09/28/2010 11:34

Image# 10931348303

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines BORDER HEALTH FEDERAL PAC 1210 W EXPRESSWAY 83 SUITE 10 ADDRESS (number and street) Check if different than previously **PHARR** ΤX 78577 reported. (ACC) FEC IDENTIFICATION NUMBER STATE A ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00415752 Χ REPORT OR (N) (A) TYPE OF REPORT (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 Χ PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 04 0 1 2010 06 30 2010 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Ernie Perez Type or Print Name of Treasurer Electronically Filed by Ernie Perez 09 28 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	2 / 159
Write or Type Committee Name BORDER HEALTH FEDERAL PAC		
Report Covering the Period: From:	M M D D Y Y Y Y Y Y 2 0 1 0	To: 0 6 3 0 2 0 1 0
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2010 Y Y Y]	899096.58
(b) Cash on Hand at Begining of Reporting Period	951486.30	
(c) Total Receipts (from Line 19)	. 91705.15	178998.75
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1043191.45	1078095.33
7. Total Disbursements (from Line 31)	72946.53	107850.41
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	970244.92	970244.92
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)	1800.00	
This Committee has qualified as a multi	icandidate 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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 159

Write or Type Committee Name

BORDER HEALTH FEDERAL PAC

Report Covering the Period:

м м 0 4

From:

01

то.

м м 0 6 ^D 3 0

Y Y Y Y 2 0 1 0

I. Receipts		I. Receipts COLUMN A Total This Period	
	utions (other than loans) From: dividuals/Persons Other		
Th (i)	an Political Committees Itemized (use Schedule A)	87075.75	163122.96
(ii)	Unitemized	4629.40	15875.79
(iii	TOTAL (add Lines 11(a)(i) and (ii)	91705.15	178998.75
	litical Party Committees	0.00	0.00
(sı	her Political Committees uch as PACs) tal Contributions (add Lines	0.00	0.00
	(a)(iii),(b) and (c)) (Carry tals to Line 33, page 5)	91705.15	178998.75
	ers From Affiliated/Other ommittees	0.00	0.00
3. All Loar	ns Received	0.00	0.00
	epayments Received To Operating Expenditures	0.00	0.00
(Refund (Carry	ds, Rebates, etc.) Fotals to Line 37, page 5)	0.00	0.00
to Fede	s of Contributions Made ral candidates and Other Committees	0.00	0.00
	ederal Receipts nds, Interest, etc.)	0.00	0.00
	ers from Non-Federal and Levin Funds		
` '	-Federal Account m Schedule H3)	0.00	0.00
(b) Levi	n Funds (from Schedule H5)	0.00	0.00
(c) Tota	l Transfer (add 18(a) and 18(b)).	0.00	0.00
	eceipts (add Lines 11(d), 14, 15, 16, 17, and 18(c))	91705.15	178998.75
	deral Receipts t Line 18(c) from Line 19)	91705.15	178998.75

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 159

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	50040.50	55050.44
	Expenditures	52946.53	55350.41
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	52946.53	55350.41
2.	Transfers to Affiliated/Other Party		
2	Committees Contributions to	0.00	0.00
٥.	Federal Candidates/Committees and Other Political Committees	20000.00	52500.00
ŀ.	Independent Expenditure		
	(use Schedule E)	0.00	0.00
).	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	(uso ochedule i)		
6.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
3.	Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	200
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
	(add Lines 20(a), (b), and (c))		
9.	Other Disbursements	0.00	0.00
).	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
••	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	72946.53	107850.41
	. , . , . , . , ,		
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	70040.50	407050 44
	from Line 31)	72946.53	107850.41

DETAILED SUMMARY PAGE

of Disbursements

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	91705.15	178998.75
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	91705.15	178998.75
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	52946.53	55350.41
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	52946.53	55350.41

FE6AN026

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Charity Abreu Mailing Address 1619 hertiage lane City FEC ID number of contributing federal political committee. City Primary General Other (specify) ▼ In Name (Last, First, Middle Initial) Charity Abreu Mailing Address 1619 hertiage lane City State Zip Code TX 78572 Full Name (Last, First, Middle Initial) Charity Abreu Mailing Address 1619 hertiage lane City State Zip Code TX 78572 FEC ID number of contributing federal political committee. City State Zip Code TX 78572 FEC ID number of contributing federal political committee. City State Zip Code TX 78572 FEC ID number of contributing federal political committee. City State Zip Code Transaction ID: SA11AI.12009 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code Transaction ID: SA11AI.12009 Amount of Each Receipt this Period City State Zip Code Transaction ID: SA11AI.1210 Amount of Each Receipt this Period City State Zip Code Transaction ID: SA11AI.12210 Amount of Each Receipt this Period City State Zip Code Transaction ID: SA11AI.12210 Amount of Each Receipt this Period City State Zip Code Transaction ID: SA11AI.12210 Amount of Each Receipt this Period City City State Zip Code Transaction ID: SA11AI.12210 Amount of Each Receipt this Period City State Zip Code Transaction ID: SA11AI.12210 Amount of Each Receipt this Period City State Zip Code Transaction ID: SA11AI.12210 Amount of Each Receipt this Period City State Zip Code Transaction ID: SA11AI.12210 Amount of Each Receipt this Period City State Zip Code Transaction ID: SA11AI.12210 Amount of Ea	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 159 (check only one) X
Charty Abreu	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Charity Abreu Mailing Address 1619 hertiage lane City State Zip Code TX 78572 FEC ID number of contributing federal political committee. Name of Employer General Other (specify) ▼ City State Zip Code TX 78572 Amount of Each Receipt this Period Coccupation physician Receipt For: Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Charity Abreu Mailing Address 1619 hertiage lane City State Zip Code TX 78572 FEC ID number of contributing federal political committee. City State Zip Code TX 78572 FEC ID number of contributing federal political committee. Name of Employer Self-employer Self-employer Self-employer Self-employer Self-employer General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General TX 78572 Receipt For: Aggregate Year-to-Date ▼ Primary General T500.00	Charity Abreu Mailing Address 1619 hertiage lane City mission FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General	TX 78572 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID: SA11AI.11805 Amount of Each Receipt this Period 250.00
Mailing Address 1619 hertiage lane City State Zip Code mission TX 78572 FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary Occupation physician Aggregate Year-to-Date Aggregate Year-to-Date Transaction ID: SA11Al.12210 Amount of Each Receipt this Period contribution Contribution	Charity Abreu Mailing Address 1619 hertiage lane City mission FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General	TX 78572 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID: SA11AI.12009 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)	Charity Abreu Mailing Address 1619 hertiage lane City mission FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General	TX 78572 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID: SA11AI.12210 Amount of Each Receipt this Period 250.00
	SUBTOTAL of Receipts This Page (optional)		750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 159 (check only one) X
7	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pere name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC		
	Full Name (Last, First, Middle Initial) Ricardo Abreu		Date of Receipt
	Mailing Address 200 E. Xenops		04 16 2010
	City <u>McAllen</u>	State Zip Code TX 78504	Transaction ID: SA11AI.11807 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	150.00
	Name of Employer Self employed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
_	Full Name (Last, First, Middle Initial) Ricardo Abreu		Date of Receipt
	Mailing Address 200 E. Xenops	05 / 28 / 2010	
	City McAllen	State Zip Code TX 78504	Transaction ID: SA11AI.12010
	FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 150.00
	Name of Employer Self employed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
_	Full Name (Last, First, Middle Initial) Ricardo Abreu		Date of Receipt
	Mailing Address 200 E. Xenops		0 6 1 7 2 0 1 0
	City McAllen	State Zip Code TX 78504	Transaction ID: SA11AI.12211 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	150.00
	Name of Employer Self employed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
Γ	SUBTOTAL of Receipts This Page (optional)		450.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate so for each categor Detailed Summa	ry of the
\ \ \	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used name and address of any politica	d by any person for the purpose of soliciting contributions I committee to solicit contributions from such committee.
<u>/</u>	Full Name (Last, First, Middle Initial) Ruben Abreu		Date of Receipt
•	Mailing Address 104 augusta square		0 4 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City <u>mcallen</u>	State Zip Code TX 78503	Transaction ID: SA11AI.11806 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employee	Occupation physician	contribution
	Receipt For: Primary General Other (specify)		1000.00
_	Full Name (Last, First, Middle Initial) Ruben Abreu		Date of Receipt
	Mailing Address 104 augusta square	05 28 2010	
	City	State Zip Code	Transaction ID: SA11AI.12011
	mcallen FEC ID number of contributing	TX 78503	Amount of Each Receipt this Period
	federal political committee.	C	250.00
	Name of Employer self-employee	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	1	1250.00
	Full Name (Last, First, Middle Initial) Ruben Abreu		Date of Receipt
	Mailing Address 104 augusta square		06 17 2010
	City	State Zip Code	Transaction ID: SA11AI.12212
	mcallen FEC ID number of contributing federal political committee.	TX 78503	Amount of Each Receipt this Period 250.00
	Name of Employer self-employee	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	1500.00
	SUBTOTAL of Receipts This Page (optional)		750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 159 (check only one) X 11a 11b 11c 12 13 14 15 16
An or i	y information copied from such Reports and for commercial purposes, other than using the	Statements may not be sold or used by any pe e name and address of any political committee	
_	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	**	
	Full Name (Last, First, Middle Initial) Juan Aguilera		Date of Receipt
	Mailing Address 807 North Cage		04 16 2010
	City	State Zip Code	Transaction ID: SA11AI.11808
	Pharr	TX 78577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
	Full Name (Last, First, Middle Initial) Juan Aguilera		Date of Receipt
	Mailing Address 807 North Cage	05 28 2010	
	City	State Zip Code	Transaction ID: SA11AI.12012
	Pharr	TX 78577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1250.00	
	Full Name (Last, First, Middle Initial) Juan Aguilera	I	Date of Receipt
	Mailing Address 807 North Cage		06 17 2010
	City	State Zip Code	Transaction ID: SA11AI.12213
	<u>Pharr</u>	TX 78577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
_	JBTOTAL of Receipts This Page (optional) .	I	750.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 159 (check only one) X 11a
\	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any pers name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<u>∠</u> A.	Full Name (Last, First, Middle Initial) Michael Alleyn Mailing Address 5505 N. 4th City mcallen	State Zip Code TX 78501	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee.	C	250.00 contribution
	Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date 1000.00	
3.	Full Name (Last, First, Middle Initial) Michael Alleyn Mailing Address 5505 N. 4th		Date of Receipt 0 5 2 8 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.12014
	mcallen FEC ID number of contributing federal political committee.	TX 78501	Amount of Each Receipt this Period 250.00
	Name of Employer self-employed	Occupation private investor	contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
- :.	Full Name (Last, First, Middle Initial) Michael Alleyn Mailing Address 5505 N. 4th		Date of Receipt
	City	State Zip Code	0 6 1 7 2 0 1 0 Transaction ID: SA11Al.12215
	<u>mcallen</u>	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation private investor	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
	SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 159 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Michael Amyx Mailing Address 2108 Mynah		Date of Receipt
Mailing Address 2108 Mynah City	State Zip Code	0 4 1 6 2 0 1 0 Transaction ID: SA11AI.11812
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation private investor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Michael Amyx		Date of Receipt
Mailing Address 2108 Mynah		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.12016
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation private investor	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1250.00	
Full Name (Last, First, Middle Initial) Michael Amyx		Date of Receipt
Mailing Address 2108 Mynah		0 6 1 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.12217
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer self-employed	Occupation private investor	Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1500.00]
SUBTOTAL of Receipts This Page (optional)		750.00

	LE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 159 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commer NAME OF	on copied from such Reports and St cial purposes, other than using the COMMITTEE (In Full) R HEALTH FEDERAL PAC	tatements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name Dario Arang Mailing Add City mcallen FEC ID nu federal poli Name of E selfemploy Receipt Fo	(Last, First, Middle Initial) go dress 7004	State TX C Occupation physician Aggregate		Date of Receipt M M M / D D D 2 0 1 0 Transaction ID: SA11AI.11813 Amount of Each Receipt this Period 250.00 contribution
Full Name Dario Arang Mailing Add City mcallen FEC ID nu federal poli Name of E selfemploy Receipt Fo	dress 7004 N. Cynthia mber of contributing tical committee. mployer ed	State TX C Occupation physician Aggregate	Zip Code 78504	Date of Receipt M M
City Mailing Add City Mcallen FEC ID nu federal poli Name of E selfemploy Receipt Fo Prim.	mber of contributing tical committee. mployer ed	State TX C Occupation physician Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL	of Receipts This Page (optional)			750.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 159 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \ \	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. A.	Full Name (Last, First, Middle Initial) Daisy Arce Mailing Address 129 Bluebird City Mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M
_ 3.	Full Name (Last, First, Middle Initial) Daisy Arce Mailing Address 129 Bluebird City Mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_	Full Name (Last, First, Middle Initial) Dr. Felipe Avila Mailing Address 104 W. 20th Street City Weslaco FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78596 C Occupation doctor Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y O 4 1 6 2 0 1 0 Transaction ID: SA11AI.11816 Amount of Each Receipt this Period 125.00 contribution
	SUBTOTAL of Receipts This Page (optional)		225.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for	e separate schedule(s) each category of the tailed Summary Page	FOR LINE NUMBER: PAGE 14 / 159 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be name and address of	e sold or used by any perso of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Felipe Avila Mailing Address 104 W. 20th Street			Date of Receipt 0 5 2 8 2 0 1 0
City Weslaco FEC ID number of contributing		ip Code 78596	Transaction ID: SA11AI.12020 Amount of Each Receipt this Period 125.00
Receipt For: Primary General	Occupation doctor Aggregate Year-		contribution
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Felipe Avila Mailing Address 104 W. 20th Street City	State Z	625.00 ip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Weslaco FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	C Occupation doctor Aggregate Year-	to-Date ▼ 750.00	Amount of Each Receipt this Period 125.00 contribution
Full Name (Last, First, Middle Initial) Murphy Badiga Mailing Address 1503 S. Airport suite 6 City Weslaco FEC ID number of contributing		'ip Code '8596	Date of Receipt M M / D D / Y Y Y Y Y O 4 16 2010 Transaction ID: SA11AI.11817 Amount of Each Receipt this Period 250.00
Receipt For: Primary Other (specify)	Occupation physician Aggregate Year-	to-Date ▼ 1000.00	contribution
SUBTOTAL of Receipts This Page (optional) .			500.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 159 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any pers name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial)		
Murphy Badiga Mailing Address 1503 S. Airport suite 6		Date of Receipt M M D D V Y Y Y Y Y Y Y Y Y
City weslaco	State Zip Code TX 78596	Transaction ID: SA11AI.12021 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Murphy Badiga Mailing Address 1503 S. Airport		Date of Receipt
suite 6	7: 0.1	06 17 2010
City weslaco	State Zip Code TX 78596	Transaction ID: SA11AI.12222 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1500.00	
Full Name (Last, First, Middle Initial) Cayetano Barrera		Date of Receipt
Mailing Address 501 Mockingbird Lane		05 28 2010
City	State Zip Code	Transaction ID: SA11AI.12023
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00 contribution
Name of Employer self-employed	Occupation physician	Contribution
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	I	550.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 159 (check only one) X
Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Cayetano Barrera Mailing Address 501 Mockingbird Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.12403 Amount of Each Receipt this Period 50.00 contribution
Full Name (Last, First, Middle Initial) Ricardo Barrera Mailing Address 420 Frio City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date 1000.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ricardo Barrera Mailing Address 420 Frio City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 1250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		550.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedul for each category of th Detailed Summary Pa	le (check only one)
An	y information copied from such Reports and for commercial purposes, other than using the	Statements may not be sold or used by and e name and address of any political comr	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
	Full Name (Last, First, Middle Initial) Ricardo Barrera		Date of Receipt
	Mailing Address 420 Frio		0 6 1 7 Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.12224
	mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.	00
	Full Name (Last, First, Middle Initial) Juan Bernini		Date of Receipt
	Mailing Address 2804 Santa Ana		0 4 1 6 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.11820
	mission	TX 78574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1000.	00
	Full Name (Last, First, Middle Initial) Juan Bernini	. L	Date of Receipt
	Mailing Address 2804 Santa Ana		05 28 2010
	City	State Zip Code	Transaction ID: SA11AI.12025
	mission	TX 78574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For: ☐ Primary ☐ General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.	00
_	LIPTOTAL of Possints This Page (entional)		750.00

Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Juan Bernini Mailing Address 2804 Santa Ana City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Sarojini Bose Mailing Address 7007 N 1st Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 1000.00	Date of Receipt M M / D D / Y Y Y Y Y O 4 1 6 2 0 1 0 Transaction ID: SA11AI.11821 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Sarojini Bose Mailing Address 7007 N 1st Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 1250.00	Date of Receipt M M
SUBTOTAL of Receipts This Page (optional)	>	750.00

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Sureijni Bose Mailing Address 7007 N 1st Lane City State Zip Code mcallen TX 78504 FEC ID number of contributing federal political committee. City State Zip Code mcallen TX 78504 FEC ID number of contributing federal political committee. City State Zip Code Transaction ID: SA11Al.12226 Amount of Each Receipt the Period Coupation physician Full Name (Last, First, Middle Initial) Francisco Braciamonites Mailing Address 2005 Cimarron Court City State Zip Code Transaction ID: SA11Al.11822 Amount of Each Receipt this Period FEC ID number of contributing foderal political committee. C 250.00 Coupation physician Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Francisco Braciamonites Mailing Address 2005 Cimarron Court City State Zip Code Transaction ID: SA11Al.11822 Amount of Each Receipt his Period Coupation physician Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Francisco Braciamonites Mailing Address 2005 Cimarron Court City State Zip Code Transaction ID: SA11Al.11822 Transaction ID: SA11Al.11822 Amount of Each Receipt his Period Coupation physician Aggregate Year-to-Date ▼ Transaction ID: SA11Al.12207 Transaction ID: SA11Al.12207 Transaction ID: SA11Al.12207 Amount of Each Receipt his Period Coupation physician Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Amount of Each Receipt his Period Coupation physician Aggregate Year-to-Date ▼ Transaction ID: SA11Al.12207 T	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 159 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Sarolini Bose Mailling Address 7007 N 1st Lane City Transaction ID: SA11A1.12226 FEC ID number of contributing federal political committee. Name of Employer Primary General Other (specity) ▼ Full Name (Last, First, Middle Initial) Francisco Bracamontes Mailling Address 2005 Cimarron Court City Name of Employer Name of Employer Primary General Other (specity) ▼ Date of Receipt Transaction ID: SA11A1.12226 Amount of Each Receipt the Period Contribution Cuprimary General Other (specity) ▼ Date of Receipt Transaction ID: SA11A1.13226 Amount of Each Receipt the Period Contribution Date of Receipt Transaction ID: SA11A1.13226 Transaction ID: SA11A1.13226 Amount of Each Receipt the Period Contribution of Each Receipt the Period Contribution Every Transaction ID: SA11A1.13226 Transaction ID: SA11AI.13226 Transaction I	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Transisco Bracamontes Mailing Address 2005 Cimarron Court City State Zip Code TX 78572 FEC ID number of contributing federal political committee. Name of Employer General Other (specify) ▼ State Zip Code Transaction ID: SA11Al.11822 Mount of Each Receipt this Period Contribution Primary General Other (specify) ▼ Docupation physician Receipt For: Aggregate Year-to-Date ▼ Date of Receipt Date of Receipt Transaction ID: SA11Al.11822 Amount of Each Receipt this Period Contribution Date of Receipt Transaction ID: SA11Al.11822 Amount of Each Receipt this Period Contribution Date of Receipt Transaction ID: SA11Al.11822 Amount of Each Receipt this Period Transaction ID: SA11Al.12027 Amount of Each Receipt this Period Countributing federal political committee. Name of Employer Self-employer Self-employed Other (specify) ▼ Aggregate Year-to-Date ▼ December 1250.00	Sarojini Bose Mailing Address 7007 N 1st Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General	TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID: SA11AI.12226 Amount of Each Receipt this Period 250.00
Mailing Address 2005 Cimarron Court City State Zip Code Transaction ID: SA11AI.12027 Mission TX 78572 FEC ID number of contributing federal political committee. Name of Employer self-employed	Francisco Bracamontes Mailing Address 2005 Cimarron Court City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General	TX 78572 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID: SA11AI.11822 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional) 750.00	Francisco Bracamontes Mailing Address 2005 Cimarron Court City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General	TX 78572 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID: SA11AI.12027 Amount of Each Receipt this Period 250.00
- Collins of the Coll	SUBTOTAL of Receipts This Page (optional)	·····	750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		,,,	
Full Name (Last, First, Middle Initial) Francisco Bracamontes			Date of Receipt
Mailing Address 2005 Cimarron Cou	rt		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mission	State TX	Zip Code 78572	Transaction ID: SA11AI.12227 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	7.007.2	250.00
Name of Employer self-employed	Occupatio physiciar		contribution
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Robert Brace			Date of Receipt
Mailing Address 2000 N. 8th Street			0 4 1 6 2 0 1 0
City	City State Zip Code mcallen TX 78501		
FEC ID number of contributing federal political committee.	C	76501	Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupatio physiciar		contribution
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Robert Brace			Date of Receipt
Mailing Address 2000 N. 8th Street			0 5 2 8 2 0 1 0
City mcallen	State TX	Zip Code 78501	Transaction ID: SA11AI.12028
FEC ID number of contributing federal political committee.	C	76501	Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupatio physiciar		contribution
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1250.00	
SUBTOTAL of Receipts This Page (optional			750.00

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) City State Zip Code maallen TX 78501 FEC ID number of contributing federal political committee. City State Tengloyr self-employed physician Receipt For: Primary General Other (specify) ▼ 1500.00 Date of Receipt in Ferdinal Physician PEC ID number of contributing federal political committee. City State Zip Code Transaction ID: SA11AI. 12228 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AI. 11825 Amount of Each Receipt this Period PEC ID number of contributing federal political committee. City State Zip Code Transaction ID: SA11AI. 11825 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code Transaction ID: SA11AI. 11825 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code Primary General Other (specify) ▼ 1000.00 Date of Receipt Tip Salf Zip	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 159 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Babert Brace Mailing Address 2000 N. 8th Street City State Zip Code TX 78501 Transaction ID: SA11A1.12228 Amount of Each Receipt this Period Each Receipt this Per	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Dr. Alejandro Bugnone Mailing Address 429	Robert Brace Mailing Address 2000 N. 8th Street City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General	TX 78501 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID: SA11AI.12228 Amount of Each Receipt this Period 250.00
Dr. Alejandro Bugnone Mailing Address 429	Dr. Alejandro Bugnone Mailing Address 429	TX 78504 C Occupation doctor Aggregate Year-to-Date ▼	Transaction ID: SA11AI.11825 Amount of Each Receipt this Period 200.00
SUBTOTAL of Receipts This Page (optional)	Dr. Alejandro Bugnone Mailing Address 429	TX 78504 C Occupation doctor Aggregate Year-to-Date ▼	Transaction ID: SA11AI.12030 Amount of Each Receipt this Period 200.00
	SUBTOTAL of Receipts This Page (optional)	>	650.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 159 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A or	ny information copied from such Reports and strong commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC		
١.	Full Name (Last, First, Middle Initial) Dr. Alejandro Bugnone		Date of Receipt
	Mailing Address 429 Umar	State 7in Code	0 6 1 7 2 0 1 0
	City McAllen	State Zip Code TX 78504	Transaction ID: SA11AI.12230 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	200.00
	Name of Employer self-employed	Occupation doctor	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	
- 3.	Full Name (Last, First, Middle Initial) Alonzo Cantu	1	Date of Receipt
	Mailing Address P.O.Box 2673	04 / 16 / 2010	
	City	State Zip Code	Transaction ID: SA11AI.11827
	mcallen FEC ID number of contributing federal political committee.	TX 78502	Amount of Each Receipt this Period 250.00
	Name of Employer self-employed	Occupation private investor	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
_	Full Name (Last, First, Middle Initial) Alonzo Cantu	1	Date of Receipt
	Mailing Address P.O.Box 2673		05 28 2010
	City	State Zip Code	Transaction ID: SA11AI.12032
	mcallen FEC ID number of contributing federal political committee.	TX 78502	Amount of Each Receipt this Period 250.00
	Name of Employer self-employed	Occupation private investor	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
	SUBTOTAL of Receipts This Page (optional) .		700.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 159 (check only one) X
Any information copied from such Report or for commercial purposes, other than use NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	s and Statements may not be sold or used by any personsing the name and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Alonzo Cantu		Date of Receipt
Mailing Address P.O.Box 2673 City	State Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<u>mcallen</u>	TX 78502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation private investor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Carlos Cardenas	l	Date of Receipt
Mailing Address 1000 N. Taylor F	Road	04 16 7 2010
City	State Zip Code	Transaction ID: SA11Al.11828
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Carlos Cardenas		Date of Receipt
Mailing Address 1000 N. Taylor F	Road	05 28 2010
City	State Zip Code	Transaction ID: SA11AI.12033
<u>mcallen</u>	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
SURTOTAL of Receipts This Page (onto	ional)	750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 159 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Carlos Cardenas Mailing Address 1000 N. Taylor Roa	d		Date of Receipt
City mcallen FEC ID number of contributing	State TX	Zip Code 78501	Transaction ID: SA11AI.12233 Amount of Each Receipt this Period
federal political committee. Name of Employer self-employed Receipt For:	Occupation physician Aggregate		250.00 contribution
Primary General Other (specify) ▼	, iggiogate	1500.00	
Full Name (Last, First, Middle Initial) Jose Carreras Mailing Address 1016 E. Griffin Park	way		Date of Receipt 0 4 1 6 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.11829
mission FEC ID number of contributing federal political committee.	C	78572	Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation physician	1	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Jose Carreras	l		Date of Receipt
Mailing Address 1016 E. Griffin Park	way		05 28 2010
City	State	Zip Code	Transaction ID: SA11AI.12034
mission FEC ID number of contributing federal political committee.	C	78572	Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1250.00]
SUBTOTAL of Receipts This Page (optiona	1)		750.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 159 (check only one) X 11a 11b 11c 12 13 14 15 16 11
\	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may name and ado	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ 4 .	Full Name (Last, First, Middle Initial) Jose Carreras			Date of Receipt
	Mailing Address 1016 E. Griffin Parkwa		7in Codo	06 17 2010
	City mission	State TX	Zip Code 78572	Transaction ID: SA11AI.12234 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10072	250.00
	Name of Employer self-employed	Occupation physician		contribution
	Receipt For: Primary General Other (specify)		Year-to-Date ▼ 1500.00	
_ 3.	Full Name (Last, First, Middle Initial) Dr. Edwardo Carrillo			Date of Receipt
	Mailing Address 2300 Silverado North	04 16 2010		
	City	State	Zip Code	Transaction ID: SA11AI.11830
	Mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00 contribution
	Name of Employer selfemployed	Occupation physician		Contribution
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.00	
_ ;.	Full Name (Last, First, Middle Initial) Dr. Edwardo Carrillo			Date of Receipt
	Mailing Address 2300 Silverado North			05 28 2010
	City	State	Zip Code	Transaction ID: SA11AI.12035
	Mission FEC ID number of contributing	TX	78572	Amount of Each Receipt this Period
	federal political committee.	C		150.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	
Γ	SUBTOTAL of Receipts This Page (optional)			550.00

Any information copied from such Reports and Stat or for commercial purposes, other than using the national purposes. Full Name (Last, First, Middle Initial) Marissa Castaneda Mailing Address 5021 Elk Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employer self-employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Marissa Castaneda Mailing Address 5021 Elk Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employer self-employed FEC ID number of contributing federal political committee. Name of Employer self-employer self-employed	ments may not be sold or used by any persone and address of any political committee to state State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
A. Full Name (Last, First, Middle Initial) Dr. Edwardo Carrillo Mailing Address 2300 Silverado North City Mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Marissa Castaneda Mailing Address 5021 Elk Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Marissa Castaneda Mailing Address 5021 Elk Lane City Edinburg FEC ID number of contributing federal political committee. C. Marissa Castaneda Mailing Address 5021 Elk Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer	TX 78572 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID: SA11AI.12235 Amount of Each Receipt this Period
A. Dr. Edwardo Carrillo Mailing Address 2300 Silverado North City Mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Marissa Castaneda Mailing Address 5021 Elk Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Marissa Castaneda Mailing Address 5021 Elk Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer	TX 78572 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID: SA11AI.12235 Amount of Each Receipt this Period 150.00
City Mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Marissa Castaneda Mailing Address 5021 Elk Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Marissa Castaneda Mailing Address 5021 Elk Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer	TX 78572 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID: SA11AI.12235 Amount of Each Receipt this Period 150.00
Mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Marissa Castaneda Mailing Address 5021 Elk Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Marissa Castaneda Mailing Address 5021 Elk Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer	TX 78572 C Occupation physician Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Marissa Castaneda Mailing Address 5021 Elk Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Marissa Castaneda Mailing Address 5021 Elk Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer	Occupation physician Aggregate Year-to-Date 900.00	150.00
Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial) Marissa Castaneda Mailing Address Elk Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Marissa Castaneda Mailing Address Mailing Address 5021 Elk Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer	physician Aggregate Year-to-Date ▼ 900.00	contribution
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Marissa Castaneda Mailing Address 5021 Elk Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Marissa Castaneda Mailing Address 5021 Elk Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer	900.00	
Marissa Castaneda Mailing Address 5021 Elk Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Marissa Castaneda Mailing Address 5021 Elk Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer		
Elk Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Marissa Castaneda Mailing Address 5021 Elk Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer		Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Marissa Castaneda Mailing Address 5021 Elk Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer		05 28 2010
FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Marissa Castaneda Mailing Address 5021 Elk Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 78539	Transaction ID: SA11AI.12036
Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Marissa Castaneda Mailing Address 5021 Elk Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer	C 78339	Amount of Each Receipt this Period 50.00
Primary General Other (specify) Full Name (Last, First, Middle Initial) Marissa Castaneda Mailing Address 5021 Elk Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer	Occupation private investor	contribution
Marissa Castaneda Mailing Address 5021 Elk Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer	Aggregate Year-to-Date ▼ 250.00	
Elk Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer		Date of Receipt
Edinburg FEC ID number of contributing federal political committee. Name of Employer		06 17 2010
FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 78539	Transaction ID: SA11AI.12236
Name of Employer	TX 78539	Amount of Each Receipt this Period 50.00
Scii ciripioyed	Occupation	contribution
Receipt For: Primary General Other (specify) ▼	private investor	
SUBTOTAL of Receipts This Page (optional)	private investor Aggregate Year-to-Date ▼ 300.00	

Any information capied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Augusto Castrillon Mailing Address 223 Rio Grande Drive City State Zip Code mission TX 78572 FEC ID number of contributing federal political committee. City State Zip Code Primary Other (specify) ▼ 1000.00 Full Name (Last, First, Middle Initial) Augusto Castrillon Mailing Address 223 Rio Grande Drive City State Zip Code TY 78572 FEC ID number of contributing federal political committee. City State Zip Code TY 78572 FEC ID number of contributing federal political committee. City State Zip Code TY 78572 FEC ID number of contributing federal political committee. City State Zip Code Ty 78572 FEC ID number of contributing federal political committee. City State Zip Code Ty 78572 FEC ID number of contributing federal political committee. City State Zip Code Ty 78572 FEC ID number of contributing federal political committee. City State Zip Code Ty 78572 FEC ID number of contributing federal political committee. City State Zip Code Ty 78572 FEC ID number of contributing federal political committee. City State Zip Code Ty 78572 FEC ID number of contributing federal political committee. City State Zip Code Ty 78572 FEC ID number of contributing federal political committee. City Ty 78572 FEC ID number of contributing federal political committee. City Ty 78572 FEC ID number of contributing federal political committee. City Ty 78572 FEC ID number of contributing federal political committee. City Ty 78572 FEC ID number of contributing federal political committee. City Ty 78572 FEC ID number of contributing federal political committee. City Ty 78572 Amount of Each Receipt this Period Ty 78572 Ty 78572 Ty	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 159 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Augusto Castrillon Mailing Address 223 Rio Grande Drive City Mission TX 78572 FEC ID number of contributing federal political committee. Name of Employer Primary General Other (specify) ▼ Name of Employer Name of Employer State Zip Code TX 78572 Amount of Each Receipt this Period Coordination Coordination TX 78572 FUI Name (Last, First, Middle Initial) Augusto Castrillon Augusto Castrillon Name of Employer Self-employed Primary General Other (specify) ▼ Coordination Coordination Date of Receipt TX 78572 Transaction ID: SA11AL 1232 Amount of Each Receipt this Period Coordination Date of Receipt Transaction ID: SA11AL 1232 Transaction ID: SA11AL 1232 Amount of Each Receipt this Period Coordination Coordination Date of Receipt Transaction ID: SA11AL 1232 Amount of Each Receipt this Period Coordination Coordination Date of Receipt Transaction ID: SA11AL 1232 Amount of Each Receipt this Period Coordination Date of Receipt Transaction ID: SA11AL 1232 Amount of Each Receipt this Period Coordination Coordination Date of Receipt Transaction ID: SA11AL 1232 Amount of Each Receipt this Period Coordination Coordination Date of Receipt Transaction ID: SA11AL 1232 Amount of Each Receipt this Period Coordination C	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Augusto Castrillon Mailing Address 223 Rio Grande Drive City State Zip Code TX 78572 FEC ID number of contributing federal political committee. Name of Employer General Other (specify) ▼ 1250.00 City State Zip Code TX 78572 Amount of Each Receipt this Period Contribution Receipt For: Primary General Other (specify) ▼ 1250.00 Date of Receipt Transaction ID: SA11AI.12037 Amount of Each Receipt this Period Contribution Date of Receipt Toribution Date of Receipt Transaction ID: SA11AI.12037 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AI.12237 Transaction ID: SA11AI.12237 Transaction ID: SA11AI.12237 Amount of Each Receipt this Period EC 1D number of contributing federal political committee. Name of Employer General Other (specify) ▼ 1500.00	Augusto Castrillon Mailing Address 223 Rio Grande Drive City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 1000.00	Transaction ID: SA11AI.11832 Amount of Each Receipt this Period 250.00
Augusto Castrillon Mailing Address 223 Rio Grande Drive City State Zip Code Transaction ID: SA11Al.12237 Mission TX 78572 FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00	Augusto Castrillon Mailing Address 223 Rio Grande Drive City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID: SA11AI.12037 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)	Augusto Castrillon Mailing Address 223 Rio Grande Drive City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID: SA11AI.12237 Amount of Each Receipt this Period 250.00
	SUBTOTAL of Receipts This Page (optional) .	· · · · · · · · · · · · · · · · · · ·	750.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 159 (check only one) X 11a 11b 11c 12 13 14 15 16 1
4	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any personame and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC		
	Full Name (Last, First, Middle Initial) Norma Cavazos-Salas		Date of Receipt
	Mailing Address 2301 N. Bryan Road	Chaire 7th Contra	04 16 2010
	City mission	State Zip Code TX 78572	Transaction ID: SA11AI.11833 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
_	Full Name (Last, First, Middle Initial) Norma Cavazos-Salas		Date of Receipt
	Mailing Address 2301 N. Bryan Road		0 5 2 8 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.12038
	mission FEC ID number of contributing federal political committee.	TX 78572	Amount of Each Receipt this Period 250.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1250.00	
_	Full Name (Last, First, Middle Initial) Norma Cavazos-Salas	<u> </u>	Date of Receipt
	Mailing Address 2301 N. Bryan Road		0 6 1 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City mission	State Zip Code TX 78572	Transaction ID: SA11AI.12238 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
	SUBTOTAL of Receipts This Page (optional)	1	750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 159 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A or	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any p name and address of any political committe	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC		
۸.	Full Name (Last, First, Middle Initial) R. Chandrarasekharan		Date of Receipt
	Mailing Address 1210 East 8th street suite 1	Olata 7's Oads	04 16 2010
	City weslaco	State Zip Code TX 78591	Transaction ID: SA11AI.11834 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	· .
	Full Name (Last, First, Middle Initial) R. Chandrarasekharan		Date of Receipt
	Mailing Address 1210 East 8th street suite 1		05 28 2010
	City weslaco	State Zip Code TX 78591	Transaction ID: SA11AI.12039 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C 76591	250.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
_	Full Name (Last, First, Middle Initial) R. Chandrarasekharan		Date of Receipt
	Mailing Address 1210 East 8th street suite 1		06 17 2010
	City weslaco	State Zip Code TX 78591	Transaction ID: SA11AI.12239 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Γ,	SURTOTAL of Receipts This Page (optional)		750.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 159 (check only one) X 11a 11b 11c 12 13 14 15 16 1
\ \ \	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	statements may not be sold or used by any per name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
 	Full Name (Last, First, Middle Initial) Margaret Coon Mailing Address 3904 Bluejay drive City Mission	State Zip Code TX 78572	Date of Receipt M M M
	FEC ID number of contributing federal political committee.	C	223.21
	Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 751.63	Contribution
	Full Name (Last, First, Middle Initial) Margaret Coon Mailing Address 3904 Bluejay drive	,	Date of Receipt 0 5 2 8 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.12041
	Mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	139.50
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 891.13	
_	Full Name (Last, First, Middle Initial) Margaret Coon		Date of Receipt
	Mailing Address 3904 Bluejay drive		06 17 2010
	City Mission	State Zip Code TX 78572	Transaction ID: SA11AI.12241
	FEC ID number of contributing federal political committee.	C 70372	Amount of Each Receipt this Period 192.02
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1083.15	
	SUBTOTAL of Receipts This Page (optional)		554.73

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 159 (check only one) X
,	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may r name and addre	not be sold or used by any personss of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC			
∠ 4.	Full Name (Last, First, Middle Initial) Dr. Virah Cooper			Date of Receipt
	Mailing Address 1801 South 5th Street	suite 7		05 28 2010
	City McAllen	State TX	Zip Code 78503	Transaction ID: SA11AI.12042 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer self-employee	Occupation physician		contribution
	Receipt For: Primary General Other (specify) ▼	, ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	rear-to-Date ▼ 300.00	
_ 3.	Full Name (Last, First, Middle Initial) Dr. Virah Cooper			Date of Receipt
	Mailing Address 1801 South 5th Street	06 17 2010		
	City	State	Zip Code	Transaction ID: SA11AI.12242
	McAllen	TX	78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer self-employee	Occupation physician		contribution
	Receipt For: Primary General Other (specify)	Aggregate Y	'ear-to-Date ▼ 400.00	1
_	Full Name (Last, First, Middle Initial)		0 0 0 0 0 0 0	-
) .	Diana Cortinas Mailing Address 1400 Northgate Lane			Date of Receipt
	City	State	Zip Code	04 16 2010
	mcallen	TX	78504	Transaction ID: SA11AI.11838 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		248.27
	Name of Employer self-employed	Occupation physician		contribution
	Receipt For: Primary General Other (specify)	, ' ' ' ' 	rear-to-Date ▼ 833.01	
Г		1		448.27

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 159 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	atements may not be sold or used by any personame and address of any political committee to	
Full Name (Last, First, Middle Initial) Diana Cortinas Mailing Address 1400 Northgate Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 988.18	Date of Receipt M M D D Z R Z D D
Full Name (Last, First, Middle Initial) Diana Cortinas Mailing Address 1400 Northgate Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: SA11AI.12243 Amount of Each Receipt this Period 213.58 contribution
Full Name (Last, First, Middle Initial) Guillermo Cortinas Mailing Address 1224 Northgate Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C C C Occupation physician Aggregate Year-to-Date ▼ 850.84	Date of Receipt M M D D Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		618.75

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	f	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 159 (check only one) X 11a 11b 11c 12 13 14 15 16 11
\ \ \	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may not name and address	be sold or used by any perso s of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Guillermo Cortinas Mailing Address 1224 Northgate Lane			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.12050
	mcallen FEC ID number of contributing federal political committee.	C	78504	Amount of Each Receipt this Period 158.62
	Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Yea	ar-to-Date ▼ 1009.46	contribution
3.	Full Name (Last, First, Middle Initial) Guillermo Cortinas Mailing Address 1224 Northgate Lane			Date of Receipt 0 6 1 7 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.12244
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		218.34 contribution
	Name of Employer self-employed	Occupation physician		Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 1227.80	
. –	Full Name (Last, First, Middle Initial) Javier Cortinas			Date of Receipt
-	Mailing Address 1400 Northgate			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.11840
	<u>mcallen</u>	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer self-employed	Occupation physician		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 1000.00	
Γ	SUBTOTAL of Receipts This Page (optional)			626.96

SCHEDULE ITEMIZED RI	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 159 (check only one) X
Any information cop or for commercial pu	ied from such Reports and irposes, other than using th	Statements may ne name and add	not be sold or used by any persol dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COM			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Full Name (Last, Javier Cortinas	First, Middle Initial)			Date of Receipt
Mailing Address	1400 Northgate			05 28 YYYYY
City		State	Zip Code	Transaction ID: SA11AI.12051
<u>mcallen</u>		TX	78504	Amount of Each Receipt this Period
FEC ID number federal political c		C		250.00
Name of Employ self-employed	er	Occupation physician		contribution
Receipt For: Primary Other (spe	General	 	Year-to-Date ▼ 1250.00	
Full Name (Last, Javier Cortinas	First, Middle Initial)			Date of Receipt
Mailing Address	1400 Northgate			0 6 1 7 2 0 1 0
City		State	Zip Code	Transaction ID: SA11AI.12245
<u>mcallen</u>		TX	78504	Amount of Each Receipt this Period
FEC ID number federal political c		C		250.00
Name of Employ self-employed	er	Occupation physician		contribution
Receipt For:		Aggregate	Year-to-Date ▼	
Primary Other (spe	General cify) ♥	0 0	1500.00	
Full Name (Last, James Darling	First, Middle Initial)			Date of Receipt
Mailing Address	1225 E Peking			0 4 1 6 2 0 1 0
City		State	Zip Code	Transaction ID: SA11Al.11841
<u>mcallen</u>		TX	78501	Amount of Each Receipt this Period
FEC ID number federal political c		C		150.00
Name of Employ selfemployed	er	Occupation private in		contribution
Receipt For: Primary	General	Aggregate	Year-to-Date ▼ 600.00	1
Other (spe	city) v	0 0	000.00	
CURTOTAL of Do	This Base (settings)			650.00

	LE A (FEC Form 3X D RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 159 (check only one) X
Any information	on copied from such Reports and cial purposes, other than using t	d Statements may	Inot be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF	COMMITTEE (In Full) R HEALTH FEDERAL PAC		,,,	
Full Name James Darl	(Last, First, Middle Initial)			Date of Receipt
Mailing Ad	-			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11AI.12052
<u>mcallen</u>		TX	78501	Amount of Each Receipt this Period
	mber of contributing tical committee.	C		150.00
Name of E selfemploy	mployer red	Occupation private in		contribution
Receipt Fo			Year-to-Date ▼ 750.00	
Full Name James Darl	(Last, First, Middle Initial)			Date of Receipt
Mailing Ad				0 6 1 7 2 0 1 0
City		State	Zip Code	Transaction ID: SA11AI.12246
mcallen		TX	78501	Amount of Each Receipt this Period
	mber of contributing tical committee.	C		150.00
Name of E selfemploy	mployer ed	Occupation private in		contribution
Receipt Fo	r:	Aggregate	Year-to-Date ▼	
Prim Othe	ary General r (specify) ▼	0 0	900.00	
Full Name David Dear	(Last, First, Middle Initial)			Date of Receipt
Mailing Ad	dress 2408 Dorado			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11AI.11845
mission		TX	78574	Amount of Each Receipt this Period
	mber of contributing tical committee.	C		250.00
Name of E self-emplo	yed	Occupation private in	vestor	contribution
Receipt Fo		Aggregate	Year-to-Date ▼ 1000.00	
	of Receipts This Page (optional)			550.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 159 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any persename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) David Deanda Mailing Address 2408 Dorado City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78574 C Occupation private investor Aggregate Year-to-Date 1250.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) David Deanda Mailing Address 2408 Dorado City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78574 C Occupation private investor Aggregate Year-to-Date 1500.00	Date of Receipt M M M / D D / Y Y Y Y Y O 6 1 7 2 0 1 0 Transaction ID: SA11AI.12248 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Dr. Carlos De Juana Mailing Address 1105 Zinnia City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 250.00	Date of Receipt M M M D D D 2 0 1 0 Transaction ID: SA11AI.11843 Amount of Each Receipt this Period 125.00 contribution
SUBTOTAL of Receipts This Page (optional)		625.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 159 (check only one) X 11a
\ \	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any perse name and address of any political committee	to solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Dr. Carlos De Juana Mailing Address 1105 Zinnia City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Date of Receipt M
	Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date 375.00	contribution
	Full Name (Last, First, Middle Initial) Dr. Carlos De Juana Mailing Address 1105 Zinnia		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.12249
	McAllen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00 contribution
	Name of Employer self-employee	Occupation physician	Contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	500.00	
_	Full Name (Last, First, Middle Initial) Jorge De La Garza		Date of Receipt
	Mailing Address 120 Condor		0 4 1 6 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.11844
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional) .	1	500.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 159 (check only one) X 11a 11b 11c 12 13 14 15 16 1
\ \ \	r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse e name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC		
	Full Name (Last, First, Middle Initial) Jorge De La Garza		Date of Receipt
	Mailing Address 120 Condor		05 28 7 2010
	City	State Zip Code TX 78504	Transaction ID: SA11AI.12056
	mcallen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 250.00
	Name of Employer self-employed	Occupation	contribution
	Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 1250.00	
_	Full Name (Last, First, Middle Initial) Jorge De La Garza Mailing Address 120 Condor		Date of Receipt
	City	State Zip Code	06 17 2010
	mcallen	TX 78504	Transaction ID: SA11AI.12250 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1500.00	
_	Full Name (Last, First, Middle Initial) Luis Delgado, Jr.		Date of Receipt
	Mailing Address 5128 N. 10th		0 4
	City	State Zip Code	Transaction ID: SA11AI.11846
	Mcallen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 150.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Γ	CURTOTAL of Possints This Page (antional)		650.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 159 (check only one) X 11a
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by any name and address of any political committ	person for the purpose of soliciting contributions
BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Luis Delgado, Jr.		Date of Receipt
Mailing Address 5128 N. 10th		05 28 7 2010
City Mcallen	State Zip Code TX 78504	Transaction ID: SA11AI.12057 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Luis Delgado, Jr.		Date of Receipt
Mailing Address 5128 N. 10th		06 17 2010
City Mcallen	State Zip Code TX 78504	Transaction ID: SA11AI.12251 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) Alberto Duran		Date of Receipt
Mailing Address 1615 Palazzo		0 4 1 6 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.11848
mission FEC ID number of contributing federal political committee.	TX 78572	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		550.00
TOTAL This Period (last page this line number of	only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 159 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Alberto Duran Mailing Address 1615 Palazzo City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 1250.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Alberto Duran Mailing Address 1615 Palazzo City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 1500.00	Date of Receipt M M M / D D / Y Y Y Y Y 2 0 1 0 Transaction ID: SA11AI.12253 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Kotthegal Eshwar Mailing Address 108 Yellow Hammer City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M D D Q Q Q D Q Q Q Q
SUBTOTAL of Receipts This Page (optional)		550.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 159 (check only one) X 11a
Any information copied from such Reports and sor for commercial purposes, other than using the	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Kotthegal Eshwar Mailing Address 108 Yellow Hammer		Date of Receipt
City	State Zip Code	0 6 1 7 2 0 1 0 Transaction ID: SA11AI.12255
<u>mcallen</u>	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Antonio Esparza	1	Date of Receipt
Mailing Address 136 W. Yucca		04 16 2010
City	State Zip Code	Transaction ID: SA11AI.11851
mcallent	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Antonio Esparza	I	Date of Receipt
Mailing Address 136 W. Yucca		05 28 2010
City	State Zip Code	Transaction ID: SA11AI.12062
<u>mcallent</u>	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer selfemployed	Occupation physician	Continuation
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1250.00	
SUBTOTAL of Receipts This Page (optional) .	1	550.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 159 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	itatements may not be sold or used by any persename and address of any political committee to	
Full Name (Last, First, Middle Initial) Antonio Esparza Mailing Address 136 W. Yucca City mcallent FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 1500.00	Date of Receipt M M M / D D / Y Y Y Y Y O 6 1 7 2 0 1 0 Transaction ID: SA11AI.12256 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Maria Elena Falcon Mailing Address 2212 Westway City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 1000.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Maria Elena Falcon Mailing Address 2212 Westway City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 1250.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)		750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 159 (check only one) X
A 0	r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any ne name and address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
/	BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial)		
	Maria Elena Falcon Mailing Address 2212 Westway		Date of Receipt
	City	State Zip Code	06 17 2010
	City mcallen	TX 78504	Transaction ID: SA11AI.12257 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
_	Full Name (Last, First, Middle Initial) Alberto Felici		Date of Receipt
	Mailing Address 2309 W. Greenbriar	Square	04 16 2010
	City	State Zip Code	Transaction ID: SA11AI.11853
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer self-employed	Occupation physician	Contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	400.00	
_	Full Name (Last, First, Middle Initial) Alberto Felici		Date of Receipt
	Mailing Address 2309 W. Greenbriar	Square	05 28 7 2010
	City	State Zip Code	Transaction ID: SA11AI.12064
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00 contribution
	Name of Employer self-employed	Occupation physician	Continuation
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	500.00	
			450.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 159 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso he name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Alberto Felici Mailing Address 2309 W. Greenbriar	Saliaro	Date of Receipt
	•	06 17 2010
City mcallen	State Zip Code TX 78504	Transaction ID: SA11AI.12258 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Marco Flores		Date of Receipt
Mailing Address 320 Primrose		04 16 2010
City mcallen	State Zip Code TX 78504	Transaction ID: SA11AI.11854
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Marco Flores		Date of Receipt
Mailing Address 320 Primrose		05 28 7 2010
City mcallen	State Zip Code TX 78504	Transaction ID: SA11AI.12065
FEC ID number of contributing federal political committee.	C 76304	Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
SUBTOTAL of Receipts This Page (optional)		600.00
TOTAL This Period (last page this line number	·	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for each	arate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 45 / 159 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold e name and address of any	d or used by any perso political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	Full Name (Last, First, Middle Initial)			Date of Descript
Α.	Marco Flores Mailing Address 320 Primrose			Date of Receipt M M
	City	State Zip Co		Transaction ID: SA11AI.12259
	mcallen	TX 78504		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupation physician		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Da	1500.00	
Б.	Full Name (Last, First, Middle Initial) Mr. Raymond Franklin			Date of Receipt
	Mailing Address 3212 Nightingale Cou	rt		05 28 2010
	City	State Zip Co	de	Transaction ID: SA11AI.12067
	McAllen	TX 78504		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer selfemployed	Occupation private investor		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Da	te ▼ 250.00	
с. С.	Full Name (Last, First, Middle Initial) Mr. Raymond Franklin			Date of Receipt
	Mailing Address 3212 Nightingale Cou	rt		06 17 2010
	City McAllen	State Zip Co TX 78504		Transaction ID: SA11AI.12260 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C 70504		50.00
	Name of Employer selfemployed	Occupation private investor		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Da	te ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional)			350.00
	TOTAL This Period (last page this line number		<u>·</u>	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 159 (check only one) X 11a 11b 11c 12 13 14 15 16 1
\ \ \	r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any p name and address of any political committe	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Elvin Garcia		Date of Receipt
	Mailing Address 2800 Santa Teresa City	State Zip Code	0 4 1 6 2 0 1 0 Transaction ID: SA11AI.11857
	mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
_	Full Name (Last, First, Middle Initial) Elvin Garcia		Date of Receipt
	Mailing Address 2800 Santa Teresa		05 28 7 2010
	City	State Zip Code	Transaction ID: SA11AI.12068
	mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00 contribution
	Name of Employer self-employed	Occupation physician	Contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1250.00	
	Full Name (Last, First, Middle Initial) Elvin Garcia		Date of Receipt
	Mailing Address 2800 Santa Teresa		06 17 2010
	City	State Zip Code	Transaction ID: SA11AI.12262
	mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00 contribution
	Name of Employer self-employed	Occupation physician	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1500.00	
	SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 159 (check only one) X 11a
	Statements may not be sold or used by any personal Statements may not be sold or used by any personal he name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Hiram Garcia Mailing Address 2712 E Mile 5 Road		Date of Receipt
City	State Zip Code	0 4 1 6 2 0 1 0 Transaction ID: SA11Al.11858
Mission FEC ID number of contributing federal political committee.	TX 78574	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00]
Full Name (Last, First, Middle Initial) Hiram Garcia Mailing Address 2712 E Mile 5 Road		Date of Receipt
	7.0.1	05 28 2010
City Mission	State Zip Code TX 78574	Transaction ID: SA11AI.12069
FEC ID number of contributing federal political committee.	C 76374	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Hiram Garcia		Date of Receipt
Mailing Address 2712 E Mile 5 Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Mission	State Zip Code TX 78574	Transaction ID: SA11AI.12263 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
SUBTOTAL of Receipts This Page (optional)		750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 159 (check only one) X 11a 11b 11c 12 13 14 15 16
Ai	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	
	Full Name (Last, First, Middle Initial) Rene Garza Mailing Address 5404 N. 1st street City mcallen FEC ID number of contributing federal political committee.	State TX	Zip Code 78504	Date of Receipt M M / D D / Y Y Y Y Y O 4 16 2010 Transaction ID: SA11AI.11861 Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupatio private ir		contribution
	Full Name (Last, First, Middle Initial) Rene Garza Mailing Address 5404 N. 1st street			Date of Receipt 0 5 2 8 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.12073
	<u>mcallen</u>	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupatio private in		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1250.00	
	Full Name (Last, First, Middle Initial) Rene Garza			Date of Receipt
	Mailing Address 5404 N. 1st street			06 17 2010
	City	State	Zip Code	Transaction ID: SA11AI.12266
	mcallen FEC ID number of contributing federal political committee.	C	78504	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupatio private in		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1500.00	
	SUBTOTAL of Receipts This Page (optional)	<u> </u>	_	750.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page tatements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 49 / 159 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	name and address of any political committee to	solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Dr. Ayda Garza-Montalvo Mailing Address 2311 Silvardo North		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11Al.12071
	<u>Palmhurst</u>	TX 78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer selfemployed	Occupation self-employee physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Ayda Garza-Montalvo		Date of Receipt
	Mailing Address 2311 Silvardo North		06 17 2010
	City	State Zip Code	Transaction ID: SA11AI.12267
	Palmhurst FEC ID number of contributing federal political committee.	TX 78539	Amount of Each Receipt this Period 125.00
	Name of Employer selfemployed	Occupation self-employee physician	contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 375.00	
с. С.	Full Name (Last, First, Middle Initial) Lawrence Gelman		Date of Receipt
	Mailing Address 3900 Sundown Drive		04 16 2010
	City	State Zip Code	Transaction ID: SA11Al.11862
	<u>mcallen</u>	TX 78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)		500.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 159 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may name and add	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Lawrence Gelman Mailing Address 3900 Sundown Drive City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed	State TX C		Date of Receipt M
Receipt For: Primary General Other (specify)	physiciar Aggregate	Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Lawrence Gelman Mailing Address 3900 Sundown Drive			Date of Receipt M M D D Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.12268
mcallen FEC ID number of contributing federal political committee.	C	78503	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	1	contribution
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1500.00]
Full Name (Last, First, Middle Initial) Robert Genovese			Date of Receipt
Mailing Address 2208 Summer Breeze			0 4 1 6 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.11863
mission	TX	78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		240.64 contribution
Name of Employer selfemployed	Occupation physician	1	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 810.34	
SUBTOTAL of Receipts This Page (optional)			740.64

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 159 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perename and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC		
۸.	Full Name (Last, First, Middle Initial) Robert Genovese		Date of Receipt
	Mailing Address 2208 Summer Breeze	Ohata Zin Ohala	05 28 2010
	City mission	State Zip Code TX 78572	Transaction ID: SA11AI.12075 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	150.40
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 960.74	
 3.	Full Name (Last, First, Middle Initial) Robert Genovese		Date of Receipt
	Mailing Address 2208 Summer Breeze	06 17 2010	
	City	State Zip Code	Transaction ID: SA11AI.12269
	mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	207.02 contribution
	Name of Employer selfemployed	Occupation physician	Contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1167.76	
. –	Full Name (Last, First, Middle Initial) Dr. Richard Gillett		Date of Receipt
	Mailing Address 54 South 10th		05 28 7 2010
	City McAllen	State Zip Code TX 78504	Transaction ID: SA11AI.12076 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer self-employee	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional)		457.42

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 159 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A 0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC		
۸.	Full Name (Last, First, Middle Initial) Dr. Richard Gillett		Date of Receipt
	Mailing Address 54 South 10th	7.01	0 6 1 7 2 0 1 0
	City McAllen	State Zip Code TX 78504	Transaction ID: SA11AI.12270
	FEC ID number of contributing federal political committee.	C 76304	Amount of Each Receipt this Period 100.00
	Name of Employer self-employee	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
 3.	Full Name (Last, First, Middle Initial) Alvaro Giraldo		Date of Receipt
	Mailing Address 106 W. Flamingo		04 16 2010
	City	State Zip Code	Transaction ID: SA11AI.11865
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00 contribution
	Name of Employer selfemployed	Occupation physician	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
 :.	Full Name (Last, First, Middle Initial) Alvaro Giraldo		Date of Receipt
	Mailing Address 106 W. Flamingo		05 28 2010
	City	State Zip Code	Transaction ID: SA11AI.12077
	mcallen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 100.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional) .		300.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 159 (check only one)			
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Full Name (Last, First, Middle Initial) Alvaro Giraldo			Date of Receipt			
Mailing Address 106 W. Flamingo						
City	State	Zip Code	0 6 1 7 2 0 1 0 Transaction ID: SA11AI.12271			
mcallen FEC ID number of contributing federal political committee.	C	78504	Amount of Each Receipt this Period 100.00			
Name of Employer selfemployed	Occupatio physiciar		contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00				
Full Name (Last, First, Middle Initial) Alfredo Gonzalez			Date of Receipt			
Mailing Address 2305 Monaco Drive			0 4 1 6 2 0 1 0			
City mission	State TX	Zip Code 78574	Transaction ID: SA11AI.11869			
FEC ID number of contributing federal political committee.	C	70074	Amount of Each Receipt this Period 250.00			
Name of Employer selfemployed	Occupatio physiciar		contribution			
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 982.77				
Full Name (Last, First, Middle Initial) Alfredo Gonzalez			Date of Receipt			
Mailing Address 2305 Monaco Drive			0 5 2 8 2 0 1 0			
City	State	Zip Code	Transaction ID: SA11AI.12081			
mission FEC ID number of contributing federal political committee.	C	78574	Amount of Each Receipt this Period 224.92			
Name of Employer selfemployed	Occupatio physiciar		contribution			
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1207.69				
SUBTOTAL of Receipts This Page (optional)	<u> </u>		574.92			

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 159 (check only one) X
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may no name and addres	t be sold or used by any perso s of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. .	Full Name (Last, First, Middle Initial) Alfredo Gonzalez Mailing Address 2305 Monaco Drive City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed	State TX C Occupation physician	Zip Code 78574	Date of Receipt M M M / D D / Y Y Y Y Y 0 6 1 7 2 0 1 0 Transaction ID: SA11AI.12275 Amount of Each Receipt this Period 250.00 contribution
_	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 1457.69	
3.	Full Name (Last, First, Middle Initial) Jaime Gonzalez Mailing Address 3511 Plazas del Lago			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City edinburg FEC ID number of contributing federal political committee.	State TX	Zip Code 78539	Transaction ID: SA11AI.11870 Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation private investigate Ye		contribution
_ :.	Full Name (Last, First, Middle Initial) Jaime Gonzalez Mailing Address 3511 Plazas del Lago			Date of Receipt
	City edinburg FEC ID number of contributing	State TX	Zip Code 78539	Transaction ID: SA11AI.12082 Amount of Each Receipt this Period 250.00
	federal political committee. Name of Employer selfemployed	Occupation private inves	stor	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 1250.00	
	SUBTOTAL of Receipts This Page (optional)			750.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 159 (check only one) X
\ \	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may name and add	not be sold or used by any personess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠	Full Name (Last, First, Middle Initial) Jaime Gonzalez Mailing Address 3511 Plazas del Lago City	State	Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
	edinburg FEC ID number of contributing federal political committee.	TX C	78539	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation private in Aggregate		contribution
3.	Full Name (Last, First, Middle Initial) Juan Gonzalez-Dickson Mailing Address 1501 Meadwood			Date of Receipt 0 4 1 6 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.11867
	weslaco FEC ID number of contributing federal political committee.	C	78596	Amount of Each Receipt this Period 250.00
	Name of Employer self-employed	Occupation physician		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
	Full Name (Last, First, Middle Initial) Juan Gonzalez-Dickson Mailing Address 1501 Meadwood			Date of Receipt
	City	State	Zip Code	0 5 2 8 2 0 1 0 Transaction ID: SA11AI.12079
	weslaco	TX	78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupation physician		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1250.00	
	SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 159 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Juan Gonzalez-Dickson Mailing Address 1501 Meadwood City weslaco FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78596 C Occupation physician Aggregate Year-to-Date 1500.00	Date of Receipt M M M / D D / Y Y Y Y Y 2 0 1 0 Transaction ID: SA11AI.12277 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Verley Gordon Mailing Address 1700 E. Mile 3 Road City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date 999.95	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.11872 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Verley Gordon Mailing Address 1700 E. Mile 3 Road City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date 1241.47	Date of Receipt M
SUBTOTAL of Receipts This Page (optional) .	· 	741.52

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 159 (check only one) X 11a
A or	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	statements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Z	Full Name (Last, First, Middle Initial) Verley Gordon Mailing Address 1700 E. Mile 3 Road			Date of Receipt 0 6 1 7 2 0 1 0
	City mission	State TX	Zip Code 78574	Transaction ID: SA11AI.12278 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00 contribution
	Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate		
	Full Name (Last, First, Middle Initial) Enrique Griego Mailing Address 905 Inspiratin Drive			Date of Receipt M
	City	State	Zip Code	Transaction ID: SA11AI.11873
	pharr	TX	78577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupatio physiciar		contribution
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
	Full Name (Last, First, Middle Initial) Enrique Griego Mailing Address 905 Inspiratin Drive	1		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.12085
	pharr FEC ID number of contributing federal political committee.	C	78577	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupatio physiciar		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1250.00	
Γ,	SUBTOTAL of Receipts This Page (optional)	1		750.00

	EDULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 159 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for co	rmation copied from such Reports and St mmercial purposes, other than using the E OF COMMITTEE (In Full) RDER HEALTH FEDERAL PAC	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Mailir City phar FEC feder Name selfer	ID number of contributing al political committee. e of Employer mployed ipt For: Primary General	State TX C Occupation physician Aggregate		Date of Receipt M M
B. John Mailir City miss FEC feder Name selfer	Other (specify) Name (Last, First, Middle Initial) Guerra ng Address 3105 Forest Court Sion ID number of contributing al political committee. e of Employer mployed ipt For: Primary General Other (specify) Other (specify)	State TX C Occupation physician Aggregate	Zip Code 78572	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City miss FEC feder Name selfer	Name (Last, First, Middle Initial) Guerra ng Address 3105 Forest Court sion ID number of contributing al political committee. e of Employer mployed ipt For: Primary General Other (specify)	State TX C Occupation physician Aggregate		Date of Receipt M M D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTO	TAL of Receipts This Page (optional)			450.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 159 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) John Guerra			Date of Receipt
Mailing Address 3105 Forest Court City	State	Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
mission	TX	78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer selfemployed	Occupatio physiciar		contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00]
Full Name (Last, First, Middle Initial) Marcy Guerra			Date of Receipt
Mailing Address 13337 Borolo Drive	04 16 2010		
City	State	Zip Code	Transaction ID: SA11AI.11876
edinburg	TX	78541	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer selfemployed	Occupatio physiciar		contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00]
Full Name (Last, First, Middle Initial) Marcy Guerra			Date of Receipt
Mailing Address 13337 Borolo Drive			05 28 Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.12088
edinburg	TX	78541	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00 contribution
Name of Employer selfemployed	Occupatio physiciar	1	Continuation
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1250.00	
SUBTOTAL of Receipts This Page (optional			600.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 159 (check only one) X
	y information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements mage name and add	y not be sold or used by any perso dress of any political committee to	
	Full Name (Last, First, Middle Initial) Marcy Guerra Mailing Address 13337 Borolo Drive			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City edinburg	State TX	Zip Code 78541	Transaction ID: SA11AI.12281 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00 contribution
	Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate		
	Full Name (Last, First, Middle Initial) Rodolfo Guerrero Mailing Address 1402 E. 8th Street			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11Al.11877
	weslaco	TX	78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupatio physiciar		- contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 908.15	
	Full Name (Last, First, Middle Initial) Rodolfo Guerrero			Date of Receipt
	Mailing Address 1402 E. 8th Street			05 28 2010
	City weslaco	State TX	Zip Code 78596	Transaction ID: SA11AI.12089 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 0000	180.73
	Name of Employer selfemployed	Occupatio physiciar		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1088.88	
SL	JBTOTAL of Receipts This Page (optional)			680.73

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 confributions from such committee. NAME OF COMMITTEE (in Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Roddlot Subraro Mailing Address 1402 E. 8th Street City State Zip Code TX 78596 FEC ID number of contributing federal political committee. Name of Employer Selfemployed Principle Princ	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 159 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Full Name (Last, First, Middle Initial) Rodolfo Guarrero Mailing Address 1402 E. 8th Street City Waslaco TX 78596 FEC ID number of contributing federal political committee. C Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Alberto Guarrero Name of Employer selfernipolyor selfernipolyor Selferipolyor Gederal political committee. C Date of Receipt Transaction ID: SA11A1.12288 Anount of Each Receipt this Period C contribution Date of Receipt C contribution Date of Receipt C contribution Date of Receipt C primary General C primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Alberto Guierroz Mailing Address 6020 Wisconsin C primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Alberto Guierroz Mailing Address 6020 Wisconsin C primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Alberto Guierroz Mailing Address 6020 Wisconsin C primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Alberto Guierroz Mailing Address 6020 Wisconsin C primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Alberto Guierroz Mailing Address 6020 Wisconsin C primary General Other (specify) ▼ Transaction ID: SA11A1.11208 Anount of Each Receipt this Period C primary General Other (specify) ▼ Transaction ID: SA11A1.1209 Transaction ID: SA11A1.1209 Anount of Each Receipt this Period C primary General Other (specify) ▼ Transaction ID: SA11A1.1209 Transaction ID:	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Alberto Gutierrez Mailing Address 6020 Wisconsin City State Zip Code TX 78539 FEC ID number of contributing federal political committee. Name of Employer General Other (specify) ▼ Full Name (Last, First, Middle Initial) Alberto Gutierrez Mailing Address 6020 Wisconsin City State Zip Code Tx 78539 Coccupation physician Aggregate Year-to-Date ▼ 1000.00 Date of Receipt For: Primary General Other (specify) ▼ City State Zip Code Tx 78539 FEC ID number of contributing federal political committee. City State Zip Code Tx 78539 FEC ID number of contributing federal political committee. Name of Employer Selfemployer General Other (specify) ▼ Aggregate Year-to-Date ▼ Transaction ID: SA11Al.12091 Amount of Each Receipt this Period Coccupation physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General 1250.00	Full Name (Last, First, Middle Initial) Rodolfo Guerrero Mailing Address 1402 E. 8th Street City Weslaco FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	TX 78596 C Occupation physician Aggregate Year-to-Date ▼ 1337.64	Transaction ID: SA11AI.12282 Amount of Each Receipt this Period 248.76
Alberto Gutierrez Mailing Address 6020 Wisconsin City State Zip Code edinburg TX 78539 FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼ Date of Receipt Transaction ID: SA11AI.12091 Amount of Each Receipt this Period Coccupation physician Aggregate Year-to-Date ▼ 1250.00	Alberto Gutierrez Mailing Address 6020 Wisconsin City edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	TX 78539 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID: SA11AI.11878 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)	Alberto Gutierrez Mailing Address 6020 Wisconsin City edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	TX 78539 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID: SA11AI.12091 Amount of Each Receipt this Period 250.00
	SUBTOTAL of Receipts This Page (optional)	•	748.76

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 159 (check only one) X 11a
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by any personame and address of any political committee to	
Full Name (Last, First, Middle Initial) Alberto Gutierrez Mailing Address 6020 Wisconsin	Stato Zin Codo	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City edinburg	State Zip Code TX 78539	Transaction ID: SA11AI.12284 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 76539	250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date 1500.00	contribution
Full Name (Last, First, Middle Initial) Marco Gutierrez Mailing Address 511 N. Depot Road		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.11879
edinburg FEC ID number of contributing federal political committee.	TX 78541	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Marco Gutierrez		Date of Receipt
Mailing Address 511 N. Depot Road		05 28 2010
City	State Zip Code	Transaction ID: SA11AI.12092
edinburg	TX 78541	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer selfemployed	Occupation physician	Continuution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 159 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Marco Gutierrez Mailing Address 511 N. Depot Road City edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78541 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Miguel Gutierrez Mailing Address 224 Lindberg City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 1000.00	Date of Receipt M M / 16 2010 Transaction ID: SA11AI.11880 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Miguel Gutierrez Mailing Address 224 Lindberg City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 1250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .		750.00
TOTAL This Period (last page this line numbe	r only)	

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 159 (check only one) X
Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	ratements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Miguel Gutierrez Mailing Address 224 Lindberg City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date 1500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Anna Lisa Guzman Mailing Address P.O. Box 720235 City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician assistant Aggregate Year-to-Date 250.00	Date of Receipt M M 28 2010 Transaction ID: SA11AI.12094 Amount of Each Receipt this Period 50.00 contribution
Full Name (Last, First, Middle Initial) Anna Lisa Guzman Mailing Address P.O. Box 720235 City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician assistant Aggregate Year-to-Date 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		350.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 159 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \ \	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any poet name and address of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC		
۷.	Full Name (Last, First, Middle Initial) Victor Haddad		Date of Receipt
	Mailing Address 4008 Burns Drive Sou		04 16 2010
	City mcallen	State Zip Code TX 78503	Transaction ID: SA11AI.11883 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
- 3.	Full Name (Last, First, Middle Initial) Victor Hadda	1	Date of Receipt
	Mailing Address 4008 Burns Drive Sou	th	05 28 2010
	City mcallen	State Zip Code TX 78503	Transaction ID: SA11AI.12096
	FEC ID number of contributing federal political committee.	TX 78503	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1250.00	
 ;_	Full Name (Last, First, Middle Initial) Victor Haddad		Date of Receipt
	Mailing Address 4008 Burns Drive Sou	th	M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City mcallen	State Zip Code TX 78503	Transaction ID: SA11AI.12289
	FEC ID number of contributing federal political committee.	C 78303	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	•
	SUBTOTAL of Receipts This Page (optional) .	I	750.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 159 (check only one) X 11a
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	atements may not be sold or used by any personame and address of any political committee to	
Full Name (Last, First, Middle Initial) Thomas Hausle Mailing Address 701 South J City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Thomas Hausle Mailing Address 701 South J City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M
Full Name (Last, First, Middle Initial) Thomas Hausle Mailing Address 701 South J City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 450.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		225.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 159 (check only one) X
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	atements may not be sold or used by any pers name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Robert Helbing Mailing Address 820 Tamarack City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation private investor Aggregate Year-to-Date ▼ 529.55	Date of Receipt M M M / D D / Y Y Y Y Y O 4 1 6 2 0 1 0 Transaction ID: SA11AI.11886 Amount of Each Receipt this Period 100.00 contribution
Full Name (Last, First, Middle Initial) Robert Helbing Mailing Address 820 Tamarack City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation private investor Aggregate Year-to-Date ▼ 629.55	Date of Receipt M M
Full Name (Last, First, Middle Initial) Robert Helbing Mailing Address 820 Tamarack City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation private investor Aggregate Year-to-Date 729.55	Date of Receipt M M M / D D / Y Y Y Y Y O 6 1 7 2 0 1 0 Transaction ID: SA11AI.12291 Amount of Each Receipt this Period 100.00 contribution
SUBTOTAL of Receipts This Page (optional)		300.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 159 (check only one) X 11a
C	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers ee name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC		
	Full Name (Last, First, Middle Initial) Ambrosio Hernandez		Date of Receipt
	Mailing Address 2000 Dana		04 / 16 / 2010
	City <u>Pharr</u>	State Zip Code TX 78577	Transaction ID: SA11AI.11891 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
_	Full Name (Last, First, Middle Initial) Ambrosio Hernandez		Date of Receipt
	Mailing Address 2000 Dana		05 28 2010
	City	State Zip Code	Transaction ID: SA11AI.12101
	Pharr FEC ID number of contributing federal political committee.	TX 78577	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation	contribution
	Receipt For:	physician Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	1250.00	
	Full Name (Last, First, Middle Initial) Ambrosio Hernandez		Date of Receipt
	Mailing Address 2000 Dana		0 6 1 7 2 0 1 0
	City Pharr	State Zip Code TX 78577	Transaction ID: SA11AI.12294
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
	SURTOTAL of Receipts This Page (optional)		750.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 159 (check only one) X 11a 11b 11c 12 13 14 15 16 17
0	r for commercial purposes, other than using th	Statements may not be sold or used by any peen name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
۷.	Full Name (Last, First, Middle Initial) Maximiliano Hernandez		Date of Receipt
	Mailing Address 301 Byron Nelson Dri #40 Villas Jardin	ve	04 16 2010
	City	State Zip Code	Transaction ID: SA11AI.11890
	mcallen	TX 78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1000.00	
	Full Name (Last, First, Middle Initial) Maximiliano Hernandez		Date of Receipt
	Mailing Address 301 Byron Nelson Dri #40 Villas Jardin		05 28 7 2010
	City	State Zip Code	Transaction ID: SA11AI.12102
	mcallen FEC ID number of contributing federal political committee.	TX 78503	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1250.00	
- ;.	Full Name (Last, First, Middle Initial) Maximiliano Hernandez		Date of Receipt
	Mailing Address 301 Byron Nelson Dri #40 Villas Jardin		06 17 2010
	City mcallen	State Zip Code TX 78503	Transaction ID: SA11AI.12295
	FEC ID number of contributing federal political committee.	C 76503	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
		1	750.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 159 (check only one) X
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by any personame and address of any political committee to	
Full Name (Last, First, Middle Initial) Maria Hoffman Mailing Address 802 Inspiration Road		Date of Receipt
City	State Zip Code	0 4 1 6 2 0 1 0 Transaction ID: SA11AI.11874
pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed Receipt For:	Occupation physician	contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Maria Hoffman		Date of Receipt
Mailing Address 802 Inspiration Road		05 28 2010
City	State Zip Code	Transaction ID: SA11AI.12087
pharr FEC ID number of contributing federal political committee.	TX 78577	Amount of Each Receipt this Period 250.00 contribution
Name of Employer selfemployed	Occupation physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Maria Hoffman		Date of Receipt
Mailing Address 802 Inspiration Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11Al.12296
pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer selfemployed	Occupation physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
SUBTOTAL of Receipts This Page (optional)		750.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate s for each categ Detailed Sumn	jory of the
A C	or for commercial purposes, other than using the	Statements may not be sold or us name and address of any politic	sed by any person for the purpose of soliciting contributions cal committee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
۸.	Full Name (Last, First, Middle Initial) Dr. Jacobo Hohenstein		Date of Receipt
	Mailing Address 800 East Dove suite L		04 16 2010
	City McAllen	State Zip Code TX 78504	Transaction ID: SA11AI.11892
	FEC ID number of contributing federal political committee.	C 70304	Amount of Each Receipt this Period 223.21
	Name of Employer self-employee	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	436.57
 3.	Full Name (Last, First, Middle Initial) Dr. Jacobo Hohenstein		Date of Receipt
	Mailing Address 800 East Dove suite L		05 28 2010
	City McAllen	State Zip Code	Transaction ID: SA11AI.12103
	FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 139.50
	Name of Employer self-employee	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	576.07
_ >.	Full Name (Last, First, Middle Initial) Dr. Jacobo Hohenstein		Date of Receipt
	Mailing Address 800 East Dove suite L		0 6 1 7 2 0 1 0
	City McAllen	State Zip Code TX 78504	Transaction ID: SA11AI.12297 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C 70304	192.02
	Name of Employer self-employee	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	768.09
	SUBTOTAL of Receipts This Page (optional) .	1	554.73

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 159 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any perename and address of any political committee	
Full Name (Last, First, Middle Initial) Vincent Honrubia Mailing Address 204 Rio Grande City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 1000.00	Date of Receipt M M D D C C C C
Full Name (Last, First, Middle Initial) Vincent Honrubia Mailing Address 204 Rio Grande City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 1250.00	Date of Receipt M M M D D D D Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Vincent Honrubia Mailing Address 204 Rio Grande City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 1500.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each	eparate schedule(s) ch category of the ed Summary Page	FOR LINE NUMBER: PAGE 73 / 159 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be some and address of a	old or used by any perso ny political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Phil Hunke			Date of Receipt
Mailing Address 505 East Newport La	ne		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City McAllen	State Zip (Code 01	Transaction ID: SA11AI.11895 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		125.00
Name of Employer self-employee	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-E	Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Phil Hunke	·		Date of Receipt
Mailing Address 505 East Newport La			05 28 7 2010
City McAllen	State Zip 0 TX 7850	Code 01	Transaction ID: SA11AI.12106 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer self-employee	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Dr. Phil Hunke	1		Date of Receipt
Mailing Address 505 East Newport La	ne		0 6 1 7 2 0 1 0
City McAllen	State Zip (Code	Transaction ID: SA11AI.12300
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 125.00
Name of Employer self-employee	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	1		375.00
TOTAL This Period (last page this line number	r only)	>	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 159 (check only one) X
7	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	statements may not be sold or used by any persename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC		
A.	Full Name (Last, First, Middle Initial) Gauri Kanhere		Date of Receipt
	Mailing Address 2548 Palm Circle	Otata 7:- Oada	04 16 2010
	City <u>rio grande city</u>	State Zip Code TX 78582	Transaction ID: SA11AI.11898 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
В.	Full Name (Last, First, Middle Initial) Gauri Kanhere Mailing Address 2548 Palm Circle		Date of Receipt
		Ctata Zin Codo	05 28 2010
	City rio grande city	State Zip Code TX 78582	Transaction ID: SA11AI.12109 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
С. С.	Full Name (Last, First, Middle Initial) Gauri Kanhere		Date of Receipt
	Mailing Address 2548 Palm Circle		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City rio grande city	State Zip Code TX 78582	Transaction ID: SA11AI.12303
	FEC ID number of contributing federal political committee.	C 78382	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
	SUBTOTAL of Receipts This Page (optional)		750.00
t	TOTAL This Period (last page this line number		

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 159 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any personame and address of any political committee to	
Full Name (Last, First, Middle Initial) Gholam Kiani Mailing Address 213 e. Xenops City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Date of Receipt M M M D D D 2010 Transaction ID: SA11AI.11900 Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date 1000.00	contribution
Full Name (Last, First, Middle Initial) Gholam Kiani Mailing Address 213 e. Xenops		Date of Receipt M M D D V Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.12111
mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed	TX 78504 C Occupation	Amount of Each Receipt this Period 250.00 contribution
Receipt For: Primary General Other (specify)	physician Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Gholam Kiani		Date of Receipt
Mailing Address 213 e. Xenops		0 6 1 7 Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11Al.12304
mcallen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
SUBTOTAL of Receipts This Page (optional)		750.00

	OULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 159 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for common NAME	nation copied from such Reports and Sta mercial purposes, other than using the r OF COMMITTEE (In Full) DER HEALTH FEDERAL PAC	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full National Mary Elements A. Mary Elements Mailing City mcallet FEC ID federal Name Control Selfements Receipt	ame (Last, First, Middle Initial) lizabeth Klenz Address 5111 N. 10th Street en o number of contributing political committee. of Employer ployed	State TX C Occupation physician Aggregate	n Year-to-Date ▼	Date of Receipt M M D D 2 0 1 0
Full Nai	Other (specify) Ime (Last, First, Middle Initial) Iizabeth Klenz Address 5111 N. 10th Street	State	1000.00 Zip Code	Date of Receipt M
mcalle FEC ID federal	number of contributing political committee. of Employer ployed	C Occupation physician	78504	Amount of Each Receipt this Period 250.00 contribution
Full Nai Mary Eli	Primary General Other (specify) ▼ Jume (Last, First, Middle Initial) Jizabeth Klenz Address 5111 N. 10th Street	0 0	1250.00	Date of Receipt
	en number of contributing political committee.	State TX	Zip Code 78504	Transaction ID: SA11AI.12305 Amount of Each Receipt this Period 250.00
Receipt	of Employer ployed It For: Orimary General Other (specify)	Occupation physician Aggregate		contribution
SUBTOTA	AL of Receipts This Page (optional))	750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate for each categ Detailed Sumr	ory of the	b
, C	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or us e name and address of any polition	ed by any person for the purpose of al committee to solicit contributions	soliciting contributions from such committee.
	BORDER HEALTH FEDERAL PAC			
	Full Name (Last, First, Middle Initial) Alejandro Kudisch		Date of Receip	
	Mailing Address 323 Nightingale		0 4	16 2010
	City mcallen	State Zip Code TX 78504		b: SA11AI.11902 ch Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physcian	contribution	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	1000.00	
_	Full Name (Last, First, Middle Initial) Alejandro Kudisch		Date of Receip	ot
	Mailing Address 323 Nightingale		0 5	28 2010
	City	State Zip Code		o: SA11Al.12113
	mcallen	TX 78504	Amount of Eac	ch Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physcian	contribution	
	Receipt For:	Aggregate Year-to-Date ▼		
	Primary General Other (specify) ▼		1250.00	
_	Full Name (Last, First, Middle Initial) Alejandro Kudisch	1	Date of Receip	ot
	Mailing Address 323 Nightingale		M M / D 0 6	17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City mcallen	State Zip Code TX 78504		SA11AI.12306
	FEC ID number of contributing federal political committee.	C 78304		ch Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physcian	contribution	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	1500.00	
Γ	SUBTOTAL of Receipts This Page (optional) .	•		750.00

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Jong & Kuupata Malling Address Rt 2 Box 522-K City State Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Jong & Kuupata Malling Address Rt 2 Box 522-K City State Zip Code TX 78596 For Inmary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Jong & Kuupata Malling Address Rt 2 Box 522-K City State Zip Code TX 78596 FEC ID number of contributing federal political committee. City State Zip Code TX 78596 FEC ID number of contributing federal political committee. City State Zip Code TX 78596 FEC ID number of contributing federal political committee. City State Zip Code TX 78596 FEC ID number of contributing federal political committee. City State Zip Code TX 78596 FEC ID number of contributing federal political committee. City State Zip Code TX 78596 FEC ID number of contributing federal political committee. City State Zip Code TX 78596 FEC ID number of contributing federal political committee. City State Zip Code TX 78596 FEC ID number of contributing federal political committee. City State Zip Code TX 78596 FEC ID number of contributing federal political committee. City State Zip Code TX 78596 FEC ID number of contributing federal political committee. City State Zip Code TX 78596 FEC ID number of contributing federal political committee. City State Zip Code TX 78596 FEC ID number of contributing federal political committee. City State Zip Code TX 78596 FEC ID number of contributing federal political committee. City State Zip Code TX 78596 FEC ID number of contributing federal political committee. City City City City City City City Cit	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 159 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Date of Receipt Date of R	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persole name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Mailing Address Rt 2 Box 522-K City State Zip Code TX 78596 FEC ID number of contributing federal political committee. Name of Employer General Other (specify) ▼ State Zip Code TX 78596 Full Name (Last, First, Middle Initial) Jorge Kutugata Mailing Address Rt 2 Box 522-K City State Zip Code TX 78596 Cocupation physician Receipt For: Primary General Other (specify) ▼ State Zip Code TX 78596 Full Name (Last, First, Middle Initial) Jorge Kutugata Mailing Address Rt 2 Box 522-K City State Zip Code TX 78596 FEC ID number of contributing federal political committee. Name of Employer selfemployer General Other (specify) ▼ State Tip Code TX 78596 FEC ID number of contributing federal political committee. Name of Employer Selfemployer General Other (specify) ▼ State Tip Code Tx 78596 FEC ID number of contributing federal political committee. Name of Employer General Other (specify) ▼ State Tip Code Tx 78596 FEC ID number of contributing federal political committee. Name of Employer General Tx 78596 Receipt For: Aggregate Year-to-Date ▼ Tx 78596 Receipt For: Aggregate Year-to-Date ▼ Tx 78596 Receipt For: Aggregate Year-to-Date ▼ Tx 78596	Jorge Kutugata Mailing Address Rt 2 Box 522-K City weslaco FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	TX 78596 C Occupation physician Aggregate Year-to-Date ▼ 1000.00	Transaction ID: SA11AI.11903 Amount of Each Receipt this Period 250.00
Mailing Address Rt 2 Box 522-K City State Zip Code Transaction ID: SA11AI.12308 Weslaco TX 78596 FEC ID number of contributing federal political committee. Name of Employer selfemployed Primary General Other (specify) ▼ Date of Receipt M M M O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Jorge Kutugata Mailing Address Rt 2 Box 522-K City Weslaco FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	TX 78596 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID: SA11AI.12114 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)	Jorge Kutugata Mailing Address Rt 2 Box 522-K City Weslaco FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	TX 78596 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID: SA11AI.12308 Amount of Each Receipt this Period 250.00
	SUBTOTAL of Receipts This Page (optional)	· • • • • • • • • • • • • • • • • • • •	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 159 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	not be sold or used by any perso lress of any political committee to	on for the purpose of soliciting contributions
BORDER HEALTH FEDERAL PAC			
Full Name (Last, First, Middle Initial) Ramiro Leal			Date of Receipt
Mailing Address 601 Tulip			04 / 16 / Y Y Y Y Y Y Y
City mcallen	State TX	Zip Code 78504	Transaction ID: SA11AI.11904 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10001	250.00
Name of Employer selfemployed	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Ramiro Leal			Date of Receipt
Mailing Address 601 Tulip			0 5 2 8 Y Y Y Y Y
City mcallen	State TX	Zip Code 78504	Transaction ID: SA11AI.12115 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10001	250.00
Name of Employer selfemployed	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Ramiro Leal			Date of Receipt
Mailing Address 601 Tulip			0 6 1 7 2 0 1 0
City mcallen	State TX	Zip Code	Transaction ID: SA11AI.12309
FEC ID number of contributing federal political committee.	C	78504	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼	1 1	Year-to-Date ▼ 1500.00	
SUBTOTAL of Receipts This Page (optional)			750.00
TOTAL This Period (last page this line number	only))	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 80 / 159 (check only one) X
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	atements may not be sold or used by any personame and address of any political committee to	
Full Name (Last, First, Middle Initial) Dale Linebarger Mailing Address 901 West 9th Street #405 City austin FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General	State Zip Code TX 78703 C Occupation private investor Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y O 4 1 6 2 0 1 0 Transaction ID: SA11AI.11906 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Dale Linebarger Mailing Address 901 West 9th Street #405 City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
austin FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: □ Primary □ General Other (specify) ▼	TX 78703 C Occupation private investor Aggregate Year-to-Date ▼ 1250.00	Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Dale Linebarger Mailing Address 901 West 9th Street #405 City austin FEC ID number of contributing federal political committee. Name of Employer self-employed	State Zip Code TX 78703 C Occupation private investor	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) SUBTOTAL of Receipts This Page (optional)	Aggregate Year-to-Date ▼ 1500.00	750.00

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 81 / 159 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Rolando Longoria Mailing Address 32243 Road 83 City San Benito FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78586 C Occupation private investor Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Rolando Longoria Mailing Address 32243 Road 83 City San Benito FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78586 C Occupation private investor Aggregate Year-to-Date 300.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Alfredo Lopez Mailing Address 7609 N. 24th Circle City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 800.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	•	150.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 82 / 159 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	statements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Alfredo Lopez Mailing Address 7609 N. 24th Circle City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 850.00	Date of Receipt M M D D 28 2010 Transaction ID: SA11Al.12120 Amount of Each Receipt this Period 50.00 contribution
Full Name (Last, First, Middle Initial) Alfredo Lopez Mailing Address 7609 N. 24th Circle City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 900.00	Date of Receipt M M M D D D D Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Julio Lopez Mailing Address 1311 6th E. Street City weslaco FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78596 C Occupation physician Aggregate Year-to-Date ▼ 992.11	Date of Receipt M M / D D / Y Y Y Y Y O 4 16 2010 Transaction ID: SA11AI.11910 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional)		350.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 83 / 159 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Julio Lopez Mailing Address 1311 6th E. Street City Weslaco FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78596 C Occupation physician Aggregate Year-to-Date	Date of Receipt M M D D D 28 2010 Transaction ID: SA11AI.12121 Amount of Each Receipt this Period 233.95 contribution Co
Full Name (Last, First, Middle Initial) Julio Lopez Mailing Address 1311 6th E. Street City Weslaco FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	State Zip Code TX 78596 C Occupation physician Aggregate Year-to-Date	Date of Receipt M M M D D D D Y Y Y Y Y Y Transaction ID: SA11AI.12315 Amount of Each Receipt this Period 250.00 contribution
Primary General Other (specify) Full Name (Last, First, Middle Initial) Salil Mangi Mailing Address 3801 Sundown Court I City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) General	1476.06	Date of Receipt M M M D D D Y Y Y Y Y O 4 16 2010 Transaction ID: SA11AI.11912 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional)		733.95

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 84 / 159 (check only one) X 11a
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any pers name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC		
۸.	Full Name (Last, First, Middle Initial) Salil Mangi		Date of Receipt
	Mailing Address 3801 Sundown Court I		05 28 2010
	City mcallen	State Zip Code TX 78503	Transaction ID: SA11AI.12123 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
 3.	Full Name (Last, First, Middle Initial) Salil Mangi		Date of Receipt
	Mailing Address 3801 Sundown Court I	=ast	06 17 2010
	City	State Zip Code	Transaction ID: SA11AI.12317
	mcallen FEC ID number of contributing federal political committee.	TX 78503	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1500.00	
_ ;.	Full Name (Last, First, Middle Initial) Carlos Manrique		Date of Receipt
	Mailing Address 116 Cardinal		04 16 2010
	City	State Zip Code	Transaction ID: SA11AI.11913
	mcallen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
		ı	750.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for each	arate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 85 / 159 (check only one) X 11a 11b 11c 12 13 14 15 16
\	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	statements may not be sold name and address of any	or used by any person political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
7	BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial)			
•	Carlos Manrique Mailing Address 116 Cardinal			Date of Receipt M M
	City mcallen	State Zip Coo TX 78504	de	Transaction ID: SA11AI.12124 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Dat	e ▼ 1250.00	
_	Full Name (Last, First, Middle Initial) Carlos Manrique			Date of Receipt
	Mailing Address 116 Cardinal			06 17 2010
	City	State Zip Coo	de	Transaction ID: SA11AI.12318
	mcallen	TX 78504		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00 contribution
	Name of Employer selfemployed	Occupation physician	_	Continuation
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Dat	1500.00	
_	Full Name (Last, First, Middle Initial) Guillermo Marquez			Date of Receipt
	Mailing Address 1702 Trinity Road			0 4 1 6 2 0 1 0
	City mission	State Zip Coo TX 78572	de	Transaction ID: SA11AI.11914 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Dat	1000.00	
	SUBTOTAL of Receipts This Page (optional)			750.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 86 / 159 (check only one) X 11a
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	statements may not be sold or used by any pers name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC		
A.	Full Name (Last, First, Middle Initial) Guillermo Marquez Mailing Address 1702 Trinity Road		Date of Receipt
	City	State Zip Code	0 5 2 8 2 0 1 0 Transaction ID: SA11Al.12125
	mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
В.	Full Name (Last, First, Middle Initial) Guillermo Marquez Mailing Address 1702 Trinity Road		Date of Receipt
	Mailing Address 1702 Triffity Hoad		06 17 2010
	City	State Zip Code	Transaction ID: SA11Al.12319
	mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	1500.00	
С.	Full Name (Last, First, Middle Initial) Agustin Martinez		Date of Receipt
	Mailing Address 7603 N. 2nd Lane		04 / 16 / 2010
	City	State Zip Code	Transaction ID: SA11AI.11915
	mcallen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1000.00	
	SUBTOTAL of Receipts This Page (optional)		750.00
	TOTAL This Period (last page this line number		

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 87 / 159 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	statements may not be sold or used by any personame and address of any political committee	
Full Name (Last, First, Middle Initial) Agustin Martinez Mailing Address 7603 N. 2nd Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 1250.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Agustin Martinez Mailing Address 7603 N. 2nd Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 1500.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ricardo Martinez Mailing Address 1903 W. Smith City edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date 1000.00	Date of Receipt M M
SUBTOTAL of Receipts This Page (optional)		750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 88 / 159 (check only one) X 11a 11b 11c 12 13 14 15 16 17
0	ny information copied from such Reports and s r for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC		
۸.	Full Name (Last, First, Middle Initial) Ricardo Martinez		Date of Receipt
	Mailing Address 1903 W. Smith		05 28 2010
	City <u>edinburg</u>	State Zip Code TX 78539	Transaction ID: SA11AI.12127
	FEC ID number of contributing federal political committee.	TX 78539	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
	Full Name (Last, First, Middle Initial) Ricardo Martinez		Date of Receipt
	Mailing Address 1903 W. Smith		0 6 1 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.12321
	edinburg FEC ID number of contributing federal political committee.	TX 78539	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
_	Full Name (Last, First, Middle Initial) Dr. Robert Martinez		Date of Receipt
	Mailing Address 2809 Santa Lydia		05 28 2010
	City Mission	State Zip Code TX 78572	Transaction ID: SA11AI.12128 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer self-employee	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Γ	SUBTOTAL of Receipts This Page (optional) .	1	600.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 89 / 159 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may ne name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Robert Martinez Mailing Address 2809 Santa Lydia			Date of Receipt
City Mission FEC ID number of contributing	State TX	Zip Code 78572	Transaction ID: SA11AI.12322 Amount of Each Receipt this Period
Name of Employer self-employee Receipt For:	Occupatio physiciar Aggregate		contribution
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	0 0	400.00	Date of Receipt
Santos Martinez Mailing Address 125 East Yucca			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	Zip Code	Transaction ID: SA11AI.11918	
mcallen FEC ID number of contributing federal political committee.	C	78504	Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupatio private in		contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Santos Martinez			Date of Receipt
Mailing Address 125 East Yucca			05 28 2010
City	State	Zip Code	Transaction ID: SA11AI.12129
mcallen FEC ID number of contributing federal political committee.	C	78504	Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupatio private in		contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1250.00	
SUBTOTAL of Receipts This Page (optional)	1		600.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 90 / 159 (check only one) X
Any or f	vinformation copied from such Reports and or commercial purposes, other than using the	Statements may not be sold or used by any pe e name and address of any political committed	erson for the purpose of soliciting contributions to solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	· · · · · · · · · · · · · · · · · · ·	
	Full Name (Last, First, Middle Initial) Santos Martinez		Date of Receipt
•	Mailing Address 125 East Yucca		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.12323
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
•	Name of Employer self-employed	Occupation private investor	contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1500.00	
	Full Name (Last, First, Middle Initial) Pedro McDougal	1	Date of Receipt
	Mailing Address 1516 Iris		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.11920
	mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
•	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1000.00	
	Full Name (Last, First, Middle Initial) Pedro McDougal	I	Date of Receipt
	Mailing Address 1516 Iris		05 28 2010
	City	State Zip Code	Transaction ID: SA11Al.12131
	mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C	250.00
•	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1250.00	
	IRTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC FITEMIZED RECEIPTS	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 91 / 159 (check only one) X 11a
Any information copied from such or for commercial purposes, other NAME OF COMMITTEE (In F BORDER HEALTH FEDE	than using the name and acull)	ay not be sold or used by any person ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Pedro McDougal Mailing Address 1516 Iris City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed	State TX		Date of Receipt M M M / D D / Y Y Y Y Y 0 6 1 7 2 0 1 0 Transaction ID: SA11Al.12325 Amount of Each Receipt this Period 250.00 contribution
Receipt For: Primary General Other (specify) ▼	Aggregat	e Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Bertha Medina Mailing Address 1300 1 1/2			Date of Receipt 0 4 1 6 2 0 1 0
City mcallen FEC ID number of contributing federal political committee.	State TX	Zip Code 78501	Transaction ID: SA11AI.11922 Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼			contribution
Full Name (Last, First, Middle Bertha Medina Mailing Address 1300 1 1/3			Date of Receipt
City mcallen	State TX	Zip Code 78501	Transaction ID: SA11AI.12133 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C Occupati		250.00 contribution
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	physicia Aggregat		
SUBTOTAL of Receipts This Pa	ge (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 92 / 159 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	statements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Bertha Medina Mailing Address 1300 1 1/2 Street City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date 1500.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.12327 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Manuel Mercado Mailing Address 3002 Santa Susana City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date 1000.00	Date of Receipt M M M D D D Z D D Z D D D D D D D D D D
Full Name (Last, First, Middle Initial) Manuel Mercado Mailing Address 3002 Santa Susana City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date 1250.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 93 / 159 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	atements may not be sold or used by any perso name and address of any political committee to	
Full Name (Last, First, Middle Initial) Manuel Mercado Mailing Address 3002 Santa Susana City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.12328 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Scott Meyer Mailing Address 2100 School Lane City Mission FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation private investor Aggregate Year-to-Date ▼ 225.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Scott Meyer Mailing Address 2100 School Lane City Mission FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation private investor Aggregate Year-to-Date ▼ 300.00	Date of Receipt M M M / D D / Y Y Y Y Y 0 5 28 2010 Transaction ID: SA11AI.12135 Amount of Each Receipt this Period 75.00 contribution
SUBTOTAL of Receipts This Page (optional)		400.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	f	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 94 / 159 (check only one) X 11a
\ \ \	ony information copied from such Reports and such Reports and such reports of the report of the result of the resu	Statements may not e name and address	be sold or used by any pers s of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC			
۷.	Full Name (Last, First, Middle Initial) Scott Meyer			Date of Receipt
	Mailing Address 2100 School Lane			06 17 2010
	City	State	Zip Code	Transaction ID: SA11Al.12329
	Mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		75.00
	Name of Employer	Occupation private inves	tor	contribution
	Receipt For: Primary General	Aggregate Yea	ar-to-Date ▼	_
	Primary General Other (specify) ▼		375.00	
_ 3.	Full Name (Last, First, Middle Initial) Carlos Mohamed			Date of Receipt
	Mailing Address 5408 N. Cynthia			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.11925
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00 contribution
	Name of Employer selfemployed	Occupation physician		Contribution
	Receipt For:	Aggregate Yea	ar-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
. –	Full Name (Last, First, Middle Initial) Carlos N Mohamed, Jr.			Date of Receipt
	Mailing Address 2821 Michael Angelo			M M / D D / Y Y Y Y Y O D D / 2010
	City	State	Zip Code	Transaction ID: SA11AI.11926
	Edinburg FEC ID number of contributing federal political committee.	C	78539	Amount of Each Receipt this Period 100.00
	Name of Employer self-employed	Occupation physician		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 400.00	
Г		1		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Full Name (Last, First, Middle Initial) Carlos Mohamed			Date of Receipt
Mailing Address 5408 N. Cynthia	05 28 2010		
City	State	Zip Code	Transaction ID: SA11AI.12136
<u>mcallen</u>	TX	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer selfemployed	Occupatio physiciar		contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Carlos N Mohamed, Jr.			Date of Receipt
Mailing Address 2821 Michael Angelo			05 28 2010
City	State	Zip Code	Transaction ID: SA11AI.12137
Edinburg	TX	78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00 contribution
Name of Employer self-employed	Occupatio physiciar		Contribution
Receipt For:	Aggregate	e Year-to-Date 🔻	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Carlos Mohamed			Date of Receipt
Mailing Address 5408 N. Cynthia			0 6 1 7 Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11Al.12330
<u>mcallen</u>	TX	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00 contribution
Name of Employer selfemployed	Occupatio physiciar		Contribution
Receipt For:	Aggregate	e Year-to-Date ▼	_
Primary General Other (specify) ▼		1500.00	
			600.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 96 / 159 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pers ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Carlos N Mohamed, Jr.		Date of Receipt
Mailing Address 2821 Michael Angelo		06 17 2010
City <u>Edinburg</u>	State Zip Code TX 78539	Transaction ID: SA11AI.12331 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Dr. Armando Moncada		Date of Receipt
Mailing Address 1421 North 2nd Stree	04 16 2010	
City	State Zip Code	Transaction ID: SA11AI.11927
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer self-employee	Occupation physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	400.00	
Full Name (Last, First, Middle Initial) Dr. Armando Moncada		Date of Receipt
Mailing Address 1421 North 2nd Stree	et	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City McAllen	State Zip Code TX 78504	Transaction ID: SA11AI.12138
FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 200.00
Name of Employer self-employee	Occupation physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	600.00	
CUDTOTAL of Descipts This Desc (entional)		500.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 97 / 159 (check only one) X 11a 11b 11c 12 13 14 15 16 1
0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pe e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC		
•	Full Name (Last, First, Middle Initial) Dr. Armando Moncada Mailing Address 1421 North 2nd Street		Date of Receipt
		•	06 17 2010
	City	State Zip Code	Transaction ID: SA11AI.12332
	McAllen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	200.00
	Name of Employer self-employee	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
_	Full Name (Last, First, Middle Initial) Carlos Morales		Date of Receipt
	Mailing Address 3325 Kent Lane		04 16 2010
	City	State Zip Code	Transaction ID: SA11AI.11928
	mcallen	TX 78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00 contribution
	Name of Employer selfemployed	Occupation physician	Contribution
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	1000.00	
_	Full Name (Last, First, Middle Initial) Carlos Morales	1	Date of Receipt
	Mailing Address 3325 Kent Lane		05 28 2010
	City	State Zip Code	Transaction ID: SA11AI.12139
	mcallen	TX 78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00 contribution
	Name of Employer selfemployed	Occupation physician	Contribution
	Receipt For: Primary General	Aggregate Year-to-Date ▼ 1250.00	
_	Other (specify) ▼	1230.00	
	SUBTOTAL of Receipts This Page (optional)		700.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 98 / 159 (check only one) X
Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by any personame and address of any political committee to	
BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Carlos Morales Mailing Address 3325 Kent Lane City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78503	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date 1500.00	contribution
Full Name (Last, First, Middle Initial) Leonel Moreno Mailing Address 1608 Woods Drive		Date of Receipt 0 4 1 6 2 0 1 0
City	State Zip Code	Transaction ID: SA11Al.11929
mission FEC ID number of contributing federal political committee. Name of Employer selfemployed	TX 78572 C Occupation	Amount of Each Receipt this Period 250.00 contribution
Receipt For: Primary General Other (specify)	physician Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Leonel Moreno		Date of Receipt
Mailing Address 1608 Woods Drive		05 28 2010
City	State Zip Code	Transaction ID: SA11AI.12140
mission FEC ID number of contributing federal political committee.	TX 78572	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 99 / 159 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	statements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Leonel Moreno Mailing Address 1608 Woods Drive City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date 1500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Lauren Naylor Mailing Address 3020 Melinda Drive City Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Lauren Naylor Mailing Address 3020 Melinda Drive City Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.12335 Amount of Each Receipt this Period 50.00 contribution
SUBTOTAL of Receipts This Page (optional)		350.00
TOTAL This Period (last page this line number	only)	

Mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For:	MBER: PAGE 100 / 159 e) 11b 11c 12 14 15 16 17
Dr. Victor Ogunlana Mailing Address 2604 Santa Teresa City State Zip Code TX 78572 FEC ID number of contributing federal political committee. Name of Employer Self-employer Self-employer Self-employer City State Zip Code TX 78572 Amount of Cocupation doctor Receipt For: Primary General City Mission TX 78572 FEC ID number of contributing federal political committee. City State Zip Code Transaction TX 78572 Date of Receipt For: Primary General City Mission TX 78572 FEC ID number of contributing federal political committee. Name of Employer Self-employed Cocupation doctor Receipt For: Primary General Other (specify) ▼ State Zip Code Transaction TX 78572 Transaction Amount of Cocupation doctor Receipt For: Primary General Other (specify) ▼ State Zip Code Ty Amount of Countribution Ty 78574 Date of Receipt For: Primary General Other (specify) ▼ State Zip Code Ty Transaction Ty 78504 Transaction Transaction Ty 78504 City McAllen Ty 78504 Transaction Transaction Ty 78504 Transaction Transaction Ty 78504 Transaction Ty 78504	of soliciting contributions ns from such committee.
Dr. Victor Ogunlana Mailing Address 2604 Santa Teresa City State Zip Code TX 78572 FEC ID number of contributing federal political committee. Name of Employer self-employed Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Noel Olveira Mailing Address 9917 Bentsen Road City State Zip Code Txansaction Aggregate Year-to-Date ▼ Date of Rec Contribution Contribution Date of Rec M M M O 6 Transaction Aggregate Year-to-Date ▼ Date of Rec Txansaction Contribution Date of Rec Txansaction Amount of C Transaction Amount of C Transaction Amount of C Transaction Amount of C Transaction Amount of C Contribution Contribution Date of Rec Occupation Date of Rec Tyansaction Amount of C Contribution Contribution Contribution	28 2010 n ID: SA11AI.12142 Each Receipt this Period 50.00
Date of Rec Mailing Address 9917 Bentsen Road City State Zip Code McAllen TX 78504 FEC ID number of contributing federal political committee. Name of Employer selfemployed Cocupation physician	17 2010 n ID: SA11AI.12336 Each Receipt this Period
Primary General Other (specify) ▼ 400.00	16 2010 n ID: SA11AI.11932 Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)	200.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 101 / 159 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any personame and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Noel Olveira Mailing Address 9917 Bentsen Road City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Noel Olveira Mailing Address 9917 Bentsen Road City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 600.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.12337 Amount of Each Receipt this Period 100.00 contribution
Full Name (Last, First, Middle Initial) Armando Osio Mailing Address 600 Tulip City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y O 4 16 2010 Transaction ID: SA11AI.11933 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional)		450.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 102 / 159 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any personant and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Armando Osio Mailing Address 600 Tulip City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 1250.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Armando Osio Mailing Address 600 Tulip City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 1500.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.12338 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Carmen Osorio-Castillo Mailing Address 1601 Sebastian Drive City Mission FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation private investor Aggregate Year-to-Date 250.00	Date of Receipt M M M D D D Y Y Y Y Y Y Transaction ID: SA11AI.12339 Amount of Each Receipt this Period 50.00 contribution
SUBTOTAL of Receipts This Page (optional)		550.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 103 / 159 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
BORDER HEALTH FEDERAL PA	C	
Full Name (Last, First, Middle Initial) Fernando Otero		Date of Receipt
Mailing Address 121 E. Quamasia #148		04 16 2010
City mcallen	State Zip Code TX 78501	Transaction ID: SA11AI.11935
FEC ID number of contributing federal political committee.	TX 78501	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation	contribution
Receipt For: Primary General Other (specify)	physician Aggregate Year-to-Date ▼ 1000.00	1
Full Name (Last, First, Middle Initial) Fernando Otero		Date of Receipt
Mailing Address 121 E. Quamasia #148		05 28 7 9 9 10
City	State Zip Code	Transaction ID: SA11AI.12146
mcallen FEC ID number of contributing federal political committee.	TX 78501	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Fernando Otero		Date of Receipt
Mailing Address 121 E. Quamasia #148		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11Al.12340
mcallen FEC ID number of contributing federal political committee.	TX 78501	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
CURTOTAL of Descipts This Desc (entire	nal)	750.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 104 / 159 (check only one) X 11a
	Statements may not be sold or used by any pers e name and address of any political committee t	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Kip Owen Mailing Address 2305 Red River		Date of Receipt
City	State Zip Code	0 4 1 6 2 0 1 0 Transaction ID: SA11AI.11936
mcallen	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Kip Owen		Date of Receipt
Mailing Address 2305 Red River		05 28 2010
City	State Zip Code	Transaction ID: SA11AI.12147
mcallen	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	375.00	
Full Name (Last, First, Middle Initial) Kip Owen		Date of Receipt
Mailing Address 2305 Red River		0 6 1 7 Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.12341
mcallen	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00 contribution
Name of Employer selfemployed	Occupation physician	Continuation
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	450.00	
CURTOTAL of Possints This Page (antional)		225.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 105 / 159 (check only one) X 11a
An	for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC		
۸.	Full Name (Last, First, Middle Initial) Mr. Esteban Palacios, Jr.		Date of Receipt
	Mailing Address P.O. Box 3669		05 28 2010
	City Edinburg	State Zip Code TX 78540	Transaction ID: SA11AI.12148
	FEC ID number of contributing federal political committee.	C 703-40	Amount of Each Receipt this Period 50.00
	Name of Employer selfemployed	Occupation private investor	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Mr. Esteban Palacios, Jr.		Date of Receipt
	Mailing Address P.O. Box 3669		06 17 2010
	City	State Zip Code	Transaction ID: SA11AI.12342
	Edinburg FEC ID number of contributing federal political committee.	TX 78540	Amount of Each Receipt this Period 50.00
	Name of Employer selfemployed	Occupation private investor	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Prakash Palimar		Date of Receipt
	Mailing Address 121 Canary		04 16 2010
	City	State Zip Code	Transaction ID: SA11AI.11938
	mcallen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
_	UBTOTAL of Receipts This Page (optional)		350.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 106 / 159 (check only one) X 11a 11b 11c 12 13 14 15 16 11
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per le name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC		
۸.	Full Name (Last, First, Middle Initial) Prakash Palimar		Date of Receipt
	Mailing Address 121 Canary		05 28 2010
	City mcallen	State Zip Code TX 78504	Transaction ID: SA11AI.12149
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
- 3.	Full Name (Last, First, Middle Initial) Prakash Palimar		Date of Receipt
	Mailing Address 121 Canary		06 17 2010
	City	State Zip Code	Transaction ID: SA11AI.12343
	mcallen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
. –	Full Name (Last, First, Middle Initial) Dr. Jerry Pallares		Date of Receipt
	Mailing Address 24399 Dillworth Road	1	04 16 2010
	City <u>Ha</u> rlingen	State Zip Code TX 78552	Transaction ID: SA11AI.11939
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 125.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Γ.	SURTOTAL of Receipts This Page (optional)		625.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 107 / 159 (check only one) X
Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may not be sold or used by any person ename and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Dr. Jerry Pallares		Date of Receipt
Mailing Address 24399 Dillworth Road		05 28 7 2010
City Harlingen	State Zip Code TX 78552	Transaction ID: SA11AI.12150 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	
Full Name (Last, First, Middle Initial) Dr. Jerry Pallares		Date of Receipt
Mailing Address 24399 Dillworth Road		0 6 1 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.12344
Harlingen	TX 78552	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00 contribution
Name of Employer selfemployed	Occupation physician	Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial) Eduardo Peguero		Date of Receipt
Mailing Address P.O.Box 5959		0 4 1 6 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.11940
McAllen FEC ID number of contributing federal political committee.	TX 78502	Amount of Each Receipt this Period 150.00
Name of Employer Self-employed	Occupation physcian	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	600.00	
SUBTOTAL of Receipts This Page (optional) .	1	400.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 108 / 159 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Repor or for commercial purposes, other than u	ts and Statements may not be sold or used by any personsing the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Full Name (Last, First, Middle Initial) Eduardo Peguero		Date of Receipt
Mailing Address P.O.Box 5959		05 28 7 2010
City McAllen	State Zip Code TX 78502	Transaction ID: SA11AI.12151 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer Self-employed	Occupation physcian	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Eduardo Peguero	I	Date of Receipt
Mailing Address P.O.Box 5959		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.12345
<u>McAllen</u>	TX 78502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer Self-employed	Occupation physcian	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) Dr. Alberto Pena		Date of Receipt
Mailing Address 3716 Tigris		M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.12152
Edinburg FEC ID number of contributing federal political committee.	TX 78539	Amount of Each Receipt this Period 50.00
Name of Employer self-employed	Occupation doctor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (on	tional)	350.00
	number only)	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 109 / 159 (check only one) X 11a
, C	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers e name and address of any political committee to	con for the purpose of soliciting contributions o solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC		
Α.	Full Name (Last, First, Middle Initial) Dr. Alberto Pena		Date of Receipt
	Mailing Address 3716 Tigris	State 7 in Code	06 17 2010
	City <u>Edinburg</u>	State Zip Code TX 78539	Transaction ID: SA11AI.12346 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer self-employed	Occupation doctor	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
_ 3.	Full Name (Last, First, Middle Initial) Jose Pena		Date of Receipt
	Mailing Address 100 Bluebird	04 16 2010	
	City mcallen	State Zip Code TX 78504	Transaction ID: SA11AI.11942
	FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
_ >.	Full Name (Last, First, Middle Initial) Jose Pena	1	Date of Receipt
	Mailing Address 100 Bluebird		05 28 7 2010
	City	State Zip Code	Transaction ID: SA11AI.12153
	mcallen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1250.00	
Г		1	550.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate sch for each category Detailed Summar	of the
Ai	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	atements may not be sold or used name and address of any political	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Jose Pena Mailing Address 100 Bluebird City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
 3.	Other (specify) Full Name (Last, First, Middle Initial) Juan Pena Mailing Address 905 S. Huisache Court City pharr FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78577 C Occupation private investor Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y O 4 1 6 2 0 1 0 Transaction ID: SA11AI.11943 Amount of Each Receipt this Period 250.00 contribution
 C.	Full Name (Last, First, Middle Initial) Juan Pena Mailing Address 905 S. Huisache Court City pharr FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78577 C Occupation private investor Aggregate Year-to-Date 12	Date of Receipt M M D D D 28 2010 Transaction ID: SA11AI.12154 Amount of Each Receipt this Period 250.00 contribution
s	SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 111 / 159 (check only one) X 11a 11b 11c 12 13 14 15 16
· · ·	Statements may not be sold or used by any pers he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Juan Pena		Date of Receipt
Mailing Address 905 S. Huisache Cou		06 17 2010
City pharr	State Zip Code TX 78577	Transaction ID: SA11AI.12348 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation private investor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Dr. Nicholas Pereira		Date of Receipt
Mailing Address 7005 North Cynthia	0 4 1 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: SA11Al.11944
McAllen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 150.00
Name of Employer self-employee	Occupation physician	contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Nicholas Pereira		Date of Receipt
Mailing Address 7005 North Cynthia	0 5 2 8 2 0 1 0	
City McAllen	State Zip Code TX 78504	Transaction ID: SA11AI.12155 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer self-employee	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
SUBTOTAL of Receipts This Page (optional)		550.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 112 / 159 (check only one) X 11a 11b 11c 12 13 14 15 16 17		
or for commercial purposes, other than us	s and Statements may not be sold or used by any perso sing the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC			
Full Name (Last, First, Middle Initial) Dr. Nicholas Pereira Mailing Address 7005 North Cynt	ile: a	Date of Receipt		
Mailing Address 7005 North Cynt		06 17 2010		
City	State Zip Code	Transaction ID: SA11AI.12349		
McAllen	TX 78504	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	150.00		
Name of Employer self-employee	Occupation physician	contribution		
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	600.00			
Full Name (Last, First, Middle Initial) Ernie Perez		Date of Receipt		
Mailing Address P.O. Box 5360	Mailing Address P.O. Box 5360			
City	State Zip Code	Transaction ID: SA11Al.11945		
mcallen	TX 78502	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	134.26 contribution		
Name of Employer self-employed	Occupation private investor	Contribution		
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	452.12			
Full Name (Last, First, Middle Initial) Ernie Perez		Date of Receipt		
Mailing Address P.O. Box 5360		05 28 2010		
City	State Zip Code	Transaction ID: SA11Al.12156		
mcallen	TX 78502	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	83.92		
Name of Employer self-employed	Occupation private investor	contribution		
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	536.04			
SUBTOTAL of Receipts This Page (onti	ional)	368.18		
	number only)			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 113 / 159 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ernie Perez Mailing Address P.O. Box 5360 City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78502 C Occupation private investor Aggregate Year-to-Date ▼ 651.55	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: SA11AI.12350 Amount of Each Receipt this Period 115.51 contribution
Full Name (Last, First, Middle Initial) Claudia Pierson Mailing Address 6912 N. Peking City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date 885.80	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.11946 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Claudia Pierson Mailing Address 6912 N. Peking City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y O 5
SUBTOTAL of Receipts This Page (optional)		536.34

SCHEDULE A (FE ITEMIZED RECEI	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 114 / 159 (check only one) X
Any information copied from or for commercial purposes.	such Reports and Statements ma other than using the name and ac	ay not be sold or used by any perso	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE BORDER HEALTH F	(In Full)	,,,	
Full Name (Last, First, M Claudia Pierson	iddle Initial)		Date of Receipt
	N. Peking	0 6 1 7 2 0 1 0	
City	State	Zip Code	Transaction ID: SA11Al.12351
<u>mcallen</u>	TX	78501	Amount of Each Receipt this Period
FEC ID number of contri federal political committe			235.14
Name of Employer selfemployed	Occupation physicial physi		contribution
Receipt For: Primary Other (specify) ▼	Aggregat	te Year-to-Date ▼ 1291.77	
Full Name (Last, First, M Sergio Preciado	iddle Initial)		Date of Receipt
Mailing Address 521 E	E. Bluebird	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State	Zip Code	Transaction ID: SA11AI.11949
mcallen	TX	78504	Amount of Each Receipt this Period
FEC ID number of contri federal political committe			250.00
Name of Employer selfemployed	Occupation physicia		contribution
Receipt For:		te Year-to-Date 🔻	
Primary ☐ C Other (specify) ▼	General	993.01	
Full Name (Last, First, M Sergio Preciado	iddle Initial)		Date of Receipt
	E. Bluebird		05 28 2010
City	State	Zip Code	Transaction ID: SA11Al.12160
<u>mcallen</u>	TX	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.			234.82
Name of Employer selfemployed	Occupation physicial physi		contribution
Receipt For:		te Year-to-Date ▼	_
Primary ☐ CO	General	1227.83	
			719.96

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 115 / 159 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Sergio Preciado Mailing Address 521 E. Bluebird City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 1477.83	Date of Receipt M M J D D J Z D 1 D Transaction ID: SA11AI.12354 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Sergio Ramirez Mailing Address 1608 Woods Drive City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.11950 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Sergio Ramirez Mailing Address 1608 Woods Drive City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 1250.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 116 / 159 (check only one) X
Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Sergio Ramirez Mailing Address 1608 Woods Drive		Date of Receipt
City	State Zip Code	0 6 1 7 2 0 1 0 Transaction ID: SA11AI.12355
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Gustavo Ramos		Date of Receipt
Mailing Address 1301 S. Perking		0 4 1 6 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.11951
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physicain	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Gustavo Ramos	I	Date of Receipt
Mailing Address 1301 S. Perking		05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.12162
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer selfemployed	Occupation physicain	Continuation
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	1250.00	
SUBTOTAL of Receipts This Page (optional)		750.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 117 / 159 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or fo	information copied from such Reports and S r commercial purposes, other than using the IAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A. G. M. C. M. F. F. F. F. S.	ull Name (Last, First, Middle Initial) flustavo Ramos flailing Address 1301 S. Perking flustive incallen EC ID number of contributing ederal political committee. Idame of Employer elfemployed fleeceipt For: Primary General Other (specify)	State TX C Occupation physicair Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3. N. N. C. E. F. f. e. S.	ull Name (Last, First, Middle Initial) fr. Mario Rangel failing Address 3213 Lance Lot Lane city Edinburg EC ID number of contributing ederal political committee. lame of Employer elfemployed fecceipt For: Primary General Other (specify)	State TX C Occupation private in Aggregate	Zip Code 78539	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Free Free Free Free Free Free Free Free	ull Name (Last, First, Middle Initial) fr. Mario Rangel failing Address 3213 Lance Lot Lane Sity Edinburg EC ID number of contributing ederal political committee. Iame of Employer elfemployed fecceipt For: Primary General Other (specify)	State TX C Occupation private in Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.12358 Amount of Each Receipt this Period 50.00 contribution
SUI	BTOTAL of Receipts This Page (optional)			350.00

Γ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	totomonto mo	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 118 / 159 (check only one) X 11a
	Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ 4.	Full Name (Last, First, Middle Initial) R.V. Reddy Mailing Address 1500 Southland Drive			Date of Receipt 0 4 1 6 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.11955
	weslaco	TX	78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer selfemployed	Occupation		contribution
	Receipt For: Primary General Other (specify)	physiciar Aggregate	Year-to-Date ▼ 500.00	
_ 3.	Full Name (Last, First, Middle Initial) R.V. Reddy			Date of Receipt
	Mailing Address 1500 Southland Drive	05 28 2010		
	City	State	Zip Code	Transaction ID: SA11AI.12166
	weslaco FEC ID number of contributing federal political committee.	C	78596	Amount of Each Receipt this Period
	Name of Employer selfemployed	Occupation physiciar		contribution
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 625.00	
_ ;.	Full Name (Last, First, Middle Initial) R.V. Reddy Mailing Address 1500 Southland Drive			Date of Receipt
				06 17 2010
	City weslaco	State TX	Zip Code 78596	Transaction ID: SA11AI.12360 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1 1	125.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	
	SUBTOTAL of Receipts This Page (optional)			375.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 119 / 159 (check only one) X 11a
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	
Z	Full Name (Last, First, Middle Initial) William Restrepo Mailing Address 1117 S. Cynthia City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed	State TX C Occupatio physiciar		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Receipt For: Primary General Other (specify)	, ' ' ' 	Year-to-Date ▼ 1000.00	
	Full Name (Last, First, Middle Initial) William Restrepo Mailing Address 1117 S. Cynthia	1		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.12168
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupatio physiciar		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1250.00	
	Full Name (Last, First, Middle Initial) William Restrepo	1		Date of Receipt
	Mailing Address 1117 S. Cynthia			06 17 2010
	City	State TX	Zip Code	Transaction ID: SA11AI.12362
	mcallen FEC ID number of contributing federal political committee.	C	78504	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupatio physiciar		contribution
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1500.00	
	SUBTOTAL of Receipts This Page (optional)	1		750.00

Γ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	for ea Detail	separate schedule(s) ach category of the led Summary Page	FOR LINE NUMBER: PAGE 120 / 159 (check only one) X
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	name and address of a	any political committee to s	solicit contributions from such committee.
∠ 4.	Full Name (Last, First, Middle Initial) Homero Rivas Mailing Address 100 E. Houston			Date of Receipt O 4 D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	•	Code	Transaction ID: SA11AI.11959
	mcallen FEC ID number of contributing federal political committee.	TX 785	501	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation physician Aggregate Year-to-	Date ▼	- contribution
3.	Full Name (Last, First, Middle Initial) Homero Rivas Mailing Address 100 E. Houston			Date of Receipt 0 5 2 8 2 0 1 0
	City	State Zip	Code	Transaction ID: SA11AI.12170
	mcallen FEC ID number of contributing federal political committee.	TX 785	501	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-	Date ▼ 1250.00	
	Full Name (Last, First, Middle Initial) Homero Rivas Mailing Address 100 E. Houston	L		Date of Receipt 0 6 17 2 0 1 0
	City	State Zip	Code	Transaction ID: SA11AI.12364
	mcallen	TX 785	501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-	Date ▼ 1500.00	
	SUBTOTAL of Receipts This Page (optional)	<u> </u>		750.00

I7	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Statements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 121 / 159 (check only one) X
5	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	e name and add	dress of any political committee to	os solicit contributions from such committee.
∠ 4.	Full Name (Last, First, Middle Initial) Benjamin Robalino Mailing Address 1217 S. Cynthia	01.1	7.0.4	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City mcallen	State TX	Zip Code 78501	Transaction ID: SA11AI.11960 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	78301	250.00
	Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physcian Aggregate		contribution
3.	Full Name (Last, First, Middle Initial) Benjamin Robalino Mailing Address 1217 S. Cynthia			Date of Receipt 0 5 2 8 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.12171
	<u>mcallen</u>	TX	78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00 contribution
	Name of Employer selfemployed	Occupation physcian		Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1250.00	
_	Full Name (Last, First, Middle Initial) Benjamin Robalino Mailing Address 1217 S. Cynthia			Date of Receipt 0 6 1 7 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.12365
	<u>mcallen</u>	TX	78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer selfemployed	Occupation physcian		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00	
	SUBTOTAL of Receipts This Page (optional)	•		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 122 / 159 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any pers le name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Martin Rocha Mailing Address P.O. Box 662 City Santa Rosa FEC ID number of contributing federal political committee. Name of Employer selfemployed	State Zip Code TX 78593 C Occupation private investor	Date of Receipt M M M
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Martin Rocha Mailing Address P.O. Box 662		Date of Receipt 0 6 1 7 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.12366
Santa Rosa	TX 78593	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00 contribution
Name of Employer selfemployed	Occupation private investor	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Paulette Saca		Date of Receipt
Mailing Address 109 Condor		0 4 1 6 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.11962
<u>mcallen</u>	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer self-employed	Occupation private investor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		225.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 123 / 159 (check only one) X
Ar	y information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	ratements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<u>/_</u> 	Full Name (Last, First, Middle Initial) Paulette Saca Mailing Address 109 Condor City mcallen FEC ID number of contributing	State Zip Code TX 78504	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date 625.00	contribution
3.	Full Name (Last, First, Middle Initial) Paulette Saca Mailing Address 109 Condor City mcallen	State Zip Code TX 78504	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation private investor Aggregate Year-to-Date 750.00	contribution
<u> </u>	Full Name (Last, First, Middle Initial) Javier Saenz Mailing Address 2308 Monaco Drive City mission FEC ID number of contributing	State Zip Code TX 78574	Date of Receipt M M M / D D M 2 0 1 0 Transaction ID: SA11AI.11963 Amount of Each Receipt this Period 250.00
	federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date 1000.00	contribution
s	UBTOTAL of Receipts This Page (optional)	_	500.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 124 / 159 (check only one) X 11a 11b 11c 12 13 14 15 16 11
0	r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse name and address of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
\angle	BORDER HEALTH FEDERAL PAC		
١.	Full Name (Last, First, Middle Initial) Javier Saenz		Date of Receipt
	Mailing Address 2308 Monaco Drive		05 28 2010
	City mission	State Zip Code TX 78574	Transaction ID: SA11AI.12174 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C 70374	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
- 3.	Full Name (Last, First, Middle Initial) Javier Saenz		Date of Receipt
	Mailing Address 2308 Monaco Drive		0 6 1 7 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.12368
	mission FEC ID number of contributing federal political committee.	TX 78574	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1500.00	
. —	Full Name (Last, First, Middle Initial) JJ Saenz		Date of Receipt
	Mailing Address 2400 S.E. Augusta Square		0 4 1 6 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.11964
	mcallen FEC ID number of contributing federal political committee.	TX 78503	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Γ	SUBTOTAL of Receipts This Page (optional) .	1	750.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 125 / 159 (check only one) X 11a 11b 11c 12 13 14 15 16 17
C	any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any persename and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
۸.	Full Name (Last, First, Middle Initial) JJ Saenz		Date of Receipt
	Mailing Address 2400 S.E. Augusta Sq		05 28 2010
	City mcallen	State Zip Code TX 78503	Transaction ID: SA11AI.12175
	FEC ID number of contributing federal political committee.	C 78303	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
 3.	Full Name (Last, First, Middle Initial) JJ Saenz		Date of Receipt
	Mailing Address 2400 S.E. Augusta Sq	uare	0 6 1 7 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.12369
	mcallen	TX 78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00 contribution
	Name of Employer selfemployed	Occupation physician	33.11.33.13.1
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1500.00	
_).	Full Name (Last, First, Middle Initial) Larry Safir		Date of Receipt
	Mailing Address 3300 S. 2nd suite 10		0 4 1 6 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.11965
	mcallen FEC ID number of contributing federal political committee.	TX 78503	Amount of Each Receipt this Period 250.00
	Name of Employer self-employed	Occupation private investor	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 126 / 159 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any personame and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Larry Safir Mailing Address 3300 S. 2nd suite 10 City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78503 C Occupation private investor Aggregate Year-to-Date ▼ 1250.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Larry Safir Mailing Address 3300 S. 2nd suite 10 City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78503 C Occupation private investor Aggregate Year-to-Date 1500.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.12370 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Juan Salazar Mailing Address 801 E Nolana Loop City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D D / Y Y Y Y Y O 4 1 6 2 0 1 0 Transaction ID: SA11AI.11966 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional)		750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 127 / 159 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A or	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any p name and address of any political committe	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC		
۱.	Full Name (Last, First, Middle Initial) Juan Salazar		Date of Receipt
	Mailing Address 801 E Nolana Loop	State Zip Code	05 28 2010
	City McAllen	TX 78504	Transaction ID: SA11AI.12177 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
- 3.	Full Name (Last, First, Middle Initial) Juan Salazar	I	Date of Receipt
	Mailing Address 801 E Nolana Loop		0 6 1 7 Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.12371
	McAllen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
. –	Full Name (Last, First, Middle Initial) Elisa Garza Sanchez		Date of Receipt
	Mailing Address 3509 N. Glasscock		04 16 2010
	City Mission	State Zip Code TX 78574	Transaction ID: SA11AI.11967 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer Self employed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	· .
Γ,	SUBTOTAL of Receipts This Page (optional)	ı	625.00

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 128 / 159 (check only one) X
Any information copied from such Report for commercial purposes, other than NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	rts and Statements may not be sold or used by any person using the name and address of any political committee to PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Elisa Garza Sanchez Mailing Address 3509 N. Glasscock City Mission FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify)	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date 625.00	Date of Receipt M M M / D D / Y Y Y Y Y 0 5 28 2010 Transaction ID: SA11AI.12178 Amount of Each Receipt this Period 125.00 contribution
Full Name (Last, First, Middle Initial) Elisa Garza Sanchez Mailing Address 3509 N. Glasscock City Mission FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify)	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date 750.00	Date of Receipt M M M / D D / Y Y Y Y Y O 6 17 7 2 0 1 0 Transaction ID: SA11AI.12372 Amount of Each Receipt this Period 125.00 contribution
Full Name (Last, First, Middle Initial) Luis San Miguel Mailing Address 1912 Fair Oak City Mission FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify)	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (o	otional)	350.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 129 / 159 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Luis San Miguel Mailing Address 1912 Fair Oak City Mission FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For:	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M M
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	400.00	
Luis San Miguel Mailing Address 1912 Fair Oak		Date of Receipt Date of Receipt 1 7 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.12373
Mission FEC ID number of contributing federal political committee.	TX 78574	Amount of Each Receipt this Period 100.00
Name of Employer Self employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Samuel Serna		Date of Receipt
Mailing Address 125 E. Cornell		04 / 16 / Y Y Y Y Y
City McAllen	State Zip Code TX 78504	Transaction ID: SA11AI.11969
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 100.00
Name of Employer self-employee	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)	•	300.00

Γ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 130 / 159 (check only one) X
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	name and address of any political committee	to solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) Dr. Samuel Serna Mailing Address 125 E. Cornell		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.12180
	McAllen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 100.00
	Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 400.00	contribution
3.	Full Name (Last, First, Middle Initial) Dr. Samuel Serna Mailing Address 125 E. Cornell		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.12374
	McAllen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer self-employee	Occupation physician	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
- ;.	Full Name (Last, First, Middle Initial) Tawhid Shuaib Mailing Address 4000 Burns Drive		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.11970
	mcallen	TX 78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)	1	450.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate s for each catego Detailed Summ	ry of the
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may not be sold or use name and address of any politica	d by any person for the purpose of soliciting contributions al committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Tawhid Shuaib Mailing Address 4000 Burns Drive City mcallen FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 78503 C	Date of Receipt M M
Receipt For: Primary General Other (specify)		1250.00
Full Name (Last, First, Middle Initial) Tawhid Shuaib Mailing Address 4000 Burns Drive		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.12375
<u>mcallen</u>	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	contribution
Name of Employer selfemployed	Occupation physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	1500.00
Full Name (Last, First, Middle Initial) Dennis Slavin		Date of Receipt
Mailing Address 1501 S. Oklahoma		05 28 2010
City	State Zip Code	Transaction ID: SA11AI.12183
weslaco FEC ID number of contributing federal political committee.	TX 78596	Amount of Each Receipt this Period 50.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date	250.00
SUBTOTAL of Receipts This Page (optional)	1	550.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 132 / 159 (check only one) X
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Dennis Slavin Mailing Address 1501 S. Oklahoma		Date of Receipt
	Chata 7'- Cada	06 17 2010
City weslaco	State Zip Code TX 78596	Transaction ID: SA11AI.12377 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Joel Solis		Date of Receipt
Mailing Address 405 E. Avocet		0 4 1 6 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.11974
Mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.74 contribution
Name of Employer self-employed	Occupation physician	Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	561.47	
Full Name (Last, First, Middle Initial) Joel Solis		Date of Receipt
Mailing Address 405 E. Avocet		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Mcallen	State Zip Code TX 78501	Transaction ID: SA11AI.12185 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 78301	104.21
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 665.68	
SUBTOTAL of Receipts This Page (optional) .		320.95

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each Detailed	parate schedule(s) category of the I Summary Page	FOR LINE NUMBER: PAGE 133 / 159 (check only one) X
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be solo name and address of any	d or used by any persor political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC			
A.	Full Name (Last, First, Middle Initial) Joel Solis Mailing Address 405 E. Avocet			Date of Receipt
	City	State Zip Co	ode	Transaction ID: SA11AI.12379
	Mcallen	TX 78501		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		143.44
	Name of Employer self-employed	Occupation physician		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Da	ate ▼ 809.12	
В.	Full Name (Last, First, Middle Initial) Dr. Hector Soto			Date of Receipt
	Mailing Address 101 South Greenbriar			04 16 7 2010
	City	State Zip Co		Transaction ID: SA11AI.11975
	McAllen	TX 78502	2	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer self-employee	Occupation physician		Continuation
	Receipt For:	Aggregate Year-to-Da	ate V	
	Primary General Other (specify) ▼		500.00	
С.	Full Name (Last, First, Middle Initial) Dr. Hector Soto	ı		Date of Receipt
	Mailing Address 101 South Greenbriar			05 28 7 2010
	City McAllen	State Zip Co TX 78502		Transaction ID: SA11AI.12186
	FEC ID number of contributing federal political committee.	TX 78502		Amount of Each Receipt this Period 250.00
	Name of Employer self-employee	Occupation physician		contribution
	Receipt For:	Aggregate Year-to-Da	ate V	1
	Primary General Other (specify) ▼		750.00	
	SUBTOTAL of Receipts This Page (optional)			643.44
	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 134 / 159 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any per e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Hector Soto Mailing Address 101 South Greenbrian City McAllen	State Zip Code TX 78502	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer	C Occupation	250.00 contribution
Receipt For: Primary Other (specify) ▼	physician Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Alejandro Tey Mailing Address 3012 Laurie Lane		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.11976
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer Self employed	Occupation physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Alejandro Tey		Date of Receipt
Mailing Address 3012 Laurie Lane		05 28 2010
City Edinburg	State Zip Code TX 78539	Transaction ID: SA11AI.12189
FEC ID number of contributing federal political committee.	TX 78539	Amount of Each Receipt this Period 250.00
Name of Employer Self employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
		750.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 135 / 159 (check only one) X 11a
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	atements may not be sold or used by any pers name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Alejandro Tey Mailing Address 3012 Laurie Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer Self employed	State Zip Code TX 78539 C Occupation physician	Date of Receipt M M D D 2 0 1 0
_	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
3.	Full Name (Last, First, Middle Initial) Jose Trejo Mailing Address 112 S. Broadway		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78501	Transaction ID: SA11AI.11977 Amount of Each Receipt this Period 250.00
	Name of Employer self-employed	Occupation private investor	contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
-).	Full Name (Last, First, Middle Initial) Jose Trejo Mailing Address 112 S. Broadway		Date of Receipt 0 5 2 8 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.12190
	mcallen FEC ID number of contributing federal political committee.	TX 78501	Amount of Each Receipt this Period 250.00
	Name of Employer self-employed	Occupation private investor	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
	SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 136 / 159 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	statements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jose Trejo Mailing Address 112 S. Broadway City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation private investor Aggregate Year-to-Date 1500.00	Date of Receipt M M M D D D 2 2 0 1 0 Transaction ID: SA11AI.12384 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Susan Turley Mailing Address 312 Thunderbird City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 1000.00	Date of Receipt M M M J D D J 2010 Transaction ID: SA11AI.11979 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Susan Turley Mailing Address 312 Thunderbird City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 1250.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	·)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 137/159 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may	y not be sold or used by any pers	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		,,,	
Full Name (Last, First, Middle Initial) Susan Turley			Date of Receipt
Mailing Address 312 Thunderbird			0 6 1 7 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.12386
mcallen FEC ID number of contributing federal political committee.	C	78504	Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Marcel Twahirwa			Date of Receipt
Mailing Address 2403 El Encino Driv	е		0 4 1 6 2 0 1 0
City mission	State TX	Zip Code 78572	Transaction ID: SA11AI.11980 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70072	250.00
Name of Employer selfemployed	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Marcel Twahirwa			Date of Receipt
Mailing Address 2403 El Encino Drive			05 28 2010
City mission	State TX	Zip Code 78572	Transaction ID: SA11AI.12193 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10072	250.00
Name of Employer selfemployed	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1250.00	
SUBTOTAL of Receipts This Page (optional	\		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 138 / 159 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any persename and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Marcel Twahirwa Mailing Address 2403 El Encino Drive City mission FEC ID number of contributing	State Zip Code TX 78572	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify) ▼	Occupation physician Aggregate Year-to-Date 1500.00	contribution
Full Name (Last, First, Middle Initial) Jose Vasquez Mailing Address 2548 Palm Circle City	State Zip Code	Date of Receipt M
rio grande city FEC ID number of contributing federal political committee. Name of Employer selfemployed	TX 78582 C Occupation physician	Amount of Each Receipt this Period 250.00 contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Jose Vasquez Mailing Address 2548 Palm Circle		Date of Receipt 0 5 2 8 2 0 1 0
City rio grande city FEC ID number of contributing	State Zip Code TX 78582	Transaction ID: SA11AI.12110 Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1250.00	
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC F ITEMIZED RECEIPTS	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 139 / 159 (check only one)
Any information copied from such or for commercial purposes, other	Reports and Statements may than using the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (IN F BORDER HEALTH FEDE	(االـ	,,,	
Full Name (Last, First, Middle I Jose Vasquez	nitial)		Date of Receipt
Mailing Address 2548 Palm	n Circle		0 6 1 7 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.12307
rio grande city FEC ID number of contributing federal political committee.	C	78582	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle I Dr. Efraim Vela	nitial)		Date of Receipt
Mailing Address 100 E. Ridge Road #B			0 4 1 6 2 0 1 0
City McAllen	State TX	Zip Code 78503	Transaction ID: SA11AI.11981 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	7,0000	250.00
Name of Employer selfemployed	Occupation physician		contribution
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼	
Full Name (Last, First, Middle I	nitial)		Date of Receipt
Mailing Address 100 E. Ridge Road #B			05 28 2010
City McAllen	State TX	Zip Code 78503	Transaction ID: SA11AI.12194
FEC ID number of contributing federal political committee.		76505	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physiciar		contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1250.00	
SUBTOTAL of Receipts This Pa	I (antique)		750.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate for each cate Detailed Sun		FOR LINE NUMBER: PAGE 140 / 159 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	atements may not be sold or uname and address of any poli	used by any person tical committee to so	for the purpose of soliciting contributions olicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Dr. Efraim Vela Mailing Address 100 E. Ridge Road #B City	State Zip Code		Date of Receipt M
	McAllen FEC ID number of contributing federal political committee.	TX 78503	0	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date	1500.00	contribution
3.	Full Name (Last, First, Middle Initial) Mr. Orlando Velazquez Mailing Address 1806 Summerfield Driv	е		Date of Receipt 0 5 2 8 2 0 1 0
	City	State Zip Code		Transaction ID: SA11Al.12195
	Edinburg FEC ID number of contributing federal political committee.	TX 78539	1	Amount of Each Receipt this Period 50.00
	Name of Employer selfemployed	Occupation private investor		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	250.00	
- :.	Full Name (Last, First, Middle Initial) Mr. Orlando Velazquez			Date of Receipt
	Mailing Address 1806 Summerfield Drive			06 17 2010
	City Edinburg	State Zip Code TX 78539		Transaction ID: SA11AI.12389 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer selfemployed	Occupation private investor		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	300.00	
ſ	SUBTOTAL of Receipts This Page (optional)			350.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 141 / 159 (check only one) X
or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal ename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Mr. Rolando Velazquez		Date of Receipt
Mailing Address Rt 2 Box 658		05 28 7 2010
City	State Zip Code	Transaction ID: SA11AI.12196
Raymondville FEC ID number of contributing federal political committee.	TX 78580	Amount of Each Receipt this Period 50.00
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	1
Full Name (Last, First, Middle Initial) Mr. Rolando Velazquez		Date of Receipt
Mailing Address Rt 2 Box 658		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.12390
Raymondville FEC ID number of contributing federal political committee.	TX 78580	Amount of Each Receipt this Period 50.00
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Ramiro Verdoreen	1	Date of Receipt
Mailing Address 301 E. Newport		0 4 1 6 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.11984
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer selfemployed	Occupation physician	Continuation
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional) .		350.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 142 / 159 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any persename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ramiro Verdoreen Mailing Address 301 E. Newport City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date 750.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Ramiro Verdoreen Mailing Address 301 E. Newport City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.12391 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Carlos Villalta Mailing Address P. O. Box 1632 City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78573 C Occupation physician Aggregate Year-to-Date 500.00	Date of Receipt M M / D D / Y Y Y Y Y O 4 1 6 2 0 1 0 Transaction ID: SA11AI.11985 Amount of Each Receipt this Period 125.00 contribution
SUBTOTAL of Receipts This Page (optional)		625.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 143 / 159 (check only one) X
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pere name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC		
	Full Name (Last, First, Middle Initial) Carlos Villalta		Date of Receipt
	Mailing Address P. O. Box 1632		05 28 2010
	City mission	State Zip Code TX 78573	Transaction ID: SA11AI.12198 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	
	Full Name (Last, First, Middle Initial) Carlos Villalta	I	Date of Receipt
	Mailing Address P. O. Box 1632		0 6 1 7 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.12392
	mission	TX 78573	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00 contribution
	Name of Employer selfemployed	Occupation physician	Contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	750.00	
_	Full Name (Last, First, Middle Initial) Rita Villanueva		Date of Receipt
	Mailing Address 801 E. Nolana Suite 4		0 4 1 6 2 0 1 0
	City mcallen	State Zip Code TX 78504	Transaction ID: SA11AI.11986 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	167.16
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 562.90	
	SUBTOTAL of Receipts This Page (optional) .		417.16

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 144 / 159 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any per- name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Rita Villanueva Mailing Address 801 E. Nolana Suite 4 City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 667.38	Date of Receipt M M
Full Name (Last, First, Middle Initial) Rita Villanueva Mailing Address 801 E. Nolana Suite 4 City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 811.19	Date of Receipt M M 2 0 1 0
Full Name (Last, First, Middle Initial) Victor Villarreal Mailing Address 901 W. Moore City pharr FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78577 C Occupation physician Aggregate Year-to-Date 460.20	Date of Receipt M M J D D D Z D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		384.95

SCHEDULE A (FEC Form 3X)

Γ	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Page	(clieck drily drie) X 11a
	ANY Information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	name and address of any political comm	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
∠ 4 .	Full Name (Last, First, Middle Initial) Victor Villarreal Mailing Address 901 W. Moore		Date of Receipt
	City pharr	State Zip Code TX 78577	Transaction ID: SA11AI.12200 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer selfemployed	Occupation physician	eontribution 85.41
_	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 545.6	61
3.	Full Name (Last, First, Middle Initial) Victor Villarreal Mailing Address 901 W. Moore		Date of Receipt M M D D V Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.12394
	pharr FEC ID number of contributing federal political committee.	TX 78577	Amount of Each Receipt this Period 117.57
	Name of Employer selfemployed Receipt For:	Occupation physician	contribution
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 663.1	18
_).	Full Name (Last, First, Middle Initial) Roger Vitko Mailing Address 1017 south 1st		Date of Receipt 0 4 1 6 2 0 1 0
	City	State Zip Code	0 4 1 6 2 0 1 0 Transaction ID: SA11AI.11988
	<u>mcallen</u>	TX 78502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	150.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.0	00
	SUBTOTAL of Receipts This Page (optional)		352.98

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 146 / 159 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAGE		
Full Name (Last, First, Middle Initial) A. Roger Vitko		Date of Receipt
Mailing Address 1017 south 1st		05 28 2010
City <u>mcallen</u>	State Zip Code TX 78502	Transaction ID: SA11AI.12201 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Roger Vitko	l	Date of Receipt
Mailing Address 1017 south 1st		06 17 2010
City	State Zip Code	Transaction ID: SA11AI.12395
mcallen	TX 78502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	150.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) C. Raymond Walker		Date of Receipt
Mailing Address 1117 Shallow apt 4		0 4 1 6 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.11989
mcallen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation private investor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (options	al)	550.00
	nber only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 147 / 159 (check only one) X 11a
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	
Full Name (Last, First, Middle Initial) Raymond Walker Mailing Address 1117 Shallow apt 4 City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date 1250.00	Date of Receipt M M M / D D M 28 2010 Transaction ID: SA11AI.12202 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Raymond Walker Mailing Address 1117 Shallow apt 4 City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date 1500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) James Webb Mailing Address 312 Redbud City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date 508.65	Date of Receipt M M M / D D / Y Y Y Y Y O 4 1 6 2 0 1 0 Transaction ID: SA11AI.11990 Amount of Each Receipt this Period 151.05 contribution
SUBTOTAL of Receipts This Page (optional)		651.05

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 148 / 159 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) James Webb Mailing Address 312 Redbud City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date 603.06	Date of Receipt M
Full Name (Last, First, Middle Initial) James Webb Mailing Address 312 Redbud City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date 733.01	Date of Receipt 0 6 17 2010 Transaction ID: SA11AI.12397 Amount of Each Receipt this Period 129.95 contribution
Full Name (Last, First, Middle Initial) Patrick Wilcox Mailing Address 111 Rio Grande City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 400.00	Date of Receipt M M M / 16 2010 Transaction ID: SA11AI.11991 Amount of Each Receipt this Period 100.00 contribution
SUBTOTAL of Receipts This Page (optional)		324.36

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 149 / 159 (check only one) X 11a
\ \ \	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pe e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
/	BORDER HEALTH FEDERAL PAC		
۱.	Full Name (Last, First, Middle Initial) Patrick Wilcox		Date of Receipt
	Mailing Address 111 Rio Grande	Chata Zin Coda	05 28 2010
	City mission	State Zip Code TX 78572	Transaction ID: SA11AI.12204 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Patrick Wilcox		Date of Receipt
	Mailing Address 111 Rio Grande		06 17 2010
	City	State Zip Code	Transaction ID: SA11AI.12398
	mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer selfemployed	Occupation physician	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
	Full Name (Last, First, Middle Initial) Subbarrao Yarra		Date of Receipt
	Mailing Address 6905 N. Cynthia		05 28 7 2010
	City <u>McAllen</u>	State Zip Code TX 78504	Transaction ID: SA11AI.12205 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Self-employed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .		250.00

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 150 / 159 (check only one) X 11a
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any pers name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Subbarrao Yarra Mailing Address 6905 N. Cynthia City McAllen FEC ID number of contributing federal political committee. Name of Employer Self-employed	State Zip Code TX 78504 C Occupation	Date of Receipt M M M / D D / Y Y Y Y Y O 6 1 7 2 0 1 0 Transaction ID: SA11AI.12399 Amount of Each Receipt this Period 50.00 contribution
	Receipt For: Primary General Other (specify)	physician Aggregate Year-to-Date ▼ 300.00	
 B.	Full Name (Last, First, Middle Initial) Dr. Christopher Zaleski Mailing Address 6804 N. 1st		Date of Receipt 0 4 1 6 2 0 1 0
	City mcallen FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 78504 C Occupation	Transaction ID: SA11AI.11993 Amount of Each Receipt this Period 250.00 contribution
	Receipt For: Primary General Other (specify)	physician Aggregate Year-to-Date 1000.00	
).	Full Name (Last, First, Middle Initial) Dr. Christopher Zaleski Mailing Address 6804 N. 1st		Date of Receipt 0 5 2 8 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.12206
	mcallen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1250.00	
5	SUBTOTAL of Receipts This Page (optional)		550.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 151 / 159 (check only one) X
An	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	
	Full Name (Last, First, Middle Initial) Dr. Christopher Zaleski Mailing Address 6804 N. 1st City mcallen FEC ID number of contributing federal political committee. Name of Employer	State TX C	Zip Code 78504	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Receipt For: Primary General Other (specify) ▼	physicia]
	Full Name (Last, First, Middle Initial) Hugo Zapata Mailing Address 316 Xenops			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.11994
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physicial		- contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	Full Name (Last, First, Middle Initial) Hugo Zapata Mailing Address 316 Xenops			Date of Receipt
				05 28 2010
	City	State TX	Zip Code	Transaction ID: SA11AI.12207
	mcallen FEC ID number of contributing federal political committee.	C	78504	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1250.00	
SI	UBTOTAL of Receipts This Page (optional)	1	.	750.00

FOR LINE NUMBER: PAGE 152 / 159 **SCHEDULE A (FEC Form 3X)** Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 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 (Last, First, Middle Initial) Date of Receipt Hugo Zapata Mailing Address 316 Xenops 06 17 2010 City State Zip Code Transaction ID: SA11AI.12401 mcallen TX 78504 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. contribution Name of Employer selfemployed Occupation physician Receipt For: Aggregate Year-to-Date Primary General 1500.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	>	250.00
TOTAL This Period (last page this line number only)	•	87075.75

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the nan			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	, p		
/ Full Name (Last, First, Middle Initial)			Transaction ID: SB21B.12421
Cantus Special Events			Date of Disbursement
Mailing Address 1601 N. 7th			$\begin{bmatrix} \begin{smallmatrix} M & S & M \\ O & S & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & S \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & I & O \end{smallmatrix} \end{bmatrix}$
City McAllen	State Zip Code TX 78501		Amount of Each Disbursement this Period
Purpose of Disbursement			211.09
arrangements/tables/linen for pac members meet Candidate Name	ing/breakfast	003 Category/ Type	
Senate President	ement For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) Peppers			Transaction ID: SB21B.12420 Date of Disbursement
Mailing Address 4620 North 10th Street			$\begin{bmatrix} \begin{smallmatrix} M & S & M \\ O & S & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & D \end{smallmatrix} \end{bmatrix} $
City McAllen	State Zip Code TX 78504		Amount of Each Disbursement this Period
Purpose of Disbursement meeting/breakfast for pac members/guests		003	769.50
Candidate Name		Category/ Type	
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) Peppers			Transaction ID: SB21B.12424 Date of Disbursement
Mailing Address 4620 North 10th Street			$\begin{bmatrix} \begin{smallmatrix} M & S & M \\ O & S & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D & D \\ D & D & D \\ D & D & D \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & D & D \\ D & D & D & D \\ D & D & D & D \end{bmatrix}$
City McAllen	State Zip Code TX 78504		Amount of Each Disbursement this Period
Purpose of Disbursement meeting/dinner for pac members/guests		003	1555.70
Candidate Name		Category/ Type	
Senate President	ement For: Primary General Other (specify)		
State: District:			
SUBTOTAL of Disbursements This Page (optional)			2536.29

TOTAL This Period (last page this line number only)

		3 (FEC Form 3	•		arate schedule(s)			R LINI			R:			PA	AGE	154	/ 159
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	Texas Valley Communities Foundation							D	ate c	f Di	sburs	eme					
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	City Edinburg			State	Zip Code 78539				Aı	noui	nt of	Eacl	n Dis	burse	men	nt this	Perio
	Purpose of Disbu	rsement			7 0000	Г	012	,	L						250	0.00	0
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	State:	District: First, Middle Initial)															
	Water Tower V	. ,							D	ate c	f Di	sburs	eme	B21I nt			
	Mailing Address 52211 N. McColl Road									5	M /	D (0 7		Ž	0 1	0 1
	City McAllen			State TX	Zip Code 78504				Aı	noui	nt of	Eacl	n Dis	burse	-	nt this	
	Purpose of Disbu		Г	001			_	_				13	31.2	5			
	Candidate Name					ateg	ory/										
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	omoo oodg	Senate President		Primary Other (sp	General ecify)												

TOTAL This Period (last page this line number only)

В.

SCHEDULE B (FEC Form 3X)

Senate

District:

President

FOR LINE NUMBER: PAGE 155 / 159 Use separate schedule(s) (check only one) **ITEMIZED DISBURSEMENTS** for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Transaction ID: SB21B.12429 Water Tower Village Date of Disbursement 2 2 0 6 2010 Mailing Address 52211 N. McColl Road City State Zip Code Amount of Each Disbursement this Period McAllen TX 78504 1331.25 Purpose of Disbursement mthly office lease expenditure 001 Candidate Name Category/ Type Office Sought: House Disbursement For: General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: SB21B.12419 Western Flyers Air Date of Disbursement 0 4 2010 Mailing Address 2601 Main City State Zip Code Amount of Each Disbursement this Period McAllen 78502 TΧ 2646.56 Purpose of Disbursement airfare to attend dccc function 002 Candidate Name Category/ Type Office Sought: House Disbursement For:

General

		2077.04
SUBTOTAL of Disbursements This Page (optional)	>	3977.81
TOTAL This Period (last page this line number only)	•	52845.35

Primary

Other (specify)

State:

SCHEDIII E B (FEC Form 3Y)

Transaction ID: SB23.12427 SB20 Disbursement for: 2010 Category: Type Disbursement for: 2010 Disbursement fo			(FEC FOIII)	· 1		rate schedule(s)			OR LIN			R:		L	PAGE	156	159
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (in Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) CHET EDWARDS FOR CONCRESS Mailing Address PO Box 23273 City State Zip Code TX 76702 Purpose of Disbursement contribution Candidate Name Office Sought: X House Senate President State: TX District: 17 Full Name (Last, First, Middle Initial) DAVID VITTER FOR US SENATE Mailing Address PO BOX 8175 City State Zip Code LA 70011 Category' Type Office Sought: House State LA 70011 Category' Type Office Sought: House State Zip Code LA 70011 Category' Type Office Sought: House State Zip Code LA 70011 Cardidate Name Office Sought: House State Zip Code LA 70011 Category' Type Office Sought: House State Zip Code LA 70011 Category' Type Office Sought: House State Zip Code LA 70011 Category' Type Office Sought: House State: Disbursement For: 2010 Mailing Address State Zip Code LA 70011 Category' Type Office Sought: House State: Disbursement For: 2010 City State: LA District: 00 Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS Mailing Address State: Disbursement For: 2010 Washington District: 00 City State: Zip Code Disbursement For: 2010 City State: LA District: 00 City State: Zip Code Disbursement For: 2010 City State: District: 00 City State: Zip Code Disbursement For: 2010 City State: Zip Code Disbursement For: 2010 City State: Zip Code Disbursement For: 2010 City State: District: 00 City State: Zip Code Disbursement For: 2010 City State: District: 00 City State: Zip Code Disbursement For: 2010 City State: District: 00 City State: Zip Code Disbursement For: 2010 City State: District: 00 City State: District:					Detailed S	Summary Page		È	21b 27		22 28a		28b	28	c	29	<u> </u>
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CODITION DISCONDING THIS FAGS (optional)	St	tate: MD	District: 05														
TOTAL This Period (last page this line number only)	SUB	BTOTAL of Disb	ursements This Page	(optional)			<u></u>								100	00.00)
	тот	AL This Period	(last page this line nu	mber only)					_								

	SCHEDULE B (FEC Form 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE	NUMBER: v one)	PAGE 157 / 159		
	ITEMIZED DISBURSEMENTS		21b 27	22 X 23	24 25 26 28c 29 30b		
	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						
A.	Full Name (Last, First, Middle Initial) NEUGEBAUER CONGRESSIONAL COMM	Transaction ID: SE	nt				
	Mailing Address PO Box 54175			04	^Y ^Y ^Y ^Y ^Y ^Y ^Y		
		tate Zip Code X 79453		Amount of Each Disb	oursement this Period		
	Purpose of Disbursement contribution			5000.00	5000.00		
	Candidate Name		Category/ Type				
		nent For: 2010 Primary X General Other (specify)					
	State: TX District: 19						
В.	Full Name (Last, First, Middle Initial) OLSON FOR CONGRESS COMMITTEE			Transaction ID: SE Date of Disbursemen	nt		
	Mailing Address PO Box 16381			$\begin{bmatrix} \begin{smallmatrix} M & A \end{smallmatrix} & \begin{smallmatrix} M \end{smallmatrix} & \begin{smallmatrix} D & D \end{smallmatrix}$	2010		
	•	tate Zip Code X 77496		Amount of Each Disb			
	Purpose of Disbursement contribution	011	5000.00				
	Candidate Name		Category/ Type				
		nent For: 2010 Primary X General Other (specify)					

SUBTOTAL of Disbursements This Page (optional)	•	10000.00
TOTAL This Period (last page this line number only)	•	20000.00

State: TX

District: 22

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 158 / 159 FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH	FEDERAL PAC			
A. Full Name (Las AC Rentals	t, First, Middle Initial) of Debtor	Nature of Debt (Purpose): rental space		
Mailing Address F	PO Box 2673		-	
City McAllen	State TX	ZIP Code 78502	-	
	Outstanding Balance Beginning This Period		Transaction ID: SD10.9553	
	900.00			
Amount Ir	ncurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
	0.00	0.00	900.00	
B. Full Name (Las: AC Rentals	t, First, Middle Initial) of Debtor	Nature of Debt (Purpose): rental space		
Mailing Address F	O Box 2673			
City	State	ZIP Code		
McAllen	TX	78502		
Outstanding Bala	ance Beginning This Period	Transaction ID: SD10.10053		
	900.00			
Amount Ir	ncurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
	0.00	0.00	900.00	
I) SUBTOTALS Thi	s Period This Page (optional)		1800.00	
2) TOTALS This Peri	iod (last page this line number o	1800.00		

 $\textbf{A.} \ \ \, \text{Form/Schedule}: \ \, \textbf{SD10}$ rent expenditure for office for 1st quarter of 2009 incurred but not paid.

Transaction ID: SD10.9553

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

B. Form/Schedule: SD10

Transaction ID: SD10.10053