form	3X)
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X 11a 11b 11c 12 **Detailed Summary Page** 13 14 15 16 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 of Individual (Last, First, Middle Initial) or Full Organization Name Garza-Tamez, Jesus, , Dr., Α. Date of Receipt Mailing Address 1400 W. Gardenia 1 03 10 2016 City Zip Code State Transaction ID : SA11AI.33457 TΧ McAllen 78501 Amount of Each Receipt this Period FEC ID number of contributing С 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Gelman, Lawrence, , , Date of Receipt Mailing Address 3900 Sundown Drive 01 15 2016 City State Zip Code Transaction ID : SA11AI.32755 ТΧ mcallen 78503 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Gelman, Lawrence, , , Date of Receipt Mailing Address 3900 Sundown Drive MM 02 12 2016 City State Zip Code Transaction ID : SA11AI.33104 ТΧ mcallen 78503 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) 900.00 SUBTOTAL of Receipts This Page (optional).....

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A .	Full Name of Individual (Last, First, Middle Initi Gelman, Lawrence, , , Mailing Address 3900 Sundown Drive		Organization Name	Date of Receipt													
	City mcallen	State TX	Zip Code 78503		Trans		ion ID :	: SA11AI.3	2016 A11AI.33458 ceipt this Period								
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В.	Full Name of Individual (Last, First, Middle Initi Gillett, Richard, , Dr., Mailing Address 54 South 10th	al) or Full O	Organization Name		Date o		ceipt 10		y y y 2016								
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SCHEDULE A	(FEC	Form	3X)
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	Other (specify) V		400.00																	
	Full Name of Individual (Last, First, Middle Initia	al) or Full O	Organization Name																	
Β.	Gomez, Juan Pablo, , Dr.,		Date of Receipt																	
	Mailing Address 113 Canary					/		/ Y)16	Y									
	City	State	Zip Code	_	03 / 10 / Y Y Y Y 03 / 10 / 2016 Transaction ID : SA11AL.33465															
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	y information copied from such Reports and Sta for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	name and a											
A .	Full Name of Individual (Last, First, Middle Initi Gonzalez, Jaime, , , Mailing Address 3511 Plazas del Lago	al) or Full Oi	Irgan	ization Name	Date of Receipt								
	City edinburg	State TX		Zip Code 78539	Transaction ID : SA11AI.32769 Amount of Each Receipt this Period								
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в.	Full Name of Individual (Last, First, Middle Initi Gonzalez, Jaime, , , Mailing Address 3511 Plazas del Lago				Date of Receipt								
	City edinburg FEC ID number of contributing	State TX		Zip Code 78539	Transaction ID : SA11AI.33119 Amount of Each Receipt this Period								
	federal political committee. Name of Employer (for Individual) selfemployed	Осси	•	ion (for Individual)	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate											
C.	Full Name of Individual (Last, First, Middle Initi Gonzalez, Jaime, , , Mailing Address 3511 Plazas del Lago	al) or Full Oi	rgan	ization Name	Date of Receipt								
	City edinburg	State TX		Zip Code 78539	03 10 2016 Transaction ID : SA11AI.33473 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			400.00								
	Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)		ate in	on (for Individual) nvestor r-to-Date ▼ 1200.00	contribution								
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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182

X 11a 11b 11c 12 13 14 15 16 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 of Individual (Last, First, Middle Initial) or Full Organization Name Gonzalez-Dickson, Juan, , , Α. Date of Receipt Mailing Address 1501 Meadwood 1 2016 01 15 City Zip Code State Transaction ID : SA11AI.32771 TΧ weslaco 78596 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gonzalez-Dickson, Juan, , , Date of Receipt Mailing Address 1501 Meadwood 02 12 2016 City State Zip Code Transaction ID : SA11AI.33121 ТΧ weslaco 78596 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Gonzalez-Dickson, Juan, , , Date of Receipt Mailing Address 1501 Meadwood MM 03 10 2016 City Zip Code State Transaction ID : SA11AI.33475 ТΧ weslaco 78596 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional).....

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		f	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 OF 182 (check only one) 11a 11a 11b 11c 12 13 14 15 16 17								
	y information copied from such Reports and Sta for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC											
Α.	Full Name of Individual (Last, First, Middle Initia Gordon, Verley, , ,	al) or Full (Drgai	nization Name	Date of Receipt								
	Mailing Address 1700 E. Mile 3 Road		01 / D D / Y Y Y Y 2016										
	City mission	State TX		Zip Code 78574	Transaction ID : SA11AI.32772 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			250.00								
	Name of Employer (for Individual) selfemployed		cupat /sicia	tion (for Individual) an	Memo Item contribution								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 250.00									
в.	Full Name of Individual (Last, First, Middle Initia Gordon, Verley, , , Mailing Address 1700 E. Mile 3 Road	al) or Full (Drgar	nization Name	Date of Receipt								
	City	State TX		Zip Code 78574	Transaction ID : SA11AI.33122								
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period								
	Name of Employer (for Individual) selfemployed		cupat ysicia	tion (for Individual) an	Memo Item contribution								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 500.00									
C.	Full Name of Individual (Last, First, Middle Initia Gordon, Verley, , ,	al) or Full (Orgai	nization Name	Date of Receipt								
	Mailing Address 1700 E. Mile 3 Road				M M / D D / Y Y Y Y 03 10 2016								
	City mission	State TX		Zip Code 78574	Transaction ID : SA11AI.33476 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			250.00								
	Name of Employer (for Individual) selfemployed		cupat sicia	tion (for Individual) In	Contribution								
_	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 750.00									

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	y information copied from such Reports and S for commercial purposes, other than using the						f soliciting	contributio	ons						
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<u> </u>	Full Name of Individual (Last, First, Middle Ini Griego, Enrique, , ,	tial) or Full C	Organization Name	Date	of Re	eceipt									
	Mailing Address 905 Inspiratin Drive			01 / Y Y Y Y 01 15 2016											
	City pharr	State TX	Zip Code 78577				: SA11AI. Receipt th		-						
	FEC ID number of contributing federal political committee.	С				4		400.0	0						
	Name of Employer (for Individual) selfemployed		eupation (for Individual) rsician	contrib		o Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	1											
в.	Full Name of Individual (Last, First, Middle Init Griego, Enrique, , , Mailing Address 905 Inspiratin Drive City	tial) or Full C	Drganization Name	02	M /	eceipt 12 ion ID		2016 33123	Ŷ						
	pharr FEC ID number of contributing federal political committee.	С	78577	Amou	his Period 400.00										
	Name of Employer (for Individual) selfemployed		cupation (for Individual) /sician	ual) Memo Item contribution											
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	Mailing Address 905 Inspiratin Drive			03		D 1(2016	Y						
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	Name of Employer (for Individual) selfemployed Receipt For:		upation (for Individual) sician	contrik		o Item									
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1200.00												

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Primary

Other (specify)

General

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 OF 182 (check only one) ************************************										
				person for the purpose of soliciting contributions ee to solicit contributions from such committee.										
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL													
Α.	Full Name of Individual (Last, First, Middle Ir Guerra, Daniel, , ,	nitial) or Full C	organization Name	Date of Receipt										
	Mailing Address 101 S. Broadway			01 / Y Y Y Y 01 15 2016										
	City Mcallen	State TX	Zip Code 78501	Transaction ID : SA11AI.32775 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C		400.00										
	Name of Employer (for Individual) self-employed		upation (for Individual) sician	Memo Item contribution										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00]										
В.	Full Name of Individual (Last, First, Middle Ir Guerra, Daniel, , , Mailing Address 101 S. Broadway	nitial) or Full C	Organization Name	Date of Receipt										
	City	State	Zip Code	Transaction ID : SA11AI.33125										
	Mcallen	TX	78501	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		400.00										
	Name of Employer (for Individual) self-employed		upation (for Individual) rsician	Memo Item contribution										
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С.	Full Name of Individual (Last, First, Middle Ir Guerra, Daniel, , ,	hitial) or Full C	Organization Name	Date of Receipt										
	Mailing Address 101 S. Broadway	Chata	Zin Onda	03 / D D / Y Y Y Y 10 / 2016										
	City Mcallen	State TX	Zip Code 78501	Transaction ID : SA11AI.33479 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		400.00										
	Name of Employer (for Individual)		upation (for Individual)	Memo Item										
	self-employed Receipt For:		sician	contribution										
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SCHEDULE A	(FEC Form	3X)
ITEMIZED REC	EIPTS	

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	for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full)													
	BORDER HEALTH FEDERAL P	AC												
	Full Name of Individual (Last, First, Middle Initia	al) or Full (Orga	nization Name	Date of Possint									
-	Guerra, Marcy, , ,				- '	Date of Receipt								
I	Mailing Address 13337 Borolo Drive				01 15 2016 Transaction ID : SA11AI.32777									
	City	State		Zip Code										
-	edinburg	ТХ		78541	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.					250.00								
i	Name of Employer (for Individual)	Oco	cupa	tion (for Individual)	Memo Item									
	selfemployed		ysicia		C	ontribut	ion							
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	Primary General	_ · · ·		250.00										
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	Full Name of Individual (Last, First, Middle Initia Guerra, Marcy, , ,	al) or Full (Orga	nization Name		Data of	Bo	opint						
-	Mailing Address 13337 Borolo Drive				1	Date of Receipt								
						02	Ľ	12	/ T	201				
	City	State		Zip Code		Trans	actio	on ID : S	SA11AI.3	312	8			
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-	Name of Employer (for Individual)	Occupation (for Individual)				Memo Item								
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	Mailing Address 13337 Borolo Drive					03	/	D D 10	/ Y	20 ²	16 [°]	Y		
(City	State		Zip Code		Trans	acti	on ID :	SA11AL	3348	81			
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1.

selfemployed

Primary

Other (specify)

General

Receipt For:

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SCHEDULE A (FEC Form 3X)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 59 OF 182 (check only one)					
	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
	I Statements may not be sold or used by any p the name and address of any political committee						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC						
Full Name of Individual (Last, First, Middle A. Gutierrez, Alberto, , ,	Initial) or Full Organization Name	Date of Receipt					
Mailing Address 6020 Wisconsin		01 15 2016					
City edinburg	StateZip CodeTX78539	Transaction ID : SA11AI.32779 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Contribution					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]					
Full Name of Individual (Last, First, Middle B. Gutierrez, Alberto, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Gutierrez, Alberto, , ,						
Mailing Address 6020 Wisconsin		02 12 2016					
City edinburg	StateZip CodeTX78539	Transaction ID : SA11AI.33130 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00]					
Full Name of Individual (Last, First, Middle C. Gutierrez, Alberto, , ,	Initial) or Full Organization Name	Date of Receipt					
Mailing Address 6020 Wisconsin		03 / D D / Y Y Y Y Y 2016					
City edinburg	StateZip CodeTX78539	Transaction ID : SA11AI.33483 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					

contribution

750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)...... 1.000

750.00

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physician

Aggregate Year-to-Date ▼

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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182

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P														
Α.	Full Name of Individual (Last, First, Middle Initi Gutierrez, Marco, , ,	al) or Full O	rgani	zation Name		Date of	Red	ceipt							
	Mailing Address 511 N. Depot Road				Min M / D D / Y										
	City edinburg	State TX		Zip Code 78541											
	FEC ID number of contributing federal political committee.	С													
	Name of Employer (for Individual) selfemployed		upatio sician	on (for Individual)		Contribut		Item							
	Receipt For:	General Aggregate Year-to-Date ▼													
В.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Gutierrez, Marco, , ,							ceipt							
	Mailing Address 511 N. Depot Road		02 / D / Y Y Y 2016												
	City edinburg	State TX		Zip Code 78541	Transaction ID : SA11AI.33131 Amount of Each Receipt this Period										
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	Name of Employer (for Individual) selfemployed		upatio siciar	on (for Individual) N	Memo Item contribution										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	to-Date ▼ 800.00											
<u> </u>	Full Name of Individual (Last, First, Middle Initi Gutierrez, Marco, , ,	al) or Full O	rgani	zation Name		Date of	Red	ceipt							
	Mailing Address 511 N. Depot Road					03	/	D 10)16	Y			
	City edinburg	State TX		Zip Code 78541					SA11A Receipt t						
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	Name of Employer (for Individual) selfemployed	Occu phys		M contribut		Item									
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SCHEDULE A	(FEC	Form	3X)
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	y information copied from such Reports and Sta for commercial purposes, other than using the r														
$\Big\rangle$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC													
Α.	Full Name of Individual (Last, First, Middle Initia Gutierrez, Miguel, , ,	l) or Full	Orga	nization Name	Date of Receipt 01 / 15 / 2016										
	Mailing Address 224 Lindberg	01-1-		7											
	City mcallen	State TX		Zip Code 78501		Transaction ID : SA11AI.32781 Amount of Each Receipt this Period									
	selfemployed pl					anoun		Lacin	TIC.			0.00			
				tion (for Individual) an	co	M) Item							
	Receipt For: Primary General Other (specify) ▼	Aggregat	e Yea	ar-to-Date ▼ 250.00											
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	Mailing Address 224 Lindberg						02 / D D / Y Y Y Y 02 12 2016								
	City mcallen	State Zip Code TX 78501						Transaction ID : SA11AI.33132 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С			2					250	0.00				
	Name of Employer (for Individual) selfemployed		ccupa nysici	tion (for Individual) an	co	Memo Item contribution									
	Receipt For: Primary General Other (specify) ▼	Aggregat	e Yea	ar-to-Date ▼ , 500.00											
с.	Full Name of Individual (Last, First, Middle Initia Gutierrez, Miguel, , ,	l) or Full	Orga	nization Name		Date o	f Re	eceipt							
	Mailing Address 224 Lindberg	1				^M 03	′		D 0	/ Y	2016	Ý			
	City mcallen	State TX		Zip Code 78501						A11AI.		Ч			
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Receipt For: Aggrega Primary General Other (specify)			e Yea	ar-to-Date ▼ 750.00											
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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	EMIZED RECEIPTS			category of the Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
	ny information copied from such Reports and S for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC									
Α.	Full Name of Individual (Last, First, Middle Ini Haddad, Victor, , , Mailing Address 4008 Burns Drive South City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State TX C	Zip Cod 78503 upation (for I sician Year-to-Date	e ndividual)	Date of Receipt						
В.	Full Name of Individual (Last, First, Middle Ini Haddad, Victor, , , Mailing Address 4008 Burns Drive South City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State TX C	Zip Cod Zip Cod 78503 upation (for I sician Year-to-Date	e ndividual)	Date of Receipt 02 / 12 / 2016 Transaction ID : SA11AI.33135 Amount of Each Receipt this Period 400.00 Memo Item contribution						
C.	Full Name of Individual (Last, First, Middle Ini Haddad, Victor, , , Mailing Address 4008 Burns Drive South City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State TX C	Zip Cod 78503 upation (for I sician Year-to-Date	Jame e ndividual)	Date of Receipt 03 / 10 / 2016 Transaction ID : SA11AI.33488 Amount of Each Receipt this Period 400.00 Memo Item contribution						
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SCHEDULE A (FEC Form 3X)	
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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c	12				
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or for commercial purposes, other than us NAME OF COMMITTEE (In Full) BORDER HEALTH FEDEI	-	ddress of any political committee	e to solicit contr	Ibutions	from such	commit	ee.			
✓ Full Name of Individual (Last, First, Mi A. Hernandez, Ambrosio, , , Mailing Address 2000 Dana City Pharr FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occu phys	rganization Name Zip Code 78577 upation (for Individual) sician Year-to-Date ▼ 400.00	Amount o	f Each F						
B. Hernandez, Ambrosio, , , Mailing Address 2000 Dana	ddle Initial) or Full O	Date of F	Receipt		у у 2016	Y				
City Pharr FEC ID number of contributing federal political committee. Name of Employer (for Individual)	State TX C	Zip Code 78577	Transaction ID : SA11AI.33139 Amount of Each Receipt this Period 400.00 Memo Item							
selfemployed Receipt For: □ Primary □ General Other (specify) ▼	phys	year-to-Date ▼ 800.00	contribution							
Full Name of Individual (Last, First, Mi C. Hernandez, Ambrosio, , , Mailing Address 2000 Dana	ddle Initial) or Full O	rganization Name	Date of F	Receipt		y y 2016	Y			
City Pharr FEC ID number of contributing	State TX	Zip Code 78577			: SA11AI.3 Receipt thi	3 3492 s Period	_			
federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	phys	upation (for Individual) ician Year-to-Date ▼ 1200.00	Contribution	no Item n		400.				
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 64 OF

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC										
Α.	Full Name of Individual (Last, First, Middle Ini Hernandez, Maximiliano, , , Mailing Address 301 Byron Nelson Drive	itial) or Full C	Drga	nization Name		Date c	_	leceipt		Y	Ý	Y
#40 Villas Jardin City State						01		15			016	
				Zip Code	Transaction ID : SA11AI.32790							
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	Name of Employer (for Individual)	Occ	upa	tion (for Individual)		Ν	lem	no Item				
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в.	Full Name of Individual (Last, First, Middle Ini Hernandez, Maximiliano, , ,	itial) or Full C	Drga	nization Name		Date c	of R	leceipt				
	Mailing Address 301 Byron Nelson Drive #40 Villas Jardin			02		/ 12)16	Y		
	City mcallen	State TX		Zip Code 78503					SA11AI.			
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	y information copied from such Reports and Sta for commercial purposes, other than using the											
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC												
Α.	Full Name of Individual (Last, First, Middle Initi Hoffman, Maria, , ,	al) or Full O	rganization Name	Date of Receipt								
	Mailing Address 802 Inspiration Road			01 15 2016								
	City pharr	State TX	Zip Code 78577	Transaction ID : SA11AI.32791 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		250.00								
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
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	Mailing Address 802 Inspiration Road			02 / D D / Y Y Y Y 12 2016								
	City pharr	State TX	Zip Code 78577	Transaction ID : SA11AI.33142 Amount of Each Receipt this Period								
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•	Mailing Address 802 Inspiration Road			03 10 2016								
	City pharr	State TX	Zip Code 78577	Transaction ID : SA11AI.33495								
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period								
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	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 750.00									

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				e to solicit contributions from such committee.							
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Α.	Full Name of Individual (Last, First, Middle In Honrubia, Vincent, , ,	itial) or Full O	rganization Name	Date of Receipt							
Mailing Address 204 Rio Grande				01 / D D / Y Y Y Y 01 15 2016							
	City	State TX	Zip Code 78572	Transaction ID : SA11AI.32793							
			10012	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		400.00							
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item							
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	City	State	Zip Code	Transaction ID : SA11AI.33145							
	mission	TX	78572	Amount of Each Receipt this Period							
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	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Memo Item contribution							
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	Mailing Address 204 Rio Grande			03 10 / Y Y Y Y 2016							
	City	State	Zip Code	Transaction ID : SA11AI.33497							
	mission	ТХ	78572	Amount of Each Receipt this Period							
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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
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A. Full Name of Individual (Last, First, Middle Initial Husain, Syed, , Dr., Mailing Address 7020 N. 1st City McAllen FEC ID number of contributing federal political committee	I) or Full Organization Name State Zip Code TX 78504	Date of Receipt 03 Transaction ID : SA11AI.33498 Amount of Each Receipt this Period 100.00						
federal political committee. Name of Employer (for Individual) self-employee Receipt For: □ Primary □ General Other (specify) ▼	Occupation (for Individual) physician Aggregate Year-to-Date ▼ 300.00	Memo Item contribution						
Full Name of Individual (Last, First, Middle Initial Iglesias, Norma, , Dr., Mailing Address 712 S. Cage City Pharr FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify) ▼	I) or Full Organization Name State Zip Code TX 78577 C Occupation (for Individual) physician Aggregate Year-to-Date ▼ 400.00 400.00	Date of Receipt						
Full Name of Individual (Last, First, Middle Initial C. Iglesias, Norma, , Dr., Mailing Address 712 S. Cage City Pharr FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	I) or Full Organization Name State TX Zip Code 78577 C Occupation (for Individual) physician Aggregate Year-to-Date ▼ 800.00	Date of Receipt 02 / 12 / 2016 Transaction ID : SA11AI.33147 Amount of Each Receipt this Period 400.00 Memo Item contribution						
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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182

1	EMIZED RECEIPTS		Use separate schedule(s)	(check only one)							
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	y information copied from such Reports and Sta for commercial purposes, other than using the n			erson for the purpose of soliciting contributions							
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	Mailing Address 712 S. Cage			03 / D D / Y Y Y Y Y 03 10 2016							
	City Pharr	State TX	Zip Code 78577	Transaction ID : SA11AI.33499 Amount of Each Receipt this Period							
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в.	Full Name of Individual (Last, First, Middle Initia Igoa, Jose, E., Dr., Mailing Address 3716 S 'J' Street	organization Name	Date of Receipt								
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SCHEDULE A	(FEC Form 3X)
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	ull Name of Individual (Last, First, Middle In Jinenez-Flores, Danielle, , Dr.,	on Name	Date of Receipt															
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SCHEDULE A	(FEC Form 3X)
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182

17			Use separate schedule(s)	(check only one)											
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			Detailed Summary Page	×	11a 13		11b 14	11c		12 16	17				
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	Mailing Address 2548 Palm Circle				01	1	15) / Y	ү 2	016	Y				
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SCHEDULE A	(FEC	Form	3X)
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SCHEDULE A	(FEC	Form	3X)
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<u></u> с.	Full Name of Individual (Last, First, Middle I Klenz, Mary Elizabeth, , ,	nitial) or Full C	rganization	Name		Date of	f Re	eceipt											
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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a	11b	11c	12						
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Mailing Address 5111 N. 10th Street	1			M M / D D / Y									
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Name of Employer (for Individual)	Осси	upation (for Individual)		M	emo Item								
selfemployed	phys	sician	cc	ontribut	tion								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00]										
B. Full Name of Individual (Last, First, Mi Kutugata, Jorge, , , Mailing Address Rt 2 Box 522-K	ddle Initial) or Full O	rganization Name		M M	f Receipt		ÝÝ	Y					
				01 15 2016									
City	State	Zip Code		Transaction ID : SA11AI.32811									
weslaco	TX	78596	A	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C			250.00									
Name of Employer (for Individual) selfemployed		upation (for Individual) sician	co	Memo Item contribution									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]										
Full Name of Individual (Last, First, Mi C. Kutugata, Jorge, , ,	ddle Initial) or Full O	rganization Name		Date o	f Receipt								
Mailing Address Rt 2 Box 522-K				02 ^M		D / Y 2	2016	Ŷ					
City	State	Zip Code		Trans	saction ID	: SA11AI	.33165						
weslaco	TX	78596	A	Amoun	t of Each	Receipt th	nis Period	t					
FEC ID number of contributing federal political committee.	С						250	.00					
Name of Employer (for Individual) selfemployed	Occu phys	ıpation (for Individual) ician	co	M ontribu	lemo Item tion								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00]										
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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			Detailed Summary Page	×	_		11b	11c		12							
Δn	y information copied from such Reports and	Statements m	av not be sold or used by any r		13 for the	nurr	14	15 soliciting		16 ntributi	17 ions						
	for commercial purposes, other than using th																
$\overline{)}$	NAME OF COMMITTEE (In Full)																
	BORDER HEALTH FEDERAL	PAC															
Α.	Full Name of Individual (Last, First, Middle In Kutugata, Jorge, , ,	iitial) or Full C	rganization Name		Date of	Re	ceipt										
	Mailing Address Rt 2 Box 522-K				м м 03	/	D D 10	/ Y	ү 2() 016	Y						
	City	State	Zip Code		Transaction ID : SA11AI.33515												
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	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Memo Item contribution													
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	Primary General Other (specify) ▼		750.00	1													
в.	Full Name of Individual (Last, First, Middle In Ledesma, Raul, , Dr.,	iitial) or Full C	rganization Name		Date of	Re	ceipt										
	Mailing Address 5508 N. 1st Street						03 10 2016										
	City	State	Zip Code		Transaction ID : SA11AI.33518												
	McAllen	ТХ	78504		Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С			100.00												
	Name of Employer (for Individual) self-employed		upation (for Individual) sician	C	Memo Item contribution												
	Receipt For:	Aggregate	Year-to-Date V														
	Primary General Other (specify) ▼		300.00	1													
<u></u> с.	Full Name of Individual (Last, First, Middle In Linebarger, Dale, , ,	iitial) or Full C	rganization Name		Date of	Re	ceipt										
	Mailing Address 901 West 9th Street #405				^M 01	1	D D D 15	/ Y)16	Y						
	City	State TX	Zip Code		Trans	acti	on ID :	SA11AI.	3282	20							
	austin		78703	_	Amount	of	Each R	eceipt th	is P	eriod							
	FEC ID number of contributing federal political committee.	С					9		_	400.0	0						
	Name of Employer (for Individual) self-employed		upation (for Individual) ate investor		Memo Item												
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	Primary General	Aggregate	Year-to-Date ▼														
	Other (specify)		400.00														
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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X 11a 11b 11c 12 **Detailed Summary Page** 13 14 15 16 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 of Individual (Last, First, Middle Initial) or Full Organization Name Linebarger, Dale, , , Α. Date of Receipt Mailing Address 901 West 9th Street 1 2016 #405 02 12 City State Zip Code Transaction ID : SA11AI.33174 TΧ austin 78703 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Linebarger, Dale, , , Date of Receipt Mailing Address 901 West 9th Street 03 10 2016 #405 City State Zip Code Transaction ID : SA11AI.33524 ТΧ austin 78703 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 1200.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Linsangan, Linette, , Dr., Date of Receipt Mailing Address 105 E. Yellowhammer MM 03 10 2016 City State Zip Code Transaction ID : SA11AI.33525 ТΧ McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 900.00 SUBTOTAL of Receipts This Page (optional)

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TOTAL This Period (last page this line number only)					-			-			-	

SCHEDULE A (FEC Form 3X)	
ITEMIZED RECEIPTS	for De

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c	12											
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		address of any political committee															
NAME OF COMMITTEE (IN BORDER HEALTH																	
A. Loja, Wilmer, , Dr., Mailing Address 105 E. Yellowha	ing Address 105					Date of Receipt											
City	State	Zip Code	Transaction ID : SA11AI.33529														
McAllen	TX	78504	Amount of Each Receipt this Period														
FEC ID number of contributi federal political committee.	ing C																
Name of Employer (for Indiv	vidual) Occ	upation (for Individual)	M	emo Item													
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Receipt For: Primary Gene Other (specify) ▼		Year-to-Date ▼ 300.00	1														
B. Lopez, Alfredo, , ,	st, First, Middle Initial) or Full C	Date of	f Receipt														
Mailing Address 7609 N. 24t	h Circle		M M 03														
City	State	Zip Code	Trans	Transaction ID : SA11AI.33531													
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Receipt For: Primary Gene Other (specify) ▼		Year-to-Date ▼ , 300.00]														
Full Name of Individual (Las C. Mangi, Salil, , ,	t, First, Middle Initial) or Full C	Organization Name	Date of	f Receipt													
Mailing Address 3801 Sunde			01	/ D		ү 2016	Y										
City	State	Zip Code	Trans	saction ID	: SA11AI.:	32832											
mcallen	ТХ	78503	Amoun	t of Each I	Receipt thi	is Period											
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Receipt For: Primary Gene Other (specify)		Year-to-Date ▼ 250.00	1														
SUBTOTAL of Receipts This	Page (optional)			 		450.	00										

TOTAL This Period (last page this line number only)......

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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				for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12 16	17
	y information copied from such Reports and Si for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC									
A.	Full Name of Individual (Last, First, Middle Init Mangi, Salil, , , Mailing Address 3801 Sundown Court East City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occuphys	upa	Zip Code 78503 tion (for Individual)		02 Tran Amour	nt o	of Each	2 : SA11A Receipt	this Perio	
B	Full Name of Individual (Last, First, Middle Init Mangi, Salil, , , Mailing Address 3801 Sundown Court East City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed	State TX	upa	Zip Code 78503 tion (for Individual)		03 Tran Amour	sac nt o	of Each	0 / Construction C	this Perio	
	Receipt For: Primary General Other (specify) ▼			ar-to-Date ▼ 750.00				I			
C .	Full Name of Individual (Last, First, Middle Init Mangoo-Karim, Roberto, M., Dr., Mailing Address 3817 Sundown Ct City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State TX C	upa	Zip Code 78503 tion (for Individual)		02 Tran Amour	nt o	1 of Each no Item	2 2 SA11A Receipt	this Peric	
s	JBTOTAL of Receipts This Page (optional)			••••••				,	7	62	5.00

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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X 11a 11b 11c 12 **Detailed Summary Page** 14 13 15 16 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 of Individual (Last, First, Middle Initial) or Full Organization Name Mangoo-Karim, Roberto, M., Dr., Α. Date of Receipt Mailing Address 3817 Sundown Ct M M 1 2016 03 10 City Zip Code State Transaction ID : SA11AI.33538 TΧ McAllen 78503 Amount of Each Receipt this Period FEC ID number of contributing С 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Manrique, Carlos, , , Date of Receipt Mailing Address 116 Cardinal 01 15 2016 City State Zip Code Transaction ID : SA11AI.32834 ТΧ mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Manrique, Carlos, , , Date of Receipt Mailing Address 116 Cardinal MM 02 12 2016 City Zip Code State Transaction ID : SA11AI.33188 ТΧ mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) 925.00 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

Use separate schedule(s)

FOR LINE NUMBER:

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TIEMIZED RECEIPTS		h category of the d Summary Page	× 11a	11b	11c	12	17			
Any information copied from such Reports or for commercial purposes, other than usi			erson for the	purpose of	f soliciting	contribu	tions			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	-									
Full Name of Individual (Last, First, Mide A. Manrique, Carlos, , , Mailing Address 116 Cardinal	n Name	Date o	f Receipt		YY	Y				
City	State Zip C	ode	03	10 action ID :		2016				
mcallen	TX 785			t of Each F						
FEC ID number of contributing federal political committee.	С					400.				
Name of Employer (for Individual)	Occupation (fo	r Individual)	M	emo Item						
selfemployed	physician		contribut	ion						
Receipt For: Primary General Other (specify) ▼]									
Full Name of Individual (Last, First, Mid	dle Initial) or Full Organizatior	n Name								
B. Marquez, Guillermo, , ,			Date of	f Receipt						
Mailing Address 1702 Trinity Road			01	/ D 15		2016	Y			
City	State Zip C			action ID :						
mission	TX 7857	(2	Amoun	t of Each F	Receipt thi	s Period				
FEC ID number of contributing federal political committee.	C			400.00						
Name of Employer (for Individual) selfemployed	Occupation (fo physician	r Individual)		Memo Item contribution						
Receipt For:	Aggregate Year-to-Da	ate 🔻								
Other (specify) ▼		400.00]							
Full Name of Individual (Last, First, Mide C. Marquez, Guillermo, , ,	dle Initial) or Full Organization	n Name	Date o	f Receipt						
Mailing Address 1702 Trinity Road			02	/ D 12		2016	Y			
City	State Zip C		Trans	action ID	: SA11AI.3	3189				
mission	TX 7857	2	Amoun	t of Each F	Receipt thi	s Period				
FEC ID number of contributing federal political committee.	C			y	y	400.	00			
Name of Employer (for Individual)	Occupation (fo	r Individual)	M	emo Item						
selfemployed	contribu	tion								
Receipt For:										
Other (specify)	1									
SUBTOTAL of Receipts This Page (option	al)					1200.	00			

TOTAL This Period (last page this line number only)......

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS				for each category of the Detailed Summary Page		×	11a 13	F	-	11b 14		11c		12 16	_ [17
	ny information copied from such Reports and Sta for commercial purposes, other than using the r															s
Full Name of Individual (Last, First, Middle Initial) or Full A. Marquez, Guillermo, , , Mailing Address 1702 Trinity Road)rga		Date of Receipt											
	City mission	State TX		Zip Code 78572	_						-	SA11/				
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	FEC ID number of contributing federal political committee.	С				ļ	-	_	-		_			400	.00	
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	Primary General Other (specify) ▼	1200.00														
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Martinez, Agustin, , ,							ate o	of Re	ece	eipt	:					
	Mailing Address 7603 N. 2nd Lane	1-		I		01 / D D / Y Y Y Y 01 15 2016										
	City	State		Zip Code								SA11/				
	mcallen	ТХ		78504	_	A	moun	nt of	ŕΕ	ach	۱ Re	ceipt	this	Perio	b	
	FEC ID number of contributing federal political committee.	С			400.00							.00				
	Name of Employer (for Individual) selfemployed		Occupation (for Individual) physician					Contribution								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Ye	ar-to-Date ▼ 400.00												
с.	Full Name of Individual (Last, First, Middle Initia Martinez, Agustin, , ,	al) or Full O	rga	anization Name		D	ate o	of Re	ece	eipt	:					
	Mailing Address 7603 N. 2nd Lane					l	^M 02	1	/		D 12	1		2016	Y	
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FEC ID number of contributing federal political committee.						ļ	-		,		_		_	400	.00	
selfemployed phy			Occupation (for Individual) physician						contribution							
	Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 800.00															
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FEC Schedule A (Form 3X) Rev. 06/2016

SCHEDULE A	(FEC F	orm	3X)
ITEMIZED REC	EIPTS		

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS			Tor each category of the Detailed Summary Page	X 1	11a		11b	11c	1	2				
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$\left \right\rangle$	NAME OF COMMITTEE (In Full)													
\square	BORDER HEALTH FEDERAL F	PAC												
Α.	Full Name of Individual (Last, First, Middle Init Martinez, Agustin, , ,	ial) or Full Org	ganization Name	Da	ate of	Re	ceipt							
	Mailing Address 7603 N. 2nd Lane			03 10 2016										
	City	State	Zip Code	Т	rans	acti	on ID :	SA11AI	.33541					
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	Name of Employer (for Individual)	Occur	pation (for Individual)	- E	Me	emo	Item							
	selfemployed	physi		con	tributi									
	Receipt For:		′ear-to-Date ▼											
	Primary General	Aggregate												
	Other (specify) ▼		1200.00											
B	Full Name of Individual (Last, First, Middle Init Martinez, Ricardo, , ,	ial) or Full Orç	ganization Name	Da	ate of	Ro	ceint							
υ.	Mailing Address 1903 W. Smith				Date of Receipt									
		TV.	6	1										
	City	State	Zip Code	Тт	ransa	acti	on ID · :	SA11AI.	32837					
	edinburg	ТХ	78539				-	eceipt th						
	FEC ID number of contributing federal political committee.	С			400.00									
		0		- E	Memo Item									
	Name of Employer (for Individual) selfemployed	physi	pation (for Individual) Ician	contribution										
	Receipt For:	Aggregate Y	te Year-to-Date ▼											
	Primary General Other (specify) ▼		400.00											
— c.	Full Name of Individual (Last, First, Middle Init Martinez, Ricardo, , ,	ial) or Full Org	ganization Name	Da	ate of	Re	ceipt							
	Mailing Address 1903 W. Smith			N	02	/	D D D 12	/ Y	y 201		Y			
	City	State	Zip Code	Т	rans	acti	on ID :	SA11AI	.33191	l	_			
	edinburg	TX	78539	An	nount	of	Each R	eceipt th	nis Pe	riod				
	FEC ID number of contributing federal political committee.	С					y	7	4	00.0	0			
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selfemployed physician														
Receipt For: Aggregate Year-to-Date ▼														
	Primary General	Aggregate												
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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				Detailed Summary Page	×	11a 13		11b	11c		12	17						
	y information copied from such Reports and S for commercial purposes, other than using the					for the		rpose of				ions						
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I				. 10 50				nom Suci									
A.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Martinez, Ricardo, , , Mailing Address 1903 W. Smith						Date of Receipt											
	City edinburg	State		Zip Code					SA11AL	335								
	FEC ID number of contributing federal political committee.	Ŭ							Amount of Each Receipt this Period 400.00									
	Name of Employer (for Individual) selfemployed	C(Me Ontribut		o Item													
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1200.00																		
В.	Full Name of Individual (Last, First, Middle Ini Martinez, Robert, , Dr.,	tial) or Full C)rgar	nization Name		Date of	f Re	eceipt										
Mailing Address 2809 Santa Lydia							1	10)16	Y						
City State Zip Code Mission TX 78572							Transaction ID : SA11AI.33543 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.										_	100.0)0						
	Name of Employer (for Individual) self-employee		cupat ysicia	tion (for Individual) an	co	Montribut		o Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 300.00]													
<u>с</u> .	Full Name of Individual (Last, First, Middle Ini _Martinez, Santos, , ,	tial) or Full C)rgar	nization Name		Date of	f Re	eceipt										
	Mailing Address 125 East Yucca			1		01 ^M	1	15	_ L	20	016 [°]	Y						
	City mcallen	State TX		Zip Code 78504					SA11AI.									
	FEC ID number of contributing federal political committee.	5 (-1) (-1) (-1))0									
	Name of Employer (for Individual) self-employed Receipt For:	priva	ate i	tion (for Individual) nvestor	Memo Item contribution													
Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00																		
s	UBTOTAL of Receipts This Page (optional)							,	9	=	750.0	0						
т	OTAL This Period (last page this line number	only)		•••••••			i.	-										

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

Use separate schedule(s) for each category of the

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TIEMIZED RECEIPTS			for each categor Detailed Summa		× 1	1a 3	11b 14	11c	12 16	17		
	pied from such Reports and purposes, other than using the											
	IMITTEE (In Full) HEALTH FEDERAL	PAC										
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Martinez, Santos, , , Mailing Address 125 East Yucca 					Dat	te of	Receipt	D / Y	YYY	Y		
<u></u>						02	1:		2016			
City mcallen		State TX	Zip Code 78504					: SA11AI				
			10004	_	Am	ount	of Each	Receipt th	iis Period	1		
FEC ID number federal political	0	С				_	-		250	.00		
Name of Emplo	yer (for Individual)	Оссі	upation (for Individu	al)		Me	mo Item					
self-employed		priva	ate investor		cont	ributio	on					
Receipt For:		Aggregate	Year-to-Date 🔻									
Primary General Other (specify) ▼ 500.00												
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Martinez, Santos, , ,												
	125 East Yucca				М	03 [™]	/ D	D / Y	y y 2016	Y		
City		State	Zip Code		Tr	ansa	ction ID	: SA11AI.	33544			
mcallen		ТХ	78504		Amount of Each Receipt this Period							
FEC ID number federal political	0	С			250.00							
self-employed	yer (for Individual)		upation (for Individu ate investor	ial)	Memo Item contribution							
Receipt For: Primary Other (spe	General ecify) ▼	Aggregate	Year-to-Date V	750.00								
C. Mata, Nels		nitial) or Full O	rganization Name		Dat	te of	Receipt					
Mailing Address	1705 Palazzo				_	03 ^M	1		ү ү 2016	Ŷ		
City Mission		State TX	Zip Code 78572					: SA11AI Receipt th		1		
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Name of Employer (for Individual)Occupation (for Individual)self-employedphysician					cont	Me	mo Item on					
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FEC Schedule A (Form 3X) Rev. 06/2016

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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		Detailed Summary Page	×	11a	11b	11c	12							
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Any information copied from such Reports and or for commercial purposes, other than using														
NAME OF COMMITTEE (In Full)														
BORDER HEALTH FEDERAL	_ PAC													
Full Name of Individual (Last, First, Middle	Initial) or Full C	organization Name												
A. Medina, Bertha, , ,			[Date of	Receipt									
Mailing Address 1300 1 1/2 Street				м м 01	/ D 15		ү ү 2016	Ý						
City	State TX	Zip Code		Trans	action ID :	SA11AI.3	82845							
mcallen	78501	_ 4	Amount	of Each F	Receipt thi	s Perio	d							
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Name of Employer (for Individual)	Occ	upation (for Individual)	-	Me	emo Item									
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				02	12		2016							
City	State	Zip Code		Trans	action ID :	SA11AL3	3199							
mcallen	ТХ	78501	A		of Each F			d						
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Mailing Address 1300 1 1/2 Street				03	/ D 10		2016 [°]	Y						
City	State	Zip Code		Trans	action ID :	SA11AI.3	3551							
mcallen	TX	78501	A	Amount	of Each F	Receipt thi	s Perio	d						
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Name of Employer (for Individual)	Occ	upation (for Individual)		M	emo Item									
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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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			Use separate schedule(s)			(check only one)							
	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a 13		11b 14	11c		12 16		17	
	y information copied from such Reports and St for commercial purposes, other than using the							f soliciti		ontribut	ions		
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Α.	Full Name of Individual (Last, First, Middle Init Medina, Camen Martha, , Ms,	ial) or Full C	organization Name		Date o	f Re	eceipt						
	Mailing Address 509 E. Yucca				03	/	10			2016	Y		
	City McAllen	State TX	Zip Code 78504	_				: SA11 Receipt					
	FEC ID number of contributing federal political committee.	С						loooipt		70.0	00]	
	Name of Employer (for Individual) self-employed		upation (for Individual) sician	_	Contribu		o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00										
в.	Full Name of Individual (Last, First, Middle Init Mego, Carlos, , Dr.,	ial) or Full C	organization Name		Date o	f Re	eceipt						
	Mailing Address 602 McColl Circle				M M	/	D 15			2016	Y		
	City McAllen	State TX	Zip Code 78501					SA11A Receipt					
	FEC ID number of contributing federal political committee.	С								400.0	00]	
	Name of Employer (for Individual) self-employed		upation (for Individual) sician	(Contribut		o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00										
	Full Name of Individual (Last, First, Middle Init Mego, Carlos, , Dr.,	ial) or Full C	organization Name		Date o	f Re	eceint						
0.	Mailing Address 602 McColl Circle				02		12			2016	Y		
	City McAllen	State TX	Zip Code 78501					: SA11/					
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	Name of Employer (for Individual) self-employed		upation (for Individual) sician		N contribu		o Item						
	Receipt For: General Primary General Other (specify)	Aggregate	Year-to-Date ▼ 800.00										
s	UBTOTAL of Receipts This Page (optional)		•				, .	. ,		870.0	0]	

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FEC Schedule A (Form 3X) Rev. 06/2016

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	ny information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions							
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC									
Α.	Full Name of Individual (Last, First, Middle Ini Mego, Carlos, , Dr.,	tial) or Full C	Drganization Name	Date of Receipt							
	Mailing Address 602 McColl Circle			03 10 2016							
	City McAllen	State TX	Zip Code 78501	Transaction ID : SA11AI.33553 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		400.00							
	Name of Employer (for Individual) self-employed		supation (for Individual) rsician	Memo Item contribution							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00								
в.	Full Name of Individual (Last, First, Middle Ini Mehkri, Imtiaz, , Dr., Mailing Address 7120 Ware Road	tial) or Full (Date of Receipt							
	City McAllen FEC ID number of contributing	State TX	Zip Code 78504	Transaction ID : SA11AI.33554 Amount of Each Receipt this Period 90.00							
	federal political committee. Name of Employer (for Individual) selfemployed	Occ	cupation (for Individual) /sician	Memo Item contribution							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00								
С.	Full Name of Individual (Last, First, Middle Ini Mercado, Manuel, , ,	tial) or Full C	Organization Name	Date of Receipt							
	Mailing Address 3002 Santa Susana	01-1-	7.0.1	01 / Y Y Y Y Y 2016							
	City mission	State TX	Zip Code 78572	Transaction ID : SA11AI.32851 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		250.00							
	Name of Employer (for Individual) selfemployed		cupation (for Individual) sician	Contribution							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00								

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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	/ information copied from such Reports and St for commercial purposes, other than using the															
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC														
Α.	Full Name of Individual (Last, First, Middle Init Mercado, Manuel, , , Mailing Address 3002 Santa Susana	ial) or Full Or	ganization Name	Date of Receipt												
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	City mission	State TX	Zip Code 78572					SA11AL								
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period												
	Name of Employer (for Individual) selfemployed	Occu phys	pation (for Individual)		M		o Item									
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00													
В.	Full Name of Individual (Last, First, Middle Init Mercado, Manuel, , , Mailing Address 3002 Santa Susana) / Y)16	Ŷ					
	City mission	State TX	Zip Code 78572					SA11AL.	335	57	_					
	FEC ID number of contributing federal political committee.	С				250.00										
:	Name of Employer (for Individual) selfemployed	Occu phys	Memo Item													
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	Full Name of Individual (Last, First, Middle Init Milano, Emil, , Dr.,	ial) or Full Or	ganization Name		Date of	f Re	eceipt									
	Mailing Address 225 E. Cornell				м м 03	/	10			016 016	Y					
	City McAllen	State TX	Zip Code 78504					SA11AL.			_					
	FEC ID number of contributing federal political committee.	С					y .	. ,	_	100.0)0					
	Name of Employer (for Individual) selfemployed		pation (for Individual) te investor	C	Memo Item contribution											
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00													
s	JBTOTAL of Receipts This Page (optional)			•					-	600.0	00					

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SCHEDULE A (FEC Form 3X)	
ITEMIZED RECEIPTS	

TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:

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X 11a 11b 11c 12 13 14 15 16 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 of Individual (Last, First, Middle Initial) or Full Organization Name Mohamed, Carlos, N, , Jr. Α. Date of Receipt Mailing Address 2821 Michael Angelo 2016 03 10 City Zip Code State Transaction ID : SA11AI.33561 Edinburg TΧ 78539 Amount of Each Receipt this Period FEC ID number of contributing С 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mohme, Ruben, , Dr., Date of Receipt Mailing Address 7309 N. 4th Street 03 10 2016 City State Zip Code Transaction ID : SA11AI.33564 ТΧ McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Moncada, Armando, , Dr., Date of Receipt Mailing Address 1421 North 2nd Street М 01 15 2016 City State Zip Code Transaction ID : SA11AI.32859 ТΧ McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employee physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 600.00 SUBTOTAL of Receipts This Page (optional).....

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SCHEDULE A	(FEC Form	3X)
ITEMIZED REC	EIPTS	

Use separate schedule(s) for each category of the

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC		
Full Name of Individual (Last, First, Middle Moncada, Armando, , Dr., Mailing Address 1421 North 2nd Street City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify) ▼	State TX C	Zip Code 78504 upation (for Individual) sician Year-to-Date ▼ 800.00	Date of Receipt 02 / 12 / 2016 Transaction ID : SA11AI.33213 Amount of Each Receipt this Period 400.00 Memo Item contribution
Full Name of Individual (Last, First, Middle B. Moncada, Armando, , Dr., Mailing Address 1421 North 2nd Street City McAllen FEC ID number of contributing federal political committee.	State TX	Zip Code 78504	Date of Receipt 03 Transaction ID : SA11AL.33565 Amount of Each Receipt this Period 400.00
Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify) ▼	phy	upation (for Individual) rsician Year-to-Date ▼ 1200.00	Memo Item contribution
Full Name of Individual (Last, First, Middle C. Morales, Carlos, , , Mailing Address 3325 Kent Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State TX C	Prganization Name Zip Code 78503 upation (for Individual) sician Year-to-Date ▼ 400.00	Date of Receipt 01 15 2016 Transaction ID : SA11AI.32861 Amount of Each Receipt this Period 400.00 Memo Item contribution
SUBTOTAL of Receipts This Page (optional)		1200.00

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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Any information copied from such Reports or for commercial purposes, other than us				or the		pose of								
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Full Name of Individual (Last, First, Mid A. Morales, Carlos, , ,	dle Initial) or Full O	rganization Name	Date of Receipt											
Mailing Address 3325 Kent Lane				02 12 2016										
City mcallen	State TX	Zip Code 78503		Transaction ID : SA11AI.33215										
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period											
Name of Employer (for Individual) selfemployed		upation (for Individual) sician	co	Montribut		tem								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00]											
Full Name of Individual (Last, First, Mid B. Morales, Carlos, , ,	dle Initial) or Full O	rganization Name	Date of Receipt											
Mailing Address 3325 Kent Lane				03 10 2016 Transaction ID : SA11AI.33567 Amount of Each Receipt this Period										
City _mcallen	State TX	Zip Code 78503												
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Name of Employer (for Individual) selfemployed		upation (for Individual) sician	со	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00]											
Full Name of Individual (Last, First, Mid Moreno, Leonel, , ,	dle Initial) or Full O	rganization Name		Date of	Re	ceipt								
Mailing Address 1608 Woods Drive				^M 01	1	15		2016	Y					
City mission	State TX	Zip Code 78572	A				SA11AI. Receipt th							
FEC ID number of contributing federal political committee.	С		ļ			,		250	_					
Name of Employer (for Individual) selfemployed Receipt For:	phys	upation (for Individual) sician	cc	Memo Item contribution										
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00]											
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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NAME OF COMMITTEE (In Fi	ull)													
BORDER HEALTH F	EDERAL PAC													
Full Name of Individual (Last, A. Moreno, Leonel, , ,	First, Middle Initial) or Full O	rganization Name	Data											
A. Moreno, Leonel, , , Mailing Address 1608 Woods I	Drivo		_	of R	1000	•								
Maining Address 1000 WOOds I	Diive		0		/	D D D	/ Y		016	Y				
City	State	Zip Code	Tra	insac	tio	n ID : S	SA11AI	.3321	17					
mission	TX	78572	Amount of Each Receipt this Period											
FEC ID number of contributing	C								250.0	00				
federal political committee.	0				- 7			-	1					
Name of Employer (for Individe	ual) Occi	upation (for Individual)	- U	Merr	no l'	tem								
selfemployed	phy	sician	contri	butior	n									
Receipt For:		Year-to-Date V												
Other (specify) ▼		500.00												
Full Name of Individual (Last,	First, Middle Initial) or Full O	rganization Name												
B. Moreno, Leonel, , ,			Date	of R	Rece	eipt								
Mailing Address 1608 Woods I	Drive		0		1	D D D 10	/ Y		16 [°]	Y				
City	State	Zip Code	Tra	nsac	tior	n ID : S	A11AI.	3356	69					
mission	TX	78572	Amo	unt o	of Ea	ach Re	eceipt th	nis P	eriod					
FEC ID number of contributing federal political committee.	C				-,		-	_	250.	00				
Name of Employer (for Individ selfemployed		upation (for Individual) sician	Memo Item											
Receipt For:		Year-to-Date ▼												
Primary Genera														
Other (specify) ▼		, 750.00												
Full Name of Individual (Last, C. O'Callaghan, William,		rganization Name	Date	of R	Rece	eipt								
Mailing Address 111 NE Augu	sta Square		0	3 ^M	/	D D 10	/ Y		16	Y				
City	State	Zip Code	Tra	ansac	ctio	n ID : S	SA11AI	.3357	73	_				
McAllen	ТХ	78504	Amo	unt o	of Ea	ach Re	eceipt th	nis P	eriod					
FEC ID number of contributing federal political committee.	C				,		9	_	100.	00				
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self-employed	,	sician	contri	butior	n									
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Primary Genera		300.00												
Other (specify)		300.00												
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A .	Full Name of Individual (Last, First, Middle Initial Ochoa, Alfonso, , Dr., Mailing Address 1901 W. 18th Street City Weslaco FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify) ▼	State TX C Occu phys Aggregate	upa sicia Yea	Zip Code 78596 tion (for Individual) an ar-to-Date V 300.00	Date of Receipt
В.	Full Name of Individual (Last, First, Middle Initial Ochoa, Ricardo, , Mr., Mailing Address 2421 N. 'J' Street City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify) ▼	State TX C Occu prive	upa ate	Zip Code 78501 tion (for Individual) investor ar-to-Date ▼ 300.00	Date of Receipt
с.	Full Name of Individual (Last, First, Middle Initial Ogunlana, Victor, , Dr., Mailing Address 2604 Santa Teresa City Mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	State TX C Occu docte	Jpa	nization Name Zip Code 78572 tion (for Individual) ar-to-Date ▼ 300.00	Date of Receipt 03 / 17 / 2016 Transaction ID : SA11AI.33577 Amount of Each Receipt this Period 100.00 Memo Item contribution

SUBTOTAL of Receipts This Page (optional)	"		y	-	 _
TOTAL This Period (last page this line number only)	 				

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

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

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X 11a 11b 11c 12 13 14 15 16 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 of Individual (Last, First, Middle Initial) or Full Organization Name Olveira, Noel, , Dr., Date of Receipt Α. Mailing Address 9917 Bentsen Road 1 2016 03 10 City State Zip Code Transaction ID : SA11AI.33579 TΧ McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Orfanos, Athanaji, , Dr., Date of Receipt Mailing Address 3013 Lakeshore Drive 03 10 2016 City State Zip Code Transaction ID : SA11AI.33580 ТΧ Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing С 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Osio, Armando, , , Date of Receipt Mailing Address 600 Tulip М 01 15 2016 City State Zip Code Transaction ID : SA11AI.32878 ТΧ mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 450.00 SUBTOTAL of Receipts This Page (optional).....

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)		R LINE N eck only a		:	PAGE	95	OF	1
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	×	11a	11b		1c	12		_
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC									
Full Name of Individual (Last, First, Middle Initial) or Full O A. Osio, Armando, , ,	rganization Name	1	Date of F	Receipt					
Mailing Address 600 Tulip			M M 02	/ 12	D /	Y	y y 2016	Y	1

			Date of Receipt
Mailing Address 600 Tulip			02 12 2016
City	State	Zip Code	
mcallen	TX	78504	Transaction ID : SA11AI.33232 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individ	ual) Occu	pation (for Individual)	Memo Item
selfemployed	,	ician	contribution
Receipt For:		Year-to-Date V	
Primary General Other (specify) ▼		500	.00
Full Name of Individual (Last, Osio, Armando, , ,	First, Middle Initial) or Full Or	ganization Name	Date of Receipt
Mailing Address 600 Tulip			03 / D D / Y Y Y Y 03 10 2016
City	State	Zip Code	Transaction ID : SA11AI.33584
mcallen	TX	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer (for Individ selfemployed		ipation (for Individual) sician	Memo Item contribution
Receipt For: Primary Genera Other (specify) ▼		Year-to-Date ▼ 750	.00
Full Name of Individual (Last, Otero, Fernando, , ,	First, Middle Initial) or Full Or	ganization Name	Date of Receipt
Mailing Address 121 E. Quam #148	asia		01 15 2016
City	State	Zip Code	Transaction ID : SA11AI.32880
mcallen	TX	78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		400.00
Name of Employer (for Individ selfemployed	ual) Occu phys	pation (for Individual) ician	Memo Item contribution
Receipt For: Primary Genera Other (specify)		Year-to-Date ▼ 400	.00
UBTOTAL of Receipts This Pa			900.00

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

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X 11a 11b 12 11c 14 13 15 16 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 of Individual (Last, First, Middle Initial) or Full Organization Name Palimar, Prakash, , , Date of Receipt Α. Mailing Address 121 Canary М 1 2016 01 15 City Zip Code State Transaction ID : SA11AI.32884 TΧ mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Palimar, Prakash, , , Date of Receipt Mailing Address 121 Canary 02 12 2016 City State Zip Code Transaction ID : SA11AI.33238 ТΧ mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Palimar, Prakash, , , Date of Receipt Mailing Address 121 Canary MM 03 10 2016 City Zip Code State Transaction ID : SA11AI.33590 ТΧ mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional).....

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SCHEDULE A	(FEC Form 3X)
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SCHEDULE A	(FEC Form 3X)
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Weslaco FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self employed Receipt For: Primary General Other (specify) ▼	phy	78596 Supation (for Individual) /sician Year-to-Date ▼ , 400.00	Amount of Each Receipt this Period 200.00 Memo Item contribution
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SCHEDULE A	(FEC	Form	3X)
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SCHEDULE A	(FEC Form 3X)
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SCHEDULE A (FEC Form 3X)	
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X 11a 11b 11c 12 13 14 15 16 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 of Individual (Last, First, Middle Initial) or Full Organization Name Reddy, R.V., , , Date of Receipt Α. Mailing Address 1500 Southland Drive M M 1 2016 02 12 City State Zip Code Transaction ID : SA11AI.33271 TΧ weslaco 78596 Amount of Each Receipt this Period FEC ID number of contributing С 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Reddy, R.V., , , Date of Receipt Mailing Address 1500 Southland Drive 03 10 2016 City State Zip Code Transaction ID : SA11AI.33624 ТΧ weslaco 78596 Amount of Each Receipt this Period FEC ID number of contributing С 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 375.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Reddy, Vangala, , , Date of Receipt Mailing Address 605 Tulip MM 02 12 2016 City State Zip Code Transaction ID : SA11AI.33272 ТΧ mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 450.00 SUBTOTAL of Receipts This Page (optional).....

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SCHEDULE A	(FEC	Form	3X)
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	ny information copied from such Reports and S for commercial purposes, other than using the										
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В.	Conter (specify) ▼ Full Name of Individual (Last, First, Middle Init Ringheanu, Mihaela, , Dr., Mailing Address 3214	ial) or Full C	1200.00 Organization Name	Date of Receipt							
	Banyan Circle City Harlingen FEC ID number of contributing federal political committee. Name of Employer (for Individual)	State TX C	Zip Code 78550	02 12 2016 Transaction ID : SA11AI.33276 Amount of Each Receipt this Period 125.00 Memo Item							
	Self employed Receipt For: Primary General Other (specify) ▼		vsician Year-to-Date ▼ 250.00	contribution							
C.	Full Name of Individual (Last, First, Middle Init Ringheanu, Mihaela, , Dr., Mailing Address 3214 Banyan Circle City Harlingen FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self employed Receipt For: Primary General Other (specify)	State TX C	Drganization Name Zip Code 78550 upation (for Individual) sician Year-to-Date ▼ 375.00	Date of Receipt							
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A.	Full Name of Individual (Last, First, Middle Ini Rodriquez, Edgar, , Dr.,	tial) or Full O	rganization Name	Date of Receipt								
	Mailing Address 815 Crown Circle			03 / D D / Y Y Y Y 03 / 10 / 2016								
	City Edinburg	State TX	Zip Code 78539	Transaction ID : SA11AI.33637 Amount of Each Receipt this Period								
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υ.	Mailing Address 208 W. Pelician			02 12 2016								
	City	State	Zip Code	Transaction ID : SA11AI.33286								
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	City Mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.33639 Amount of Each Receipt this Period								
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	self-employed	priva	te investor	с	ontribu	tion											
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	Full Name of Individual (Last, First, Middle In	itial) or Full Or	ganization Name														
В.	Saenz, Javier, , ,				Date o	f Rec	eipt										
	Mailing Address 2308 Monaco Drive			01 / D D / Y Y Y Y 01 15 2016													
	City	State	Zip Code		Trans	sactio	n ID :	SA11AI.	32935								
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	Mailing Address 2308 Monaco Drive				02	1	D 12		2016 Y	Y							
	City	State	Zip Code		Tran	sactio	on ID	: SA11AI	.33290								
	mission	TX	78574		Amoun	t of E	Each I	Receipt th	nis Perioo	k							
	FEC ID number of contributing federal political committee.	С			400.00												
	Name of Employer (for Individual)	Occu	pation (for Individual)			lemo	ltem										
	selfemployed	physi	cian	c	contribution												
	Receipt For: Primary General Other (specify)	Aggregate															
s	UBTOTAL of Receipts This Page (optional)		•	 				,	875	.00							

TOTAL This Period (last page this line number only)......

FEC Schedule A (Form 3X) Rev. 06/2016

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS					R LINE eck onl 11a 13				PAGE 11c 15	E 117		182
	y information copied from such Reports and St for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC											
Α.	Full Name of Individual (Last, First, Middle Initi Saenz, Javier, , ,	ial) or Full O	Orgar	nization Name		Date o	of Re	ceipt					
	Mailing Address 2308 Monaco Drive					03	/	D 10		/ Y	2016		1
	City	State		Zip Code		Trans	sacti	on ID	: SA	11AI.3	33643		
	mission	ТХ		78574		Amoun	t of	Each I	Rece	eipt thi	s Perio	bd	
	FEC ID number of contributing federal political committee.	С						-		- -	40	0.00	
	Name of Employer (for Individual)		•	ion (for Individual)				Item					
	selfemployed	phy	sicia	n	c	ontribu	tion						
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
	Primary General	4000.00											
	Other (specify) v	L	7	1200.00									
В.	Full Name of Individual (Last, First, Middle Initi Saenz, JJ, , ,	ial) or Full O	Orgar	nization Name		Date o	f Re	ceipt					
	Mailing Address 2400 S.E. Augusta Square					01	/	D 15		/ Y	2016	Y]
	City	State		Zip Code		Trans	sacti	on ID :	: SA	11AI.3	2937		
	mcallen	TX		78503		Amoun	t of	Each I	Rece	əipt thi	s Perio	bd	
	FEC ID number of contributing federal political committee.	С							_	-9	40	0.00	
	Name of Employer (for Individual) selfemployed		cupat /sicia	ion (for Individual) In	c	Contribution							
	Receipt For:			r-to-Date ▼									
	Primary General	riggiogato	Tou		11.								
	Other (specify) ▼	L	,	400.00									
C.	Full Name of Individual (Last, First, Middle Init Saenz, JJ , , ,	ial) or Full O	Orgar	nization Name		Date o	f Re	ceipt					
	Mailing Address 2400 S.E. Augusta Square					02 ^M	/	D 12		/ Y	2016	Y	1
	City	State		Zip Code		Trans	sacti	ion ID	: SA	11AI.3	33292		
	mcallen	TX		78503		Amoun	t of	Each I	Rece	eipt thi	s Peric	bd	
	FEC ID number of contributing federal political committee.	С				<u> </u>		y .	_	y	40	0.00	
	Name of Employer (for Individual) selfemployed		upat sicia	ion (for Individual) n	c	N N		Item					
	Receipt For: Primary General Other (specify)	Aggregate	1										

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) (check only one) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17								
				person for the purpose of soliciting contributions e to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC										
Α.	0 11											
	mcallen	State TX	Zip Code 78503	Transaction ID : SA11AI.33645 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		400.00								
	Name of Employer (for Individual)		upation (for Individual)	Memo Item								
	selfemployed Receipt For:	1	sician	contribution								
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00	1								
B.	Full Name of Individual (Last, First, Middle Safir, Larry, , ,	Initial) or Full O	rganization Name	Date of Receipt								
	Mailing Address 3300 S. 2nd suite 10			01 15 / Y Y Y Y 2016								
	City	State	Zip Code	Transaction ID : SA11AI.32938								
	mcallen	TX	78503	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		400.00								
	Name of Employer (for Individual) self-employed		upation (for Individual) ate investor	Memo Item contribution								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00]								
<u>с</u> .	Full Name of Individual (Last, First, Middle Safir, Larry, , ,	Initial) or Full O	rganization Name	Date of Receipt								
	Mailing Address 3300 S. 2nd suite 10			M M / D D / Y Y Y Y 02 12 2016								
	City mcallen	State TX	Zip Code 78503	Transaction ID : SA11AI.33293 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		400.00								
	Name of Employer (for Individual) self-employed		upation (for Individual) ate investor	Contribution								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 800.00	1								
s	SUBTOTAL of Receipts This Page (optional)			1200.00								

TOTAL This Period (last page this line number only)......

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

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

(check only one)

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ITEIWIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12											
			13 14 15 16											
			e to solicit contributions from such committee.											
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDEI	RAL PAC													
Full Name of Individual (Last, First, Mi A. Safir, Larry, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt 03 10 2016											
Mailing Address 3300 S. 2nd														
suite 10	State	Zip Code	Transaction ID : SA11AI.33646											
mcallen	TX	78503	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		400.00											
Nome of Employer (for Individual)	0.00	unotion (for Individual)	Memo Item											
Name of Employer (for Individual)		upation (for Individual)												
self-employed Receipt For:		ate investor	contribution											
Primary General	Aggregate	Year-to-Date ▼	_											
Other (specify) ▼		1200.00]											
Full Name of Individual (Last, First, Mi B. Salazar, Juan, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt											
Mailing Address 801 E Nolana Loop			01 / Y Y Y Y Y 2016											
City	State	Zip Code	Transaction ID : SA11AI.32939											
McAllen	ТХ	78504	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C		250.00 Memo Item contribution											
Name of Employer (for Individual) selfemployed		upation (for Individual) sician												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]											
Full Name of Individual (Last, First, Mi C. Salazar, Juan, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt											
Mailing Address 801 E Nolana Loop			02 12 2016											
City	State	Zip Code	Transaction ID : SA11AI.33294											
McAllen	TX	78504	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		250.00											
Name of Employer (for Individual) selfemployed	Occu phys	ipation (for Individual) ician	Contribution											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00]											
SUBTOTAL of Receipts This Page (option	 onal)		900.00											

TOTAL This Period (last page this line number only)......

FEC Schedule A (Form 3X) Rev. 06/2016

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
			person for the purpose of soliciting contributions be to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC									
Full Name of Individual (Last, First, Midd A. Salazar, Juan, , , Mailing Address 801 E Nolana Loop City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	State TX C	Zip Code 78504 upation (for Individual) sician Year-to-Date ▼ 750.00	Date of Receipt 03 / 10 / 2016 Transaction ID : SA11AI.33647 Amount of Each Receipt this Period 250.00 Memo Item contribution							
Full Name of Individual (Last, First, Midd B. Salinas, Benjamin, , Dr., Mailing Address 801 W. 2th City Mercedes	lle Initial) or Full C	Zip Code 78578	Date of Receipt							
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self employed Receipt For: Primary General Other (specify) ▼	C Occ phy	Proof of a second seco	Memo Item contribution							
Full Name of Individual (Last, First, Midd C. Salinas, Mariano, , Dr., Mailing Address 2203 Red River City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State TX C	Drganization Name Zip Code 78572 upation (for Individual) sician Year-to-Date ▼ 300.00	Date of Receipt							
SUBTOTAL of Receipts This Page (option	al)		450.00							

TOTAL This Period (last page this line number only)......

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS			for each category of the Detailed Summary Page		_	11a 13		11b 14	11c	12	17	
	ny information copied from such Reports and St for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC											
Α.	Full Name of Individual (Last, First, Middle Initi Sanchez, Elisa, Garza, , Mailing Address 3509 N. Glasscock	ial) or Full C	Drga	nization Name		Da	ate of	f Re	ceipt	D / Y	2016		
	City	State TX		Zip Code						: SA11AI			
	Mission			78574	_	An	nount	t of	Each	Receipt t	nis Perio	bd	
	FEC ID number of contributing federal political committee.	С	_			Ę	_		7		12	5.00	
	Name of Employer (for Individual) Self employed	Occ phy	•	tion (for Individual) an	c	con	M tribut		Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 250.00									
В.	Full Name of Individual (Last, First, Middle Initi Sanchez, Elisa, Garza, ,	ial) or Full C	Drga	nization Name		Da	ite of	f Re	ceipt				
	Mailing Address 3509 <u>N. Glasscock</u> City	State		Zip Code	03 / D D / Y Y Y Y 2016								
	Mission	TX		78574		Transaction ID : SA11AI.33651 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С				Ľ			,		12	5.00	
	Name of Employer (for Individual) Self employed		cupa ysici	tion (for Individual) an	c	cont	M tribut		Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 375.00									
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi Sanchez, Manuel, , ,	ial) or Full C	Drga	nization Name		Da	ite of	f Re	ceipt				
	Mailing Address 2804 Santa Lydia					N	03	/	D 1(2016	Y	
	City mission	State TX		Zip Code 78572	_					: SA11AI Receipt tl		od	
	FEC ID number of contributing federal political committee.	С			100.00								
	Name of Employer (for Individual) selfemployed	Occ phys	•	tion (for Individual) an		con	M tribut		Item				
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 300.00									
s	UBTOTAL of Receipts This Page (optional)					Γ					35	0.00	

TOTAL This Period (last page this line number only)......

SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS			or each category of the Detailed Summary Page	×	11a 13		11b 14	11c		12 16	17			
	ny information copied from such Reports and St for commercial purposes, other than using the														
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	PAC													
Α.	Full Name of Individual (Last, First, Middle Initi Serna, Samuel, , Dr., Mailing Address 125 E. Cornell City	amuel, , Dr., iress 125 E. Cornell State Zip Code					Л		0 / : SA114	20	016 56	Y			
	McAllen	ТХ	78504	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)				no Item								
	self-employee Receipt For:	phys				ontribu	Itioi	ו							
	Primary General Other (specify) ▼	Aggregate	yea	ar-to-Date ▼ 300.00											
в.	Full Name of Individual (Last, First, Middle Initi Shuaib, Tawhid, , ,	al) or Full O	rga	nization Name		Date o	of F	leceipt							
	Mailing Address 4000 Burns Drive						Л	/ D	5		016 016	Y			
	City	State		Zip Code		Tran	sac	tion ID	: SA11A	1.329	50				
	mcallen	TX		78503	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		400.00											
	Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician					contribution								
	Receipt For: Primary General Other (specify) ▼	Aggregate	ar-to-Date ▼ 400.00												
с.	Full Name of Individual (Last, First, Middle Initi Shuaib, Tawhid, , ,	al) or Full O	rga	nization Name		Date o	of F	leceipt							
	Mailing Address 4000 Burns Drive					[™] 02	Λ	/ D 1	^D /2		016 [°]	Y			
	City mcallen	State TX		Zip Code 78503					: SA11/ Receipt						
	FEC ID number of contributing federal political committee.	С			400.00										
	Name of Employer (for Individual) selfemployed	Occu phys	•	tion (for Individual) n	c	N ontribu		no Item n							
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 800.00											
s	UBTOTAL of Receipts This Page (optional)			•			l	7	5		900.	00			

TOTAL This Period (last page this line number only)......

Primary

Other (specify)

General

m	age# 201610159032555166									
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		f	Jse separate schedule(s) or each category of the Detailed Summary Page	(chec	LINE N k only 11a 13	IUMBEF one)	R: PAC	GE 123	OF 182
	ny information copied from such Reports and for commercial purposes, other than using the				person fo	r the p	urpose d	of solicitin	g contrib	utions
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL Full Name of Individual (Last, First, Middle In	PAC								
Α.	Shuaib, Tawhid, , , Mailing Address 4000 Burns Drive	,			_	ate of F	Receipt	D / 1	/ Y Y	Y
	City mcallen	State TX		Zip Code 78503				: SA11A		
	FEC ID number of contributing federal political committee.	С				nount c		Receipt t		u 0.00
	Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	phy	vsicia	ion (for Individual) in ir-to-Date ▼ 1200.00	cor	Men	no Item			
B.	Full Name of Individual (Last, First, Middle In Slavin, Dennis, , , Mailing Address 1501 S. Oklahoma	hitial) or Full C	Drgar	nization Name	D:	ate of F	Receipt		2016	Y
	City weslaco	State TX		Zip Code 78596		Transad	tion ID	: SA11AI Receipt t	.33662	
	FEC ID number of contributing federal political committee.	С								0.00
	Name of Employer (for Individual) selfemployed		cupat /sicia	tion (for Individual) an	cor	Mer	no Item n			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 300.00]					
C.	Full Name of Individual (Last, First, Middle In Solis, Joel, , ,	nitial) or Full C	Drgar	nization Name	Da	ate of F	Receipt			
	Mailing Address 405 E. Avocet	State		Zip Code	_ L	02 Transa	ction ID		2016 I.33311	Ŷ
	Mcallen	ТХ	_	78501	Ar	mount o	of Each	Receipt t	his Perio	d
	FEC ID number of contributing federal political committee.	С			ļĻ			y	150	0.00
	Name of Employer (for Individual) self-employed		upat sicia	ion (for Individual) n	cor	Mer ntributio	no Item n			
	Receipt For:	Anareaste	Yea	r-to-Date ▼						

SUBTOTAL of Receipts This Page (optional)	L		9		9	65	0.00	
TOTAL This Period (last page this line number only)	Г							7
	-		7		7		-	

300.00

- 10

Aggregate Year-to-Date ▼

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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11	EMIZED RECEIPTS			r each category of the etailed Summary Page	×	11a			11b 14	11c	12	17						
	y information copied from such Reports and Sta for commercial purposes, other than using the																	
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC																
Α.		al) or Full C	Drgani	zation Name	_	Date	of I	Rec	ceipt									
	Mailing Address 405 E. Avocet	State	·	Zip Code	03 10 2016 Transaction ID : SA11AL33664													
	Mcallen	TX							Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			150.00													
	Name of Employer (for Individual) self-employed		cupatio vsician	on (for Individual)	c	ontrib			Item									
	Receipt For:	Aggregate	Year	to-Date ▼ 450.00														
В.	Full Name of Individual (Last, First, Middle Initia Soto, Hector, , Dr.,		Date	of I	Red	ceipt												
	Mailing Address 101 South Greenbriar	-		Zip Code	01 / D / Y Y Y Y 2016													
	City McAllen	State TX						SA11AI. Receipt th		d								
	FEC ID number of contributing federal political committee.	С	C					400.00										
	Name of Employer (for Individual) self-employee		Occupation (for Individual) physician						Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	to-Date ▼ 400.00														
с.	Full Name of Individual (Last, First, Middle Initia Soto, Hector, , Dr.,	al) or Full C	Organi	zation Name		Date	of I	Rec	ceipt									
	Mailing Address 101 South Greenbriar					^M 02	-	/	D 12		2016	Y						
	City McAllen	State TX		Zip Code 78502						SA11AI Receipt th		d						
	FEC ID number of contributing federal political committee.	С				<u> </u>			y .			0.00						
	Name of Employer (for Individual) self-employee		cupation sician	on (for Individual)	Memo Item contribution													
	Receipt For: Primary General Other (specify)	Aggregate	Year	to-Date ▼ 800.00														
s	UBTOTAL of Receipts This Page (optional)	•					,	,	950	.00								
т	OTAL This Period (last page this line number o	nly)				Ľ			-									

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 125 OF 182 (check only one) 11a 11a 11b 13 14 15 16 17									
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions									
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC											
Α.	Full Name of Individual (Last, First, Middle Ini Soto, Hector, , Dr.,	tial) or Full O	rganization Name	Date of Receipt									
	Mailing Address 101 South Greenbriar			03 / D D / Y Y Y Y 2016									
	City McAllen	State TX	Zip Code 78502	Transaction ID : SA11AI.33665 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		400.00									
	Name of Employer (for Individual) self-employee		upation (for Individual) sician	Contribution									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00]									
в.	Full Name of Individual (Last, First, Middle Ini Swarup, Jyothi, , Dr., Mailing Address 8109 N. 1st Street	tial) or Full O	rganization Name	Date of Receipt									
	City McAllen	State TX	Zip Code 78504	03 10 2016 Transaction ID : SA11AI.33669 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		100.00									
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Memo Item contribution									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]									
с.	Full Name of Individual (Last, First, Middle Ini Tey, Alejandro, , ,	tial) or Full O	rganization Name	Date of Receipt									
	Mailing Address 3012 Laurie Lane	State	Zip Code	01 / D D / Y Y Y Y 01 15 2016									
	Edinburg	TX	78539	Transaction ID : SA11AI.32964 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		250.00									
	Name of Employer (for Individual) Self employed		upation (for Individual) sician	Contribution									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00]									

SUBTOTAL of Receipts This Page (optional)					75	0.00	1
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		 	1	 		-	
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s)		R LINE	NUMBI	ER:	PAGE	126 OF	182
	EIVIIZED RECEIPIS		for each category of the Detailed Summary Page	1	K 11a	11b		11c	12	
			Dotallou Ourilliary Pago		13	14		15	16	17
	y information copied from such Reports and S for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC								
А.	Full Name of Individual (Last, First, Middle In Tey, Alejandro, , ,	itial) or Full C	Organization Name		Date o	f Receip	t			
	Mailing Address 3012 Laurie Lane				02 ^M	/ D	D 12	/ Y	ү ү 2016	Y
	City	State	Zip Code		Trans	saction I	D : S	A11AI.3	3319	
	Edinburg	TX	78539		Amoun	t of Eac	h Re	ceipt this	Period	
	FEC ID number of contributing federal political committee.	С							250.0	0
	Name of Employer (for Individual)	Occ	upation (for Individual)		м	lemo Itei	n			
	Self employed		sician		contribu					
	Receipt For:			`	Jonnibu	lion				
	Primary General	Aggregate	Year-to-Date ▼							
	Other (specify) ▼		500.00							
В.	Full Name of Individual (Last, First, Middle In Tey, Alejandro, , , Mailing Address 3012 Laurie Lane	itial) or Full C	Organization Name		Date o	f Receip	t	/ Y	YYY	Ý
			1		03		10		2016	
	City	State	Zip Code		Trans	action I	D : S	A11AI.33	3672	_
	Edinburg	ТХ	78539		Amoun	t of Eac	h Re	ceipt this	Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>			-9	250.0	0
	Name of Employer (for Individual) Self employed		upation (for Individual) vsician		M	lemo Itei tion	n			
	Receipt For:	Aggregate	Year-to-Date V							
	Other (specify) ▼		750.00							
C.	Full Name of Individual (Last, First, Middle In Trejo, Jose, , ,	itial) or Full C	Organization Name		Date o	f Receip	t			
	Mailing Address 112 S. Broadway				01 ^M	/ D	15	/ Y	2016	Y
	City	State	Zip Code		Trans	saction	D : S	5A11AI.3	2967	
	mcallen	TX	78501		Amoun	t of Eac	h Re	ceipt this	Period	
	FEC ID number of contributing federal political committee.	С				. ,		y	250.0	0
	Name of Employer (for Individual)	000	upation (for Individual)		N	lemo Ite	m			
	self-employed		ate investor		contribu	tion				
	Receipt For:		Year-to-Date V							
	Primary General Other (specify)	Ayyreyale	250.00							

SUBTOTAL of Receipts This Page (optional)						9	750	0.00	
TOTAL This Period (last page this line number only)	Г			-		-			

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

FOR LINE NUMBER:

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182

			Use separate schedule(s)	(check only one)									
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a 13	111		11c	12		17		
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Α.	Full Name of Individual (Last, First, Middle Initi Trejo, Jose, , ,	al) or Full C	Organization Name		Date of	Receip	ot						
	Mailing Address 112 S. Broadway				м м 02	/ 0	12	/ Y	201				
	City mcallen	State TX	Zip Code 78501	Transaction ID : SA11AI.33322 Amount of Each Receipt this Period									
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	Name of Employer (for Individual) self-employed		upation (for Individual) ate investor	c	Me contribut	emo Ite ion	m						
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	Mailing Address 9123 1st Street				03 ^M	/ D	10	/ Y	2016				
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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Any information copied from such Reports and Statements may not be sold or used by any per or for commercial purposes, other than using the name and address of any political committee						for the		pose		soliciting		ntribut	ions				
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	٩C															
A.	Full Name of Individual (Last, First, Middle Initial Turley, Susan, , , Mailing Address 312 Thunderbird	l) or Full Or	rgar	nization Name		Date of Receipt											
	City mcallen	State TX		Zip Code 78504		01 15 2016 Transaction ID : SA11AI.32970											
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period												
	Name of Employer (for Individual) self-employed	phys	sicia		C	M) Item	I								
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в.	Full Name of Individual (Last, First, Middle Initial Turley, Susan, , ,	l) or Full Or	rgai	nization Name		Date of	Re	eceipt									
Mailing Address 312 Thunderbird							02 12 2016										
	CityStateZip CodemcallenTX78504						Transaction ID : SA11AI.33325 Amount of Each Receipt this Period										
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	Name of Employer (for Individual) self-employed	Occu phys	•	tion (for Individual) an	c	Contribution											
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	Mailing Address 312 Thunderbird					03	1		10 D	/ Y		016	Y				
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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

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Any or fo	information copied from such Reports and St or commercial purposes, other than using the	atements ma name and a	ly not be sold or used by any p ddress of any political committe	person e to s	for the	e pi ontr	urpose o ibutions	f soliciting from such	contribut	tions :ee.			
	IAME OF COMMITTEE (In Full)												
	BORDER HEALTH FEDERAL F	PAC											
F A.	ull Name of Individual (Last, First, Middle Initi Twahirwa, Marcel, , ,	ial) or Full O	rganization Name		Date	of F	Receipt						
N	Aailing Address 2403 El Encino Drive				[™] 01	VI	/ 15		2016	Y			
ō	Dity	State	Zip Code		Trar	sad	tion ID	: SA11AI.:	32971				
1	mission	TX	78572	Amount of Each Receipt this Period									
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	selfemployed		sician		contrib	utio	n						
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N	Aailing Address 2403 El Encino Drive				M 02	VI	/ 12		2016	Y			
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r	nission	ТХ	78572					Receipt th					
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	Name of Employer (for Individual) elfemployed		upation (for Individual) sician	c	l contribu		no Item n						
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N	Aailing Address 2403 El Encino Drive				03	VI	/ 10		2016	Y			
C	Dity	State	Zip Code		Trar	Isa	ction ID	: SA11AI.	33679				
	mission	TX	78572		Amou	nt c	of Each I	Receipt th	is Period				
	EC ID number of contributing ederal political committee.						,		250.0	00			
	lame of Employer (for Individual) selfemployed	Occupation (for Individual) physician				Ven utio	no Item n						
F	Receipt For:	Aggregate	Year-to-Date 🔻										
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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Α.	Full Name of Individual (Last, First, Middle In Valladares, Theresa, , Dr.,	itial) or Full O	rganization Name		Dat	e o	f Rec	ceipt						
	Mailing Address 2302 Red River Drive				M M / D D / Y Y Y Y 03 10 2016									
	City Mission	State TX	Zip Code 78572						: SA11AI. Receipt th					
	FEC ID number of contributing federal political committee.	С		Ē			y		100	.00				
	Name of Employer (for Individual) selfemployed		ipation (for Individual) iician	(cont		lemo tion	Item						
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	Mailing Address 2548 Palm Circle				M	02		D 12		2016	Y			
	City rio grande city	State TX	Zip Code 78582						: SA11AI Receipt th					
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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11			for each category of the Detailed Summary Pag		X 11	-	11	- H	11c		12 16	17
	ny information copied from such Reports and St for commercial purposes, other than using the				son for	the p	urpos	se of	soliciting	g con	ntributi	ons
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	Mailing Address 2548 Palm Circle					03	/	10	/ Y		16	Y
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— B	Full Name of Individual (Last, First, Middle Initi Vela, Efraim, , Dr.,	ial) or Full O	rganization Name		Dat	e of	Recei	ot				
2.	Mailing Address 100 E. Ridge Road #B				м	01	_	15	/ Y	20 ²	, 16	Ŷ
	City McAllen	State TX	Zip Code 78503						SA11AI. eceipt th			
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	Name of Employer (for Individual) selfemployed	Occi phy:	contr	Me ibutic	mo Ite on	əm						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.0	00								
— c.	Full Name of Individual (Last, First, Middle Initi Vela, Efraim, , Dr.,	ial) or Full O	rganization Name		Dat	e of	Recei	pt				
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	City McAllen	State TX	Zip Code 78503						SA11AI. eceipt th			
FEC ID number of contributing federal political committee.							y		. y		250.0	0
	Name of Employer (for Individual) selfemployed		Occupation (for Individual) physician					em				
	Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00											
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FEC Schedule A (Form 3X) Rev. 06/2016

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:

(check only one)

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X 11a 11b 11c 12 13 14 15 16 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 of Individual (Last, First, Middle Initial) or Full Organization Name Vela, Efraim, , Dr., Date of Receipt Α. Mailing Address 100 E. Ridge Road #B 1 2016 03 10 City Zip Code State Transaction ID : SA11AI.33686 TΧ McAllen 78503 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Verdoreen, Ramiro, , , Date of Receipt Mailing Address 301 E. Newport 02 12 2016 City State Zip Code Transaction ID : SA11AI.33336 ТΧ mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing С 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Verdoreen, Ramiro, , , Date of Receipt Mailing Address 301 E. Newport MM 03 10 2016 City State Zip Code Transaction ID : SA11AI.33689 ТΧ mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing С 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 650.00 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

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

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		Detailed Summary Page	×	-		11b	11c		12					
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NAME OF COMMITTEE (In Full)														
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Full Name of Individual (Last, First, N A. Villalta, Carlos, , ,	liddle Initial) or Full O	rganization Name		Date of	f R	eceipt								
Mailing Address P. O. Box 1632				м м 02	1	12			016	Y				
City	State	Zip Code		Trans	act	tion ID :	SA11AL	333	38					
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Mailing Address 901 W. Moore				^M 03	1	/ D D D)16	Y				
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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	EMIZED RECEIPTS			for each category of the Detailed Summary Page	×	11a 13		11b)	11c 15		2	17		
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC													
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	mcallen	TX		78504	Transaction ID : SA11AI.32987										
			_	70304	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			400.00										
	Name of Employer (for Individual)	Occ	upa	tion (for Individual)		Ν	/lemo	o Iter	m						
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	Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician					Memo Item contribution								
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	mcallen	TX		78504		Amour	nt of	Eac	h Re	eceipt t	his Pe	riod			
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FEC Schedule A (Form 3X) Rev. 06/2016

SCHEDULE A	(FEC	Form	3X)
ITEMIZED RE	CEIPTS	5	

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

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X 11a 11b 12 11c **Detailed Summary Page** 14 13 15 16 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 of Individual (Last, First, Middle Initial) or Full Organization Name Vitko, Roger, , , Date of Receipt Α. Mailing Address 1017 south 1st M M 1 2016 01 15 City Zip Code State Transaction ID : SA11AI.32989 TΧ mcallen 78502 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Vitko, Roger, , , Date of Receipt Mailing Address 1017 south 1st 02 12 2016 City State Zip Code Transaction ID : SA11AI.33343 ТΧ mcallen 78502 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 800.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Vitko, Roger, , , Date of Receipt Mailing Address 1017 south 1st MM 03 10 2016 City State Zip Code Transaction ID : SA11AI.33696 ТΧ mcallen 78502 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) 1200.00 SUBTOTAL of Receipts This Page (optional).....

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
	ny information copied from such Reports and St for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC										
A.	Full Name of Individual (Last, First, Middle Init Walker, Raymond, , , Mailing Address 1117 Shallow	ial) or Full Or	rganization Name	Date of Receipt								
	apt 4			01 / D D / Y Y Y Y 01 15 2016								
	City	State	Zip Code	Transaction ID : SA11AI.32990								
	mcallen	ТХ	78504	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		250.00								
	Name of Employer (for Individual)	Occu	upation (for Individual)	Memo Item								
	self-employed	priva	ate investor	contribution								
	Receipt For: Primary General	Aggregate	Year-to-Date V									
	Other (specify) ▼		250.00]								
в.	Full Name of Individual (Last, First, Middle Init Walker, Raymond, , ,	ial) or Full Or	rganization Name	Date of Receipt								
	Mailing Address 1117 Shallow apt 4		02 / Y Y Y Y 2016									
	City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.33344								
			70504	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		250.00								
	Name of Employer (for Individual) self-employed		upation (for Individual) ate investor	contribution								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]								
с.	Full Name of Individual (Last, First, Middle Init Walker, Raymond, , ,	ial) or Full Or	rganization Name	Date of Receipt								
	Mailing Address 1117 Shallow apt 4			03 / D D / Y Y Y Y 10 2016								
	City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.33697								
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period								
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			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1	7								
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	Mailing Address 111 Rio Grande			03 10 2016									
	City mission	State TX	Zip Code 78572	Transaction ID : SA11AI.33699 Amount of Each Receipt this Period									
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	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Memo Item contribution									
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в.	Full Name of Individual (Last, First, Middle In Yarra, Subbarrao, , ,	itial) or Full O	Organization Name	Date of Receipt									
	Mailing Address 6905 <u>N. Cynthia</u> City	State	Zip Code	03 / D D / Y Y Y Y 03 10 2016									
	McAllen	TX	78504	Transaction ID : SA11AI.33705 Amount of Each Receipt this Period									
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	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_									
	Other (specify) V	L	300.00										
с.	Full Name of Individual (Last, First, Middle In Zaleski, Christopher, , Dr.,	itial) or Full O	Organization Name	Date of Receipt									
	Mailing Address 6804 N. 1st			01 / D D / Y Y Y Y 2016									
	City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.32999									
			78504	Amount of Each Receipt this Period	e.								
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	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Memo Item contribution									
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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X 11a 11b 11c 12 **Detailed Summary Page** 13 14 15 16 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 of Individual (Last, First, Middle Initial) or Full Organization Name Zaleski, Christopher, , Dr., Date of Receipt Α. Mailing Address 6804 N. 1st 2016 02 12 City Zip Code State Transaction ID : SA11AI.33353 TΧ mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Zaleski, Christopher, , Dr., Date of Receipt Mailing Address 6804 N. 1st 03 10 2016 City State Zip Code Transaction ID : SA11AI.33706 ТΧ mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 750.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Zapata, Hugo, , , Date of Receipt Mailing Address 316 Xenops М 01 15 2016 City State Zip Code Transaction ID : SA11AI.33000 ТΧ mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 900.00 SUBTOTAL of Receipts This Page (optional).....

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SCHEDULE A	(FEC	Form	3X)
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PAGE 140 OF

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	Mailing Address 2401 W. Rhin Drive				01 / D D / Y Y Y Y 2016													
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Α.	Full Name (Last, First, Middle Initial) Gonzales-Leal, Nicole, , ,				Date of Disbursement												
	Mailing Address 2401 W. Rhin Drive						01 / 22 2016										
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	Mailing Address 2401 W. Rhin Drive		02 05 2016														
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C.	Jasso, Prisylla, , Ms,						Date	_	isburse		ent	Y Y	Y Y				
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC													
Full Name (Last, First, Middle Initial) A. Jasso, Prisylla, , Ms,				Date of Disbursement										
Mailing Address 213 Quail Court				01 25 2016										
City McAllen	State TX	Zip Code 78502		FEC Identification Number										
Purpose of Disbursement contract services - salary expenditure Candidate Name			001	C Transaction ID : SB21B.33724										
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Senate President							Memo Item							
Full Name (Last, First, Middle Initial) B. Jasso, Prisylla, , Ms,				Date of Di	sburse	ement								
Mailing Address 213 Quail Court				02 05 2016										
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Purpose of Disbursement contract services - salary expenditure Candidate Name			001 Category/	C Transaction ID : SB21B.33725 Amount of Each Disbursement this Period										
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Mailing Address 213 Quail Court				M M /	D 1	9	2016							
City McAllen	State TX	Zip Code 78502		FEC Identi	ficatio	n Numbe	r							
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SCHEDULE B (FEC Form 3X)	Use sen	arate schedule(s)	-	OR LINE NUMBER: PAGE 147 OI check only one)											
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Any information copied from such Reports and Stat or for commercial purposes, other than using the na				erson	for the	purpo	ose c	of solicit	ing contributions						
NAME OF COMMITTEE (In Full)	٩C														
Full Name (Last, First, Middle Initial) Jasso, Prisylla, , Ms,					Date of Disbursement										
Mailing Address 213 Quail Court															
City McAllen	State TX	Zip Code 78502			FEC Identification Number										
Purpose of Disbursement contract services - salary expenditure Candidate Name			C Transaction ID : SB21B.33728												
	ement For:		Category/ Type		Amount of Each Disbursement this Period										
Senate President	General Gerify)			Mei	mo It	tem									
State: District: Full Name (Last, First, Middle Initial) Jasso, Prisylla, , Ms,				Date of	Disb	ourse	ment								
Mailing Address 213 Quail Court				_	03 / D D / Y Y Y Y 2016										
City McAllen	State TX	Zip Code 78502			FEC Identification Number										
Purpose of Disbursement contract services - salary expenditure				C Transaction ID : SB21B.33727											
Candidate Name		Category/ Type					Amount of Each Disbursement this Pe								
Senate President	ement For: Primary Other (spe	General ccify)			1368.83										
State: District: Full Name (Last, First, Middle Initial)															
- Long Chilton LLP					Date of	Disb	Durse		YYYYY						
Mailing Address 4100 N. 23rd					03		04	1	2016						
City McAllen Purpose of Disbursement	State TX	Zip Code 78504			FEC Ide	entific	catior	Numb	er						
paysmart payroll services Candidate Name			001 Category/		C Transaction ID : SB21B.3376(Amount of Each Disbursement this Per										
	ement For:		Туре		29.23										
State: District:	Primary Other (spe	General cify) ▼			Mei	mo It	tem								
SUBTOTAL of Disbursements This Page (optional)		•••••				-		2766.90							
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· · · · · · · · · · · · · · · · · · ·	llse sen	arate schedule(s)	-		NUMBER: PAGE 148 OF 182												
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC																
Full Name (Last, First, Middle Initial) Long Chilton LLP				Date of Disbursement													
Mailing Address 4100 N. 23rd																	
City McAllen	State TX							FEC Identification Number									
Purpose of Disbursement paysmart payroll services Candidate Name		001						C Transaction ID : SB21B.33763									
	rsement For:		Catego Type		Amoun	t of	Each	Dis	sburse	ment t	his Period 16.24						
Senate President	Primary Other (spe	General ecify) ▼			Me	emo	Item				-40-						
State: District: Full Name (Last, First, Middle Initial)					-												
Martinez, Carlos, , Mr.,				Date o		burse			ÝÝ	YY							
Mailing Address 725 Uvalde					01 15 2016												
City McAllen	State TX	Zip Code 78503			FEC Identification Number												
Purpose of Disbursement contract services - salary expenditure		001 Category/ Type Primary General Other (specify)					C Transaction ID : SB21B.3374 Amount of Each Disbursement th										
Candidate Name																	
Office Sought: House Disbu							1753.84										
State: District:		(only)			Me	emo	ltem										
Full Name (Last, First, Middle Initial) Martinez, Carlos, , Mr.,					Date o				ent								
Mailing Address 725 Uvalde					м м 02	/	D 0)1		201	6 9						
City McAllen	State TX	Zip Code 78503			FEC Id	lentif	icatio	n N	lumbe	r	_						
Purpose of Disbursement contract services - salary expenditure		001		C	ansa	ction	ו ID	: SB2	1B.337	752							
Candidate Name										ment t	his Period						
Office Sought: House Disbu	rsement For: Primary Other (spe	General					<u>, </u>	_	-9-	17	753.84						
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	CHEDULE B (FEC Form 3X)		vioto ochodula(s)	FOR LINE I									
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c 29 30b								
	y information copied from such Reports and State for commercial purposes, other than using the nar												
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	С											
Α.	Full Name (Last, First, Middle Initial) Martinez, Carlos, , Mr.,				Date of Disbursement								
	Mailing Address 725 Uvalde		1		02 08 2016								
	McAllen	State TX	Zip Code 78503		FEC Identification Number								
	Purpose of Disbursement contract services - salary expenditure Candidate Name			001	C Transaction ID : SB21B.33754								
		ment For:		Category/ Type	Amount of Each Disbursement this Period								
	State: District:	Primary Other (spec	General cify) ▼		Memo Item								
В.	Full Name (Last, First, Middle Initial) Martinez, Carlos, , Mr.,		Date of Disbursement										
	Mailing Address 725 Uvalde	_			03 07 2016 FEC Identification Number								
	McAllen	State TX	Zip Code 78503										
	Purpose of Disbursement contract services - salary expenditure Candidate Name			001 Category/	Transaction ID : SB21B.33761 Amount of Each Disbursement this Period								
	Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spec	General Cify)	Туре	3507.68 Memo Item								
C.	Full Name (Last, First, Middle Initial) Morales, Albert, , Mr.,				Date of Disbursement								
	Mailing Address 2500 N. Jackson		_		01 08 2016								
	City Edinburg Purpose of Disbursement	State TX	Zip Code 78542		FEC Identification Number								
	Candidate Name			001 Category/	Transaction ID : SB21B.3374: Amount of Each Disbursement this Period								
	Senate	ment For: Primary	General	Туре	2138.46								
	State: District:	Other (spec	cify) 🔻		Memo Item								
s	UBTOTAL of Disbursements This Page (optional).			•••••	7399.98								
т	OTAL This Period (last page this line number only	••••••											

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IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	7 one) 22 23 26 27									
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$ \rangle$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	C												
~	Full Name (Last, First, Middle Initial)				Date of Disbursement									
А.	Morales, Albert, , Mr.,				M M / D D / Y Y Y Y									
	Mailing Address 2500 N. Jackson				01 25 2016									
	City Edinburg	State TX	Zip Code 78542		FEC Identification Number									
	Purpose of Disbursement				С									
	contract services - salary expenditure			001	Transaction ID : SB21B.33749									
				Category/ Type	Amount of Each Disbursement this Period									
		ment For:			2138.46									
	Senate President	Primary Other (spec	General											
	State: District:	Other (spec	ony) V		Memo Item									
_	Full Name (Last, First, Middle Initial)													
Β.	Morales, Albert, , Mr.,				Date of Disbursement									
	Mailing Address 2500 N. Jackson				M M M D D V Y									
	City Edinburg	State TX	Zip Code 78542											
	Purpose of Disbursement				С									
	contract services - salary expenditure Candidate Name			001	Transaction ID : SB21B.33755									
				Category/ Type	Amount of Each Disbursement this Period									
		ment For:		-	2138.46									
	Senate President	Primary Other (spec	General											
	State: District:				Memo Item									
_	Full Name (Last, First, Middle Initial)													
C.	Morales, Albert, , Mr.,				Date of Disbursement									
	Mailing Address 2500 N. Jackson				02 / D D / Y Y Y Y 24 2016									
	City	State	Zip Code		FEC Identification Number									
	Edinburg Purpose of Disbursement	ТХ	78542											
	contract services - salary expenditure			001	C									
	Candidate Name			Category/ Type	Transaction ID : SB21B.33758 Amount of Each Disbursement this Period									
	Office Sought: House Disburse	ment For:		ishe	2138.46									
	Senate	Primary	General											
	State: District:	Other (spec	cify) 🔻		Memo Item									
s	SUBTOTAL of Disbursements This Page (optional).			••••••	6415.38									
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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 151 OF 182								
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the	(check only	one) 22 23 26 27								
	Detailed	Summary Page	28a	28b 28c 29 30b								
Any information copied from such Reports and Stat or for commercial purposes, other than using the n												
NAME OF COMMITTEE (In Full)												
BORDER HEALTH FEDERAL PA	4C											
Full Name (Last, First, Middle Initial) A. Morales, Albert, , Mr.,				Date of Disbursement								
Mailing Address 2500 N. Jackson				03 04 Y Y Y Y Y 03 04								
City Edinburg	State TX	Zip Code 78542		FEC Identification Number								
Purpose of Disbursement contract services - salary expenditure	1		001	C Transaction ID : SB21B.33759								
Candidate Name			Category/ Type	Amount of Each Disbursement this Period								
Senate	sement For: Primary	General		2138.46								
State: District:	Other (spe	ecify) 🔻		Memo Item								
Full Name (Last, First, Middle Initial)												
B. Morales, Albert, , Mr.,				Date of Disbursement								
Mailing Address 2500 N. Jackson				03 / 18 / 2016								
City Edinburg	State TX	Zip Code 78542		FEC Identification Number								
Purpose of Disbursement contract services - salary expenditure			001	C								
Candidate Name			Category/ Type	Transaction ID : SB21B.33762 Amount of Each Disbursement this Period								
Office Sought: House Disburs	sement For: Primary	General		2138.46								
State: District:	Other (spe			Memo Item								
Full Name (Last, First, Middle Initial)				Date of Disbursement								
C. Water Tower Village												
Mailing Address 52211 N. McColl Road				01 20 2016								
City McAllen	State TX	Zip Code 78504		FEC Identification Number								
Purpose of Disbursement office lease expenditure			001	C Transaction ID : SB21B.3374(
Candidate Name			Category/ Type	Amount of Each Disbursement this Period								
Office Sought: House Disburs	sement For: Primary	General		1331.25								
State: District:	Other (spe			Memo Item								
SUBTOTAL of Disbursements This Page (optional)			5608.17								
TOTAL This Period (last page this line number on		41730.67										

	HEDULE B (FEC Form 3X)			-		NUMBER: PAGE 152 OF 182									
ITE	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(cheo	ck only	one) 22 X 23 26	27								
		Detailed	Summary Page		28a	28b 28c 29	30b								
	y information copied from such Reports and State for commercial purposes, other than using the nar														
	NAME OF COMMITTEE (In Full)														
	BORDER HEALTH FEDERAL PA	С													
-	Full Name (Last, First, Middle Initial) AMERICAN WORKING FAMILIES	5				Date of Disbursement									
	Mailing Address 107 SOUTH WEST STREET #527														
			7:- 0-4-												
	ALEXANDRIA	State VA	Zip Code 22314			FEC Identification Number									
	Purpose of Disbursement contribution			011		C C00511915 Transaction ID : SB23.33	906								
	Candidate Name AMERICAN WORKING FAMILIES			Catego Type		Amount of Each Disbursemer									
	Office Sought: House Disburse	ment For: 2		турс	,	2	20000.00								
	President	Primary Other (spec	cify) ▼			Memo Item									
	State: District:														
_	Full Name (Last, First, Middle Initial) ASHFORD, BRAD, , ,			Date of Disbursement											
	Mailing Address PO BOX 24023					FEC Identification Number									
	City OMAHA	State NE	Zip Code 68124												
	Purpose of Disbursement contribution			011											
	Candidate Name			Catego		Transaction ID : SB23.33786 Amount of Each Disbursement this Period									
	ASHFORD, BRAD, , , Office Sought: x House Disburse	ment For: 2	2016	Туре											
	Senate X	Primary	General												
	State: NE District: 02	Other (spec	CITY)			Memo Item									
	Full Name (Last, First, Middle Initial) ASHFORD, BRAD, , ,					Date of Disbursement									
	Mailing Address PO BOX 24023						2016								
	5	State NE	Zip Code			FEC Identification Number									
	OMAHA Purpose of Disbursement contribution		68124			С Н4NE02054									
	Candidate Name			011 Catego		Transaction ID : SB23.33 Amount of Each Disbursemen									
	ASHFORD, BRAD, , , Office Sought: x House Disburse	ment For: 2	2016	Туре)		5000.00								
	Senate President	Primary Other (spec	General (cify) ▼			Memo Item									
_	State: NE District: 02														
S	JBTOTAL of Disbursements This Page (optional)						30000.00								
\vdash		·)													

Form/Schedule: SB23 Transaction ID : SB23.33786

On 01.03.2012 contribution made to New Jersey Democratic State Committee of \$10,000 with check date of 12.27.2011 --- check cleared on 01.03.2012 and reflected as same. New Jersey Democratic State Committee refund/return \$5,000 of contribution (\$10K) and reflected as return/refund on 01.18.2012.

Form/Schedule: SB23 Transaction ID: SB23.33787

	CHEDULE B (FEC Form 3X)		FOR LINE N													
IT	EMIZED DISBURSEMENTS	for each	rate schedule(s) category of the Summary Page	(cl		only o 21b 28a	one) 22 28b	×	23 28c	-	26 29	L		7 0b		
	ny information copied from such Reports and Staten for commercial purposes, other than using the nar															
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA(C														
Α.	Full Name (Last, First, Middle Initial) BISHOP, SANFORD D JR., , ,						Date of	[:] Dis	sburse	-		Y	Y	YYY	_	
	Mailing Address 1909 Devon Drive					03 01 2016										
	Albany	State GA	Zip Code 31707				FEC Ide	entil	ficatio	n I	Numb	er	_			
	Purpose of Disbursement contribution			0	11]	•	-	GA020 action	_	1	23.3	3802	2		
	BISHOP, SANFORD D JR., , ,			egory. /pe	′	Amount	of	Each	Di	isburs	seme			riod		
	Office Sought: X House Disburse Senate President Image: Constraint of the senate of the senat of the senate of the senate of the senate of the senate of the s	2016 X General cify) ▼							_			500	00.00			
	State: GA District: 02 Full Name (Last, First, Middle Initial)					mo	Item									
B.	BISHOP, SANFORD D JR., , , Mailing Address 1909 Devon Drive					Date of	[:] Dis	D	-		Y	y 201	Y ∎ Y 6	1		
		State	Zip Code													
	Albany Purpose of Disbursement	GA	31707	_	_		FEC Identification Number									
	Candidate Name BISHOP, SANFORD D JR., , ,			Cate	911 egory/ /pe	,	Transaction ID : SB23.33803 Amount of Each Disbursement this Period									
	Office Sought: X House Disburser	ment For: 2 Primary	ent For: 2016													
	State: GA District: 02	Other (spec	cify)				Memo Item									
C.	Full Name (Last, First, Middle Initial) BLUE DOG POLITICAL ACTION (COMMIT	TEE				Date of	Dis	sburse		_			YYY		
	Mailing Address P.O. BOX 83142						02	<i>'</i>		0	Í	T	2010			
	City GAITHERSBURG	Zip Code 20883				FEC Ide	entif	ficatio	n I	Numb	er					
	Purpose of Disbursement contribution Candidate Name BLUE DOG POLITICAL ACTION	-TEE	Cate	11 egory	,		insa	03053 action Each	n IC) : SE				riod		
		ment For: 2 Primary		- 13	ype		5000.00									
	State: District:	Other (spec	bify) ▼				Me	mo	Item							
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SCHEDULE B (FEC Form 3X)			NUMBER: PAGE 155 OF 182									
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	only one)									
	for each category of the Detailed Summary Page	21b	22 X 23 26 27									
		28a	28b 28c 29 30b									
Any information copied from such Reports and State or for commercial purposes, other than using the na												
NAME OF COMMITTEE (In Full)	and address of any pointer											
	С											
	•											
Full Name (Last, First, Middle Initial)			Data of Distances									
A. BROWNLEY, JULIA, , ,			Date of Disbursement									
Mailing Address PO BOX 2018			03 01 2016									
City	State Zip Code		FEC Identification Number									
THOUSAND OAKS Purpose of Disbursement	CA 91358											
contribution		011	С н2СА00120									
Candidate Name		Category/	Transaction ID : SB23.33804 Amount of Each Disbursement this Period									
BROWNLEY, JULIA, , ,		Туре										
	ment For: 2016		5000.00									
President	Primary General Other (specify)											
State: CA District: 26	(opconj) ▼		Memo Item									
Full Name (Last, First, Middle Initial)												
B. BROWNLEY, JULIA, , ,			Date of Disbursement									
Mailing Address DO DOV 6646			03 01 2016									
Mailing Address PO BOX 2018			2010									
City	State Zip Code		FEC Identification Number									
THOUSAND OAKS Purpose of Disbursement	CA 91358											
contribution		011	C H2CA00120									
Candidate Name		Category/	Transaction ID : SB23.33805 Amount of Each Disbursement this Period									
BROWNLEY, JULIA, , ,		Туре										
	ment For: 2016		5000.00									
Senate President	Primary X General Other (specify)											
State: CA District: 26			Memo Item									
Full Name (Last, First, Middle Initial)												
C. CASSIDY, WILLIAM M, , ,			Date of Disbursement									
Mailing Address DO DOX 20505			03 29 2016									
Mailing Address PO BOX 80505			23 23 2010									
City	State Zip Code		FEC Identification Number									
BATON ROUGE Purpose of Disbursement	LA 70898											
contribution		011	C S4LA00107									
Candidate Name		Category/	Transaction ID : SB23.33768 Amount of Each Disbursement this Period									
CASSIDY, WILLIAM M, , ,		Туре										
	ment For: 2020		5000.00									
x Senate President	Primary x General Other (specify) ▼											
State: LA District: 00	····· (·····) •		Memo Item									
SUBTOTAL of Disbursements This Page (optional).		····· ►	15000.00									
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SCHEDULE B (FEC Form 3X)		FOR LINE	-								
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the) (check only	one) 22 🗶 23 🗌 26 🗌 27								
	Detailed Summary Page	28a	28b 28c 29 30b								
Any information copied from such Reports and State											
or for commercial purposes, other than using the na	me and address of any politi	ical committee to	solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	C										
	0										
Full Name (Last, First, Middle Initial)			Data of Distances								
A. CASSIDY, WILLIAM M, , ,			Date of Disbursement								
Mailing Address PO BOX 80505			03 / D D / Y Y Y Y 29 2016								
City	State Zip Code LA 70898		FEC Identification Number								
BATON ROUGE Purpose of Disbursement	LA 70898		C S4LA00107								
contribution		011	Transaction ID : SB23.33769								
		Category/	Amount of Each Disbursement this Period								
CASSIDY, WILLIAM M, , , Office Sought: House Disburse	ment For: 2020	Туре	5000.00								
	Primary General										
President		Memo Item									
Full Name (Last, First, Middle Initial)	State: LA District: 00										
B. COSTA, JIM MR., , ,			Date of Disbursement								
			M = M / D = D / Y = Y = Y								
Mailing Address 2037 WEST BULLARD #349			01 26 2016								
City FRESNO	State Zip Code CA 93711		FEC Identification Number								
Purpose of Disbursement	00111		С н4СА20082								
contribution		011	Transaction ID : SB23.33778								
Candidate Name COSTA, JIM MR., , ,		Category/ Type	Amount of Each Disbursement this Period								
	ment For: 2016	туре	5000.00								
Senate x	Primary General										
State: CA District: 16	Other (specify)		Memo Item								
Full Name (Last, First, Middle Initial)											
C. COSTA, JIM MR., , ,			Date of Disbursement								
Mailing Address 2007 MEGT DUIL ADD			01 26 2016								
Mailing Address 2037 WEST BULLARD #349			20 2010								
City FRESNO	State Zip Code CA 93711		FEC Identification Number								
Purpose of Disbursement contribution		011	С Н4СА20082								
Candidate Name			Transaction ID : SB23.33779 Amount of Each Disbursement this Period								
COSTA, JIM MR., , ,		Category/ Type									
	ment For: 2016		5000.00								
President	Primary Other (specify)										
State: CA District: 16	Ţ		Memo Item								
SUBTOTAL of Disbursements This Page (optional).		••••••	15000.00								
TOTAL This Period (last page this line number only)	•••••	, ,								

Form/Schedule: SB23 Transaction ID : SB23.33778

On 01.03.2012 contribution made to New Jersey Democratic State Committee of \$10,000 with check date of 12.27.2011 --- check cleared on 01.03.2012 and reflected as same. New Jersey Democratic State Committee refund/return \$5,000 of contribution (\$10K) and reflected as return/refund on 01.18.2012.

Form/Schedule: SB23 Transaction ID: SB23.33779

TEMIZED DISBURSEMENTS Use separate schedule(s) tor each category of the Detailed Summary Page (check only one) 2 to 2 z z 2 a 2 a 2 b 2 o 0 c 0 c 0 c 0 c 0 c 0 c 0 c 0 c 0 c 0	SCHEDULE B (FEC Form 3X))B i			:B·			PA	AGE	158 OF	182		
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committies. NAME OF COMMITTEE (in Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) A. CUELLAR, HENRY R, , , Mailing Address 1519 Washington Street Zondidate Name Candidate Name								Ľ								
ar 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) CUELLAR, HENRY R, , , Mailing Address 1519 Washington Street 2nd Floor Sure 200 City Cuellar, Henry, , , Cite Sought: X House City Cuellar, Henry R, , , Mailing Address 1519 Washington Street 2nd Floor Sure 200 City Cuellar, Henry R, , , Mailing Address 1519 Washington Street 2nd Floor Sure 200 City Cuellar, Henry R, , , Mailing Address 1519 Washington Street 2nd Floor Sure 200 City Cuellar, Henry R, , , Mailing Address 1519 Washington Street 2nd Floor Sure 200 City Cuellar, Henry R, , , Mailing Address 1519 Washington Street 2nd Floor Sure 200 City Cuellar, Henry R, , , Mailing Address 1519 Washington Street 2nd Floor Sure 200 City Cuellar, Henry R, , , Mailing Address 1519 Washington Street 2nd Floor Sure 200 City Cuellar, Henry R, , , Mailing Address 1519 Washington Street 2nd Floor Sure 200 City Cuellar, Henry R, , , Mailing Address 1519 Washington Street 2nd Floor Sure 200 City Cuellar, Henry R, , , Mailing Address 1519 Washington Street 2nd Floor Sure 200 City Cuellar, Henry R, , , Mailing Address 1519 Washington Street 2nd Floor Sure 200 City Cuellar, Henry R, , , Mailing Address 1519 Washington Street 2nd Floor Sure 200 City Cuellar, Henry R, , , Mailing Address PD BOX 8049 City Shore: Tx Distric: 28 City Cuellar, Henry R, , , Mailing Address PD BOX 8049 City Shore: CA Distric: s3 Distric: s3 Distric: s3 Distric: s3 Subtract of Disbursement For: 2016 Sinte: Tx Distric: s3 D								-								
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Form/Schedule: SB23 Transaction ID : SB23.33775

On 01.03.2012 contribution made to New Jersey Democratic State Committee of \$10,000 with check date of 12.27.2011 --- check cleared on 01.03.2012 and reflected as same. New Jersey Democratic State Committee refund/return \$5,000 of contribution (\$10K) and reflected as return/refund on 01.18.2012.

Form/Schedule: SB23 Transaction ID: SB23.33776

Form/Schedule: SB23 Transaction ID : SB23.33788

On 01.03.2012 contribution made to New Jersey Democratic State Committee of \$10,000 with check date of 12.27.2011 --- check cleared on 01.03.2012 and reflected as same. New Jersey Democratic State Committee refund/return \$5,000 of contribution (\$10K) and reflected as return/refund on 01.18.2012.

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	BORDER HEALTH FEDERAL PA	С										
A.	Full Name (Last, First, Middle Initial) DAVIS, SUSAN, , ,				Date of	Dis	burse		Y	YYYY		
	Mailing Address PO BOX 84049				02		0	8		2016		
	City SAN DIEGO	State CA	Zip Code 92138		FEC Ide	entif	icatio	n Numl	oer			
	Purpose of Disbursement contribution			011	U U		CA490 Iction)55 ID : SE	323.3	33789		
	DAVIS, SUSAN, , ,			Category/ Type	Amount	of	Each	Disbur	seme	ent this Period		
	Office Sought: X House Disburse Senate President	Primary	x General		5000.00							
	State: CA District: 53	Other (spe	city) ▼		Mei	mo	Item					
в.	Full Name (Last, First, Middle Initial) ESPAILLAT, ADRIANO, , ,				Date of	Dis	burse		Y	YYYYY		
	Mailing Address 62 PARK TERRACE WEST				02	ĺ		6	Ľ	2016		
	City NEW YORK	State NY	Zip Code 10034		FEC Ide	entif	icatio	n Numl	oer			
	Purpose of Disbursement contribution			011	Ŭ		IY130 ction	96 ID : SE	323.3	3793		
	Candidate Name ESPAILLAT, ADRIANO, , ,			Category/ Type				-		ent this Period		
			2016 General cify)		Mei	mo	Item			5000.00		
С.	Full Name (Last, First, Middle Initial) ESPAILLAT, ADRIANO, , ,				Date of	Dis	burse	ement				
	Mailing Address 62 PARK TERRACE WEST				02	/	D 1	D / 6	Y	2016 Y		
	City NEW YORK	State NY	Zip Code 10034		FEC Ide	entif	icatio	n Numl	oer			
	Purpose of Disbursement contribution Candidate Name			011 Category/	Tra	insa		ID : SI		33794 ent this Period		
	ESPAILLAT, ADRIANO, , , Office Sought: x House Disburse Senate	ement For: 2	2016 X General	Туре				2.000		5000.00		
	State: NY District: 13	Other (spe			Me	mo	Item					
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Form/Schedule: SB23 Transaction ID : SB23.33789

On 01.03.2012 contribution made to New Jersey Democratic State Committee of \$10,000 with check date of 12.27.2011 --- check cleared on 01.03.2012 and reflected as same. New Jersey Democratic State Committee refund/return \$5,000 of contribution (\$10K) and reflected as return/refund on 01.18.2012.

Form/Schedule: SB23 Transaction ID: SB23.33793

Form/Schedule: SB23 Transaction ID : SB23.33794

On 01.03.2012 contribution made to New Jersey Democratic State Committee of \$10,000 with check date of 12.27.2011 --- check cleared on 01.03.2012 and reflected as same. New Jersey Democratic State Committee refund/return \$5,000 of contribution (\$10K) and reflected as return/refund on 01.18.2012.

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	CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the	$\begin{array}{c c} \hline \\ 21b \end{array} \begin{array}{c} 22 \end{array} \begin{array}{c} \hline \\ \hline \\ \hline \\ \hline \\ \hline \\ \hline \\ 23 \end{array} \begin{array}{c} 26 \end{array} \begin{array}{c} 27 \end{array}$				
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	BORDER HEALTH FEDERAL PA	С						
Α.	Full Name (Last, First, Middle Initial) FRANKEL, LOIS J., , ,				Date of Disbursement			
	Mailing Address PO BOX 812421		1		01 27 2016			
	BOCA RATON	State FL	Zip Code 33481		FEC Identification Number			
	Purpose of Disbursement contribution			011	C H2FL14053 Transaction ID : SB23.33780			
	Candidate Name FRANKEL, LOIS J., , ,			Category/ Type	Amount of Each Disbursement this Period			
	Office Sought:	ment For: 2 Primary Other (spec	General		5000.00			
	State: FL District: 21		y) v		Memo Item			
в.	Full Name (Last, First, Middle Initial) FRANKEL, LOIS J., , , Mailing Address PO BOX 812421				Date of Disbursement			
		State	Zip Code		FEC Identification Number			
	BOCA RATON Purpose of Disbursement contribution	FL	33481	011	C H2FL14053			
	Candidate Name FRANKEL, LOIS J., , ,			Category/ Type	Transaction ID : SB23.33781 Amount of Each Disbursement this Period			
		ment For: 2 Primary	2016 X General		5000.00			
	State: FL District: 21	Other (spec	cify)		Memo Item			
C.	Full Name (Last, First, Middle Initial) GETTING STUFF DONE PAC (GS	SD-PAC))		Date of Disbursement			
	Mailing Address PO BOX 25879				01 21 2016			
	City TEMPE	State AZ	Zip Code 85285		FEC Identification Number			
	Purpose of Disbursement contribution			011 Category/	C C00571182 Transaction ID : SB23.33777 Amount of Each Disbursement this Period			
		ment For: 2	2016	Туре	5000.00			
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Form/Schedule: SB23 Transaction ID : SB23.33780

On 01.03.2012 contribution made to New Jersey Democratic State Committee of \$10,000 with check date of 12.27.2011 --- check cleared on 01.03.2012 and reflected as same. New Jersey Democratic State Committee refund/return \$5,000 of contribution (\$10K) and reflected as return/refund on 01.18.2012.

Form/Schedule: SB23 Transaction ID: SB23.33781

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC			
Full Name (Last, First, Middle Initial)			
A. GRAHAM, GWEN, , , Mailing Address PO BOX 310			Date of Disbursement
City S TALLAHASSEE	State Zip Code FL 32302		FEC Identification Number
Purpose of Disbursement contribution		011	C H4FL02062 Transaction ID : SB23.33782
Candidate Name GRAHAM, GWEN, , ,		Category/	Amount of Each Disbursement this Period
Office Sought: X House Disbursen	nent For: 2016 Primary General	Туре	5000.00
	Other (specify) ▼		Memo Item
State: FL District: 02 Full Name (Last, First, Middle Initial)			
B. GRAHAM, GWEN, , ,			Date of Disbursement
Mailing Address PO BOX 310			02 01 2016
City S TALLAHASSEE	State Zip Code FL 32302		FEC Identification Number
Purpose of Disbursement	02002		C H4FL02062
contribution		011	Transaction ID : SB23.33783
GRAHAM, GWEN, , ,		Category/ Type	Amount of Each Disbursement this Period
	nent For: 2016	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5000.00
	Primary X General		
State: FL District: 02	Other (specify)		Memo Item
Full Name (Last, First, Middle Initial) C. KELLY, ROBIN L., , ,			Date of Disbursement
Mailing Address 4203 CEDARWOOD LANE			02 / D D / Y Y Y Y 29 / 2016
City MATTESON	State Zip Code IL 60443		FEC Identification Number
Purpose of Disbursement contribution	[011	C H2IL02172 Transaction ID : SB23.33800
Candidate Name KELLY, ROBIN L., , ,		Category/	Amount of Each Disbursement this Period
	nent For: 2016	Туре	5000.00
Senate X President	Primary General Other (specify) ▼		Memo Item
State: IL District: 02			-
SUBTOTAL of Disbursements This Page (optional)		····· ►	15000.00
TOTAL This Period (last page this line number only)		••••••	, ,

Form/Schedule: SB23 Transaction ID : SB23.33782

On 01.03.2012 contribution made to New Jersey Democratic State Committee of \$10,000 with check date of 12.27.2011 --- check cleared on 01.03.2012 and reflected as same. New Jersey Democratic State Committee refund/return \$5,000 of contribution (\$10K) and reflected as return/refund on 01.18.2012.

Form/Schedule: SB23 Transaction ID: SB23.33783

Form/Schedule: SB23 Transaction ID : SB23.33800

On 01.03.2012 contribution made to New Jersey Democratic State Committee of \$10,000 with check date of 12.27.2011 --- check cleared on 01.03.2012 and reflected as same. New Jersey Democratic State Committee refund/return \$5,000 of contribution (\$10K) and reflected as return/refund on 01.18.2012.

SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS		parate schedule(s) category of the	(check only one) $(21b \square 22 \times 23 \square 26)$					AGE 169 OF 18	
		Summary Page	210 28a	22 28b		3 80	26	27 30b	
Any information copied from such Reports and Sta or for commercial purposes, other than using the r NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	name and add		ed by any perso	on for the p	ourpos	se o	f soliciti	ng contributions	
Full Name (Last, First, Middle Initial)				Date of		urse		Y Y Y Y	
Mailing Address 4203 CEDARWOOD LANE				02	1.	29)	2016	
City MATTESON	State IL	Zip Code 60443		FEC Ide	entifica	ation	Numbe	r	
Purpose of Disbursement contribution			011	U	H2IL0		2 ID : SB2	2 22804	
Candidate Name KELLY, ROBIN L., , ,			Category/ Type				-	ment this Period	
	sement For: Primary	2016 X General		5000.00					
State: IL District: 02	Other (spe	ecify) 🔻		Mer	no Ite	em			
Full Name (Last, First, Middle Initial)				Date of		urse		Y Y Y Y Y	
Mailing Address 12946 E. Belcher St.				01		1		2016	
City Norwalk	State CA	Zip Code 90650		FEC Ide	entifica	ation	Numbe	r	
Purpose of Disbursement contribution			011	C H8CA34068 Transaction ID : SB23.33771					
Candidate Name NAPOLITANO, GRACE, , ,			Category/ Type				-	ment this Period	
Senate	x Primary	2016 General			-9-			5000.00	
State: CA District: 38	Other (spe	ecity)		Mer	no Ite	em			
Full Name (Last, First, Middle Initial)				Date of		urse		Y Y Y Y	
Mailing Address 12946 E. Belcher St.				01	,	15		2016	
City Norwalk	State CA	Zip Code 90650		FEC Ide	entifica	ation	Numbe	r	
Purpose of Disbursement contribution			011	U	H8CA nsact		- 1	3.33772	
Candidate Name NAPOLITANO, GRACE, , , Office Sought:	sement For:	2016	Category/ Type	Amount	of Ea	ach	Disburse	ment this Period 5000.00	
Senate President	Primary Other (spe	x General		Mer	no Ite	em	- 49-	1 46	
State: CA District: 38					_	_		45000 00	
SUBTOTAL of Disbursements This Page (optiona	l)		•••••	<u>_</u>				15000.00	
TOTAL This Period (last page this line number or	nly)		••••••		,				

Form/Schedule: SB23 Transaction ID : SB23.33801

On 01.03.2012 contribution made to New Jersey Democratic State Committee of \$10,000 with check date of 12.27.2011 --- check cleared on 01.03.2012 and reflected as same. New Jersey Democratic State Committee refund/return \$5,000 of contribution (\$10K) and reflected as return/refund on 01.18.2012.

Form/Schedule: SB23 Transaction ID: SB23.33771

Form/Schedule: SB23 Transaction ID : SB23.33772

On 01.03.2012 contribution made to New Jersey Democratic State Committee of \$10,000 with check date of 12.27.2011 --- check cleared on 01.03.2012 and reflected as same. New Jersey Democratic State Committee refund/return \$5,000 of contribution (\$10K) and reflected as return/refund on 01.18.2012.

	HEDULE B (FEC Form 3X)	Use sepa	rate schedule(s)						DF 182			
	EMIZED DISBURSEMENTS	for each o	category of the Summary Page		21b	22 28b	×	23 28c	26		27 30b	
	y information copied from such Reports and Staten for commercial purposes, other than using the nan											
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	0										
Α.	Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN SENAT	ORIAL C	COMMITTEE			Date o		D	D /		Y Y Y	
	Mailing Address 425 SECOND STREET NE	04-4-	7			03		2	9		2016	
	City SASHINGTON Surprise of Disbursement	State DC	Zip Code 20002			FEC lo				ber	-	
	Candidate Name			Cate	11 egory/ /pe	ory/ Transaction ID : SB23.33767 Amount of Each Disbursement this Pe						eriod
	Office Sought: House Disburser Senate President	nent For: 2 Primary Other (spec	x General	. y		Memo Item					5000.00	
В.	State: District: Full Name (Last, First, Middle Initial) PERIMETER PAC Mailing Address PO BOX 59251					Date o	of Dis		D /		2016	
	City SCHAUMBURG Purpose of Disbursement contribution	State IL	Zip Code 60159	0	11	FEC IC	C00	54425	54			
	Candidate Name PERIMETER PAC Office Sought: House Disburser	ment For: 2	2016	Cate	egory/ vpe					semer	5000.00	
	Senate President State: District:	Primary Other (spec	X General			Me	emo	Item			-	
-	Full Name (Last, First, Middle Initial) SCHNEIDER FOR CONGRESS					Date o	_	burse		Y	Y Y Y	
	Mailing Address PO BOX 1318					02		2	4	2	2016	
	City Second Seco	State IL	Zip Code 60015			FEC lo		-		ber	-	
	Candidate Name SCHNEIDER FOR CONGRESS			Cate	11 egory/ vpe		ansa		ID : SE		3798 nt this Pe	eriod
	Office Sought: X House Disburser Senate President State: IL District: 10	nent For: 2 Primary Other (spec	General			 Me	emo	Item			5000.00	
sı	UBTOTAL of Disbursements This Page (optional)							y			25000.00)

	HEDULE B (FEC Form 3X)	Use sena	Use separate schedule(s)			(s) FOR LINE NUMBER: PAGE 173 OF (check only one)						173 OF 182		
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page			21b 28a	one) 22 28		×	23 28c	F	26 29		27 30b
	y information copied from such Reports and State for commercial purposes, other than using the nar													
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	С												
Α.	Full Name (Last, First, Middle Initial) SCHNEIDER FOR CONGRESS						М	М	Dis /	sburse	D			
	Mailing Address PO BOX 1318 City	State	Zip Code					2		_	24			016
	DEERFIELD Purpose of Disbursement contribution	IL	60015		4.4	-	FEC Identification Number							
	Candidate Name SCHNEIDER FOR CONGRESS			Cate	11 egory /pe	y/) : SB2 isburse		799 t this Period
	Office Sought: House Disburse Senate President	ment For: 2 Primary Other (spec	X General				5000.00 Memo Item					5000.00		
В.	State: IL District: 10 Full Name (Last, First, Middle Initial) SCHRADER, KURT, , , Mailing Address 2525 N BAKER						М		Dis /	sburse C	-			016
	City CANBY Purpose of Disbursement contribution Candidate Name	State OR	Zip Code 97013		011		С	H Trai	-18C	DR051	107 I D) : SB2	3.337	
	SCHRADER, KURT, , , Office Sought: x House Disburse	ment For: 2 Primary Other (spec	General	Cate Ty	egory /pe	y/	С		_	Each , Item	Di	isburse	-	t this Period
C.	Full Name (Last, First, Middle Initial)						Date		Dis	sburse		_	Y Y	YYY
	Mailing Address 2525 N BAKER	_					0	2		0)3		_2	016
	City CANBY Purpose of Disbursement contribution	State OR	Zip Code 97013	0	11		С		H8C	DR05 ²	107	Numbe 7) : SB 2	1	785
		ment For: 2		Cate Ty	egory /pe	y/	Amo	unt	of	Each	Di	isburse		t this Period 5000.00
	State: OR District: 05	Primary Other (spec	x General cify) ▼					Mer	no	ltem				
⊢	UBTOTAL of Disbursements This Page (optional)									7			1	5000.00

Form/Schedule: SB23 Transaction ID : SB23.33784

On 01.03.2012 contribution made to New Jersey Democratic State Committee of \$10,000 with check date of 12.27.2011 --- check cleared on 01.03.2012 and reflected as same. New Jersey Democratic State Committee refund/return \$5,000 of contribution (\$10K) and reflected as return/refund on 01.18.2012.

Form/Schedule: SB23 Transaction ID: SB23.33785

SCHEDULE B (FEC Form 3X)		FOR L					NE NUMBER: PAGE 175 OF 182							
TEMIZED DISBURSEMENTS	for each	arate schedule(s) a category of the Summary Page	(cl	(check only 21b			one) 22 🗶 23 26 27				27			
	Detailed	Summary Faye			28a		28b		28c		29		30b	
Any information copied from such Reports and Stat or for commercial purposes, other than using the na														
	AC													
Full Name (Last, First, Middle Initial)						_	ate of	Dis	sburse	-		Y Y	ÝÝ	
Mailing Address PO BOX 25879							01		2	21		_20	16	
City TEMPE	State AZ	Zip Code 85285				F	EC Ide	entil	ficatio	n	Numbe	r	_	
Purpose of Disbursement contribution			0	11		(Z090)) : SB2	3.337	73	
Candidate Name SINEMA, KYRSTEN, , ,			Cate Ty	egory /pe	y/	A	mount	of	Each	D	isburse		this Period	
	ement For: Primary Other (spe	General				1	1					J	000.00	
State: AZ District: 09		···· , , •					Mei	mo	Item					
Full Name (Last, First, Middle Initial) SINEMA, KYRSTEN, , ,						_	ate of	Dis	sburse	-		Y Y	YY	
Mailing Address PO BOX 25879						l	01	Í		21			16	
City TEMPE	State AZ	Zip Code 85285				F	EC Ide	entil	ficatio	n	Numbe	r	_	
Purpose of Disbursement contribution Candidate Name				11		1	Tra	nsa		ID) : SB2			
SINEMA, KYRSTEN, , ,	ement For:	2016	Cate Ty	egory /pe	//	A	mount	of	Each	D	isburse		this Period	
Office Sought: X House Disburs Senate President	Primary Other (spe	x General				i.			7			J		
State: AZ District: 09							Me	mo	Item					
Full Name (Last, First, Middle Initial)						_	ate of	Dis	sburse				YY	
Mailing Address 338 N MAGNOLIA AVENUE SUITE D						ļ	02	ľ		1			16	
City ORLANDO	State FL	Zip Code 32801				F	EC Ide	entif	ficatio	n	Numbe	r	_	
Purpose of Disbursement contribution Candidate Name				11			Tra	insa		n IE	D : SB2			
SOTO, DARREN, , ,			Cate Ty	egory /pe	//	A	mount	OT	Each	D	isburse		this Period	
Senate President	ement For: Primary Other (spe	General				L F	Mei	mo	Item		1 APA	5	000.00	
State: FL District: 09						-	-	-	-			-		
SUBTOTAL of Disbursements This Page (optional))					ļ	_	-	7	_	- 7	15	5000.00	
TOTAL This Period (last page this line number on	ly)													

Form/Schedule: SB23 Transaction ID : SB23.33773

On 01.03.2012 contribution made to New Jersey Democratic State Committee of \$10,000 with check date of 12.27.2011 --- check cleared on 01.03.2012 and reflected as same. New Jersey Democratic State Committee refund/return \$5,000 of contribution (\$10K) and reflected as return/refund on 01.18.2012.

Form/Schedule: SB23 Transaction ID: SB23.33774

Form/Schedule: SB23 Transaction ID : SB23.33791

On 01.03.2012 contribution made to New Jersey Democratic State Committee of \$10,000 with check date of 12.27.2011 --- check cleared on 01.03.2012 and reflected as same. New Jersey Democratic State Committee refund/return \$5,000 of contribution (\$10K) and reflected as return/refund on 01.18.2012.

	CHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)		INE NUMBER: PAGE 178 OF 182						
-	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only 21b 28a	22 X 23 26 27 28b 28c 29 30b						
	y information copied from such Reports and State for commercial purposes, other than using the na										
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	С									
	Full Name (Last, First, Middle Initial) SOTO, DARREN, , ,				Date of Disbursement						
	Mailing Address 338 N MAGNOLIA AVENUE SUITE D				02 11 2016						
	City ORLANDO	State FL	Zip Code 32801		FEC Identification Number						
	Purpose of Disbursement contribution			011	C H6FL09179 Transaction ID : SB23.33792						
	Candidate Name SOTO, DARREN, , ,			Category/	Amount of Each Disbursement this Period						
		ement For: 2 Primary	2016 X General	Туре	5000.00						
	State: FL District: 09	Other (spe			Memo Item						
	Full Name (Last, First, Middle Initial)										
В.	THOMPSON, MIKE MR., , ,				Date of Disbursement						
	Mailing Address POST OFFICE BOX 10541				02 / D D / Y Y Y Y 19 2016						
	City	State CA	Zip Code		FEC Identification Number						
	NAPA Purpose of Disbursement contribution	CA	94581	011	С насаотноя						
				Category/	Transaction ID : SB23.33795 Amount of Each Disbursement this Period						
	THOMPSON, MIKE MR., , , Office Sought: x House Disburse	ement For:	2016	Туре	5000.00						
	Senate X President	1	General		Memo Item						
	State: CA District: 05 Full Name (Last, First, Middle Initial)										
C.	THOMPSON, MIKE MR., , ,				Date of Disbursement						
	Mailing Address POST OFFICE BOX 10541				02 / D D / Y Y Y Y 19 2016						
	City NAPA	State CA	Zip Code 94581		FEC Identification Number						
	Purpose of Disbursement contribution			011	C H8CA01109 Transaction ID : SB23.33796						
	Candidate Name THOMPSON, MIKE MR., , ,			Category/ Type	Amount of Each Disbursement this Period						
		ement For: 2		туре	5000.00						
	State: CA District: 05	Primary Other (spe			Memo Item						
s	UBTOTAL of Disbursements This Page (optional).			······ >	15000.00						
т	OTAL This Period (last page this line number only	/)		····· •	220000.00						

Form/Schedule: SB23 Transaction ID : SB23.33792

On 01.03.2012 contribution made to New Jersey Democratic State Committee of \$10,000 with check date of 12.27.2011 --- check cleared on 01.03.2012 and reflected as same. New Jersey Democratic State Committee refund/return \$5,000 of contribution (\$10K) and reflected as return/refund on 01.18.2012.

Form/Schedule: SB23 Transaction ID: SB23.33795

Form/Schedule: SB23 Transaction ID : SB23.33796

On 01.03.2012 contribution made to New Jersey Democratic State Committee of \$10,000 with check date of 12.27.2011 --- check cleared on 01.03.2012 and reflected as same. New Jersey Democratic State Committee refund/return \$5,000 of contribution (\$10K) and reflected as return/refund on 01.18.2012.

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS			(Use separate schedule(s)	PAGE 181 OF 182
Excluding Loans			for each numbered line)	(check only one) 9 × 10
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	;		1	
A. Full Name (Last, First, Middle Initial) of Deb AC Rentals	tor or Creditor		Nature of D rental spac	ebt (Purpose): e
Mailing Address PO Box 2673				
City McAllen	State TX	Zip Code 78502		
Outstanding Balance Beginning This Period 900.00			Transacti	on ID : SD10.9553
Amount Incurred This Period	Pa	yment This Period	Outstandir	ng Balance at Close of This Period
0.00		0.	00	900.00
B. Full Name (Last, First, Middle Initial) of Debto	or or Creditor			ebt (Purpose):
AC Rentals			rental space	9
Mailing Address PO Box 2673				
City	State	Zip Code 78502		
McAllen	ТХ	78502		
			•	
Outstanding Balance Beginning This Period			Transact	ion ID : SD10.10053
900.00				
	Pa	yment This Period		ion ID : SD10.10053 ng Balance at Close of This Period
900.00	Pa			
900.00 Amount Incurred This Period			Outstandir	ng Balance at Close of This Period
900.00 Amount Incurred This Period 0.00			Outstandir	ng Balance at Close of This Period 900.00
900.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb			Outstandir	ng Balance at Close of This Period 900.00
900.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb Mailing Address	tor or Creditor	0.	Outstandir	ng Balance at Close of This Period 900.00
900.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb Mailing Address City	tor or Creditor	0. Zip Code	Outstandir	ebt (Purpose):
900.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb Mailing Address City	tor or Creditor	0.	Outstandir	ng Balance at Close of This Period 900.00
900.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb Mailing Address City Outstanding Balance Beginning This Period	tor or Creditor	0. Zip Code	Outstandir	ebt (Purpose):
900.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb Mailing Address City Outstanding Balance Beginning This Period	tor or Creditor	0. Zip Code	Outstandir	ebt (Purpose):
900.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb Mailing Address City Outstanding Balance Beginning This Period Amount Incurred This Period Amount Incurred This Period	tor or Creditor	0. Zip Code	Outstandir	ng Balance at Close of This Period 900.00 ebt (Purpose):
900.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb Mailing Address City Outstanding Balance Beginning This Period Amount Incurred This Period Amount Incurred This Period 1) SUBTOTALS This Period This Page (optional).	tor or Creditor	0. Zip Code	Outstandir	ng Balance at Close of This Period 900.00 ebt (Purpose):

Form/Schedule: SD10 Transaction ID : SD10.9553

rent expenditure for office for 1st quarter of 2009 incurred but not paid.

Form/Schedule: SD10 Transaction ID: SD10.10053 rent expenditure for office for 1st quarter of 2009 incurred but not paid.