

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

BORDER HEALTH FEDERAL PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>		907854.08
(b) Cash on Hand at Beginning of Reporting Period.....	1004225.00	
(c) Total Receipts (from Line 19)	225475.12	456508.92
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1229700.12	1364363.00
7. Total Disbursements (from Line 31).....	223466.60	358129.48
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	1006233.52	1006233.52
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	1800.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

BORDER HEALTH FEDERAL PAC

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2011 To: M M / D D / Y Y Y Y 12 / 31 / 2011

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	222996.32	429771.04
(ii) Unitemized	2478.80	21737.88
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	225475.12	451508.92
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	225475.12	451508.92
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	225475.12	456508.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	225475.12	456508.92

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	181156.79	300819.67
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	181156.79	300819.67
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	42309.81	57309.81
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. 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 (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	223466.60	358129.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	223466.60	358129.48

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	225475.12	451508.92
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	225475.12	451508.92
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	181156.79	300819.67
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	181156.79	300819.67

: 97 `A-G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFH`ZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

With regard to in-kind and contributions made to nominee u.s. senator david dewhurst - texas. For the primary 2012 - \$5K contribution. The \$5K contribution consist of the following: \$774.53 (camero - parking); \$186.19 (cantus - chairs, tables, linen); \$1,729.47 (peppers - meals/beverages); and the \$2,309.81 contribution made to u.s. senator david dewhurst campaign.

Amended report dated 08.22.2012 ----- reflected contribution on schedule B line 23 of \$10K to New Jersey Democratic State Committee due to check date of 12.27.2011 versus check clearing date of 01.03.2012. New Jersey Democratic State Committee refunded/returned \$5K of contribution on 01.18.2012 as reflected on report of subsequent quarter ending April 2012.

Form/Schedule:
Transaction ID:

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 435
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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) A. Mr. Riad Aboujamous		Date of Receipt MM / DD / YYYY 09 / 09 / 2011 Transaction ID : SA11AI.15769
Mailing Address 1217 Fullerton		Amount of Each Receipt this Period 25.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00 contribution
Name of Employer selfemployed	Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. Mr. Riad Aboujamous		Date of Receipt MM / DD / YYYY 10 / 14 / 2011 Transaction ID : SA11AI.15983
Mailing Address 1217 Fullerton		Amount of Each Receipt this Period 25.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00 contribution
Name of Employer selfemployed	Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. Riad Aboujamous		Date of Receipt MM / DD / YYYY 11 / 10 / 2011 Transaction ID : SA11AI.16201
Mailing Address 1217 Fullerton		Amount of Each Receipt this Period 25.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 275.00 contribution
Name of Employer selfemployed	Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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: (check only one)	PAGE 8 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Mr. Riad Aboujamous
Full Name (Last, First, Middle Initial)

Mailing Address 1217 Fullerton

City McAllen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11Al.16433

Amount of Each Receipt this Period
 250.00
 contribution

B. Charity Abreu
Full Name (Last, First, Middle Initial)

Mailing Address 1619 heritage lane

City mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : SA11Al.15330

Amount of Each Receipt this Period
 250.00
 contribution

c. Charity Abreu
Full Name (Last, First, Middle Initial)

Mailing Address 1619 heritage lane

City mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2011
Transaction ID : SA11Al.15547

Amount of Each Receipt this Period
 250.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 525.00

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: (check only one)	PAGE 9 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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) A. Charity Abreu		Date of Receipt
Mailing Address 1619 heritage lane		<input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.15765
Name of Employer self-employee		Amount of Each Receipt this Period
Occupation physician		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		contribution
Aggregate Year-to-Date ▼ <input type="text" value="2250.00"/>		

Full Name (Last, First, Middle Initial) B. Charity Abreu		Date of Receipt
Mailing Address 1619 heritage lane		<input type="text" value="10"/> / <input type="text" value="14"/> / <input type="text" value="2011"/>
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.15984
Name of Employer self-employee		Amount of Each Receipt this Period
Occupation physician		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		contribution
Aggregate Year-to-Date ▼ <input type="text" value="2500.00"/>		

Full Name (Last, First, Middle Initial) C. Charity Abreu		Date of Receipt
Mailing Address 1619 heritage lane		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.16202
Name of Employer self-employee		Amount of Each Receipt this Period
Occupation physician		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		contribution
Aggregate Year-to-Date ▼ <input type="text" value="2750.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 435
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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) A. Charity Abreu		Date of Receipt MM / DD / YYYY 12 / 09 / 2011 Transaction ID : SA11AI.16434
Mailing Address 1619 heritage lane		Amount of Each Receipt this Period 250.00 contribution
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee.	C	
Name of Employer self-employee	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. Ricardo Abreu		Date of Receipt MM / DD / YYYY 07 / 15 / 2011 Transaction ID : SA11AI.15331
Mailing Address 200 E. Xenops		Amount of Each Receipt this Period 150.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee.	C	
Name of Employer Self employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

Full Name (Last, First, Middle Initial) C. Ricardo Abreu		Date of Receipt MM / DD / YYYY 08 / 18 / 2011 Transaction ID : SA11AI.15548
Mailing Address 200 E. Xenops		Amount of Each Receipt this Period 150.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee.	C	
Name of Employer Self employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional).....▶	550.00
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: (check only one)	PAGE 11 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Ricardo Abreu
Full Name (Last, First, Middle Initial)

Mailing Address 200
E. Xenops

City McAllen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer Self employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1350.00

Date of Receipt
09 / 09 / 2011
Transaction ID : SA11Al.15770

Amount of Each Receipt this Period
150.00
contribution

B. Ricardo Abreu
Full Name (Last, First, Middle Initial)

Mailing Address 200
E. Xenops

City McAllen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer Self employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
10 / 14 / 2011
Transaction ID : SA11Al.15985

Amount of Each Receipt this Period
150.00
contribution

C. Ricardo Abreu
Full Name (Last, First, Middle Initial)

Mailing Address 200
E. Xenops

City McAllen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer Self employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1650.00

Date of Receipt
11 / 10 / 2011
Transaction ID : SA11Al.16203

Amount of Each Receipt this Period
150.00
contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00

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: (check only one)	PAGE 12 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Ricardo Abreu
Full Name (Last, First, Middle Initial)

Mailing Address 200
E. Xenops

City McAllen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer
Self employed
Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt
12 / 09 / 2011
Transaction ID : SA11AI.16435

Amount of Each Receipt this Period
150.00
contribution

B. Ruben Abreu
Full Name (Last, First, Middle Initial)

Mailing Address 104 augusta square

City mcallen State TX Zip Code 78503

FEC ID number of contributing federal political committee. **C**

Name of Employer
self-employee
Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt
07 / 15 / 2011
Transaction ID : SA11AI.15332

Amount of Each Receipt this Period
250.00
contribution

C. Ruben Abreu
Full Name (Last, First, Middle Initial)

Mailing Address 104 augusta square

City mcallen State TX Zip Code 78503

FEC ID number of contributing federal political committee. **C**

Name of Employer
self-employee
Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
08 / 18 / 2011
Transaction ID : SA11AI.15549

Amount of Each Receipt this Period
250.00
contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 650.00

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 13 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ruben Abreu
 Full Name (Last, First, Middle Initial)
 Mailing Address 104 augusta square
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 09 / 09 / 2011
Transaction ID : SA11Al.15766
 Amount of Each Receipt this Period
 250.00
 contribution

B. Ruben Abreu
 Full Name (Last, First, Middle Initial)
 Mailing Address 104 augusta square
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 10 / 14 / 2011
Transaction ID : SA11Al.15986
 Amount of Each Receipt this Period
 250.00
 contribution

C. Ruben Abreu
 Full Name (Last, First, Middle Initial)
 Mailing Address 104 augusta square
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
 11 / 10 / 2011
Transaction ID : SA11Al.16204
 Amount of Each Receipt this Period
 250.00
 contribution

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: (check only one)	PAGE 14 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ruben Abreu
Full Name (Last, First, Middle Initial)

Mailing Address 104 augusta square

City mcallen State TX Zip Code 78503

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.16436

Amount of Each Receipt this Period
 250.00
 contribution

B. Juan Aguilera
Full Name (Last, First, Middle Initial)

Mailing Address 807 North Cage

City Pharr State TX Zip Code 78577

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : SA11AI.15333

Amount of Each Receipt this Period
 250.00
 contribution

C. Juan Aguilera
Full Name (Last, First, Middle Initial)

Mailing Address 807 North Cage

City Pharr State TX Zip Code 78577

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2011
Transaction ID : SA11AI.15550

Amount of Each Receipt this Period
 250.00
 contribution

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: (check only one)	PAGE 15 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Juan Aguilera
Full Name (Last, First, Middle Initial)

Mailing Address 807 North Cage

City Pharr State TX Zip Code 78577

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011

Transaction ID : SA11AI.15771

Amount of Each Receipt this Period
 250.00

contribution

B. Juan Aguilera
Full Name (Last, First, Middle Initial)

Mailing Address 807 North Cage

City Pharr State TX Zip Code 78577

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011

Transaction ID : SA11AI.15987

Amount of Each Receipt this Period
 250.00

contribution

C. Juan Aguilera
Full Name (Last, First, Middle Initial)

Mailing Address 807 North Cage

City Pharr State TX Zip Code 78577

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011

Transaction ID : SA11AI.16205

Amount of Each Receipt this Period
 250.00

contribution

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: (check only one)	PAGE 16 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Juan Aguilera
Full Name (Last, First, Middle Initial)

Mailing Address 807 North Cage

City Pharr State TX Zip Code 78577

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : SA11AI.16437

Amount of Each Receipt this Period
 250.00

contribution

B. Ms Sahar Alizy
Full Name (Last, First, Middle Initial)

Mailing Address 1609 Martin

City McAllen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011

Transaction ID : SA11AI.15772

Amount of Each Receipt this Period
 25.00

contribution

C. Ms Sahar Alizy
Full Name (Last, First, Middle Initial)

Mailing Address 1609 Martin

City McAllen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011

Transaction ID : SA11AI.15988

Amount of Each Receipt this Period
 25.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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: (check only one)	PAGE 17 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Ms Sahar Alizy
Full Name (Last, First, Middle Initial)
Mailing Address 1609 Martin

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

Transaction ID : SA11Al.16206

Amount of Each Receipt this Period

25.00

contribution

B. Ms Sahar Alizy
Full Name (Last, First, Middle Initial)
Mailing Address 1609 Martin

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

Transaction ID : SA11Al.16438

Amount of Each Receipt this Period

25.00

contribution

C. Michael Alleyn
Full Name (Last, First, Middle Initial)
Mailing Address 5505 N. 4th

City mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation private investor
-----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2011

Transaction ID : SA11Al.15335

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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: (check only one)	PAGE 18 OF 435
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Michael Alleyn

Mailing Address 5505 N. 4th

City mcallen State TX Zip Code 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 08 / 18 / 2011
Transaction ID : SA11Al.15552

Amount of Each Receipt this Period
 250.00
 contribution

Full Name (Last, First, Middle Initial)
B. Michael Alleyn

Mailing Address 5505 N. 4th

City mcallen State TX Zip Code 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt
 09 / 09 / 2011
Transaction ID : SA11Al.15767

Amount of Each Receipt this Period
 250.00
 contribution

Full Name (Last, First, Middle Initial)
C. Michael Alleyn

Mailing Address 5505 N. 4th

City mcallen State TX Zip Code 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 10 / 14 / 2011
Transaction ID : SA11Al.15989

Amount of Each Receipt this Period
 250.00
 contribution

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 19 OF 435
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Michael Alleyn		Date of Receipt MM / DD / YYYY 11 / 10 / 2011 Transaction ID : SA11AI.16207
Mailing Address 5505 N. 4th		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	

Full Name (Last, First, Middle Initial) B. Michael Alleyn		Date of Receipt MM / DD / YYYY 12 / 09 / 2011 Transaction ID : SA11AI.16439
Mailing Address 5505 N. 4th		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) C. Ms Alex Ambriz		Date of Receipt MM / DD / YYYY 09 / 09 / 2011 Transaction ID : SA11AI.15773
Mailing Address 15253 Heather		Amount of Each Receipt this Period 25.00 contribution
City Harlingen	State TX	Zip Code 78552
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional).....▶	525.00
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: (check only one)	PAGE 20 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Ms Alex Ambriz
Full Name (Last, First, Middle Initial)
Mailing Address 15253 Heather

City Harlingen	State TX	Zip Code 78552
FEC ID number of contributing federal political committee. C		
Name of Employer self-employed	Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt
10 / 14 / 2011
Transaction ID : SA11AI.15990

Amount of Each Receipt this Period
25.00
contribution

B. Ms Alex Ambriz
Full Name (Last, First, Middle Initial)
Mailing Address 15253 Heather

City Harlingen	State TX	Zip Code 78552
FEC ID number of contributing federal political committee. C		
Name of Employer self-employed	Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Date of Receipt
11 / 10 / 2011
Transaction ID : SA11AI.16208

Amount of Each Receipt this Period
25.00
contribution

C. Ms Alex Ambriz
Full Name (Last, First, Middle Initial)
Mailing Address 15253 Heather

City Harlingen	State TX	Zip Code 78552
FEC ID number of contributing federal political committee. C		
Name of Employer self-employed	Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt
12 / 09 / 2011
Transaction ID : SA11AI.16440

Amount of Each Receipt this Period
25.00
contribution

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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: (check only one)	PAGE 21 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)
A. Michael Amyx

Mailing Address 2108 Mynah

City mcallen State TX Zip Code 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15337

Amount of Each Receipt this Period
250.00

contribution

Full Name (Last, First, Middle Initial)
B. Michael Amyx

Mailing Address 2108 Mynah

City mcallen State TX Zip Code 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15554

Amount of Each Receipt this Period
250.00

contribution

Full Name (Last, First, Middle Initial)
C. Michael Amyx

Mailing Address 2108 Mynah

City mcallen State TX Zip Code 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11AI.15768

Amount of Each Receipt this Period
250.00

contribution

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 22 OF 435
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Michael Amyx		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2011
Mailing Address 2108 Mynah		Transaction ID : SA11AI.15991
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer self-employed	Occupation private investor	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. Michael Amyx		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2011
Mailing Address 2108 Mynah		Transaction ID : SA11AI.16209
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer self-employed	Occupation private investor	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	

Full Name (Last, First, Middle Initial) C. Michael Amyx		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 09 / 2011
Mailing Address 2108 Mynah		Transaction ID : SA11AI.16441
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer self-employed	Occupation private investor	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

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: (check only one)	PAGE 23 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Dr. Eduardo Aquino
Full Name (Last, First, Middle Initial)
Mailing Address 112 E. Xenops

City Mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
875.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2011

Transaction ID : SA11AI.15338

Amount of Each Receipt this Period

125.00

contribution

B. Dr. Eduardo Aquino
Full Name (Last, First, Middle Initial)
Mailing Address 112 E. Xenops

City Mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2011

Transaction ID : SA11AI.15555

Amount of Each Receipt this Period

125.00

contribution

C. Dr. Eduardo Aquino
Full Name (Last, First, Middle Initial)
Mailing Address 112 E. Xenops

City Mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1125.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2011

Transaction ID : SA11AI.15774

Amount of Each Receipt this Period

125.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	375.00
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: (check only one)	PAGE 24 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Dr. Eduardo Aquino
Full Name (Last, First, Middle Initial)
Mailing Address 112 E. Xenops

City Mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

Transaction ID : SA11AI.15993

Amount of Each Receipt this Period

1250.00

contribution

B. Dr. Eduardo Aquino
Full Name (Last, First, Middle Initial)
Mailing Address 112 E. Xenops

City Mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

Transaction ID : SA11AI.16211

Amount of Each Receipt this Period

125.00

contribution

C. Dr. Eduardo Aquino
Full Name (Last, First, Middle Initial)
Mailing Address 112 E. Xenops

City Mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

Transaction ID : SA11AI.16442

Amount of Each Receipt this Period

125.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	375.00
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: (check only one)	PAGE 25 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Dario Arango
Full Name (Last, First, Middle Initial)

Mailing Address 7004
N. Cynthia

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt
07 / 15 / 2011
Transaction ID : SA11AI.15339

Amount of Each Receipt this Period
250.00
contribution

B. Dario Arango
Full Name (Last, First, Middle Initial)

Mailing Address 7004
N. Cynthia

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
08 / 18 / 2011
Transaction ID : SA11AI.15556

Amount of Each Receipt this Period
250.00
contribution

C. Dario Arango
Full Name (Last, First, Middle Initial)

Mailing Address 7004
N. Cynthia

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt
09 / 09 / 2011
Transaction ID : SA11AI.15775

Amount of Each Receipt this Period
250.00
contribution

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: (check only one)	PAGE 26 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Dario Arango
Full Name (Last, First, Middle Initial)

Mailing Address 7004
N. Cynthia

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
10 / 14 / 2011
Transaction ID : SA11AI.15994

Amount of Each Receipt this Period
250.00
contribution

B. Dario Arango
Full Name (Last, First, Middle Initial)

Mailing Address 7004
N. Cynthia

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2750.00

Date of Receipt
11 / 10 / 2011
Transaction ID : SA11AI.16212

Amount of Each Receipt this Period
250.00
contribution

C. Dario Arango
Full Name (Last, First, Middle Initial)

Mailing Address 7004
N. Cynthia

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
12 / 09 / 2011
Transaction ID : SA11AI.16443

Amount of Each Receipt this Period
250.00
contribution

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: (check only one)	PAGE 27 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Daisy Arce
Full Name (Last, First, Middle Initial)

Mailing Address 129 Bluebird

City Mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15340

Amount of Each Receipt this Period
50.00

contribution

B. Daisy Arce
Full Name (Last, First, Middle Initial)

Mailing Address 129 Bluebird

City Mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15557

Amount of Each Receipt this Period
50.00

contribution

C. Daisy Arce
Full Name (Last, First, Middle Initial)

Mailing Address 129 Bluebird

City Mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11AI.15776

Amount of Each Receipt this Period
50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ **150.00**

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: (check only one)	PAGE 28 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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) A. Daisy Arce			Date of Receipt
Mailing Address 129 Bluebird			<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City	State	Zip Code	Transaction ID : SA11AI.15995
Mcallen	TX	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="50.00"/>
Name of Employer	Occupation	contribution	
selfemployed	physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Daisy Arce			Date of Receipt
Mailing Address 129 Bluebird			<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City	State	Zip Code	Transaction ID : SA11AI.16213
Mcallen	TX	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="50.00"/>
Name of Employer	Occupation	contribution	
selfemployed	physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="550.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Daisy Arce			Date of Receipt
Mailing Address 129 Bluebird			<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City	State	Zip Code	Transaction ID : SA11AI.16444
Mcallen	TX	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="50.00"/>
Name of Employer	Occupation	contribution	
selfemployed	physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="150.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 29 OF 435
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Alejandro Arizmendi

Mailing Address 307 N 'D' Salinas Blvd

City Donna	State TX	Zip Code 78537
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2011

Transaction ID : SA11Al.15777

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)
B. Alejandro Arizmendi

Mailing Address 307 N 'D' Salinas Blvd

City Donna	State TX	Zip Code 78537
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

Transaction ID : SA11Al.15996

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)
C. Alejandro Arizmendi

Mailing Address 307 N 'D' Salinas Blvd

City Donna	State TX	Zip Code 78537
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

Transaction ID : SA11Al.16214

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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: (check only one)	PAGE 30 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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) A. Alejandro Arizmendi		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 09 / 2011 Transaction ID : SA11AI.16445
Mailing Address 307 N 'D' Salinas Blvd		Amount of Each Receipt this Period 25.00 contribution
City Donna	State TX	Zip Code 78537
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Felipe Avila		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 15 / 2011 Transaction ID : SA11AI.15342
Mailing Address 104 W. 20th Street		Amount of Each Receipt this Period 125.00 contribution
City Weslaco	State TX	Zip Code 78596
FEC ID number of contributing federal political committee. C		
Name of Employer self-employed	Occupation doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00	

Full Name (Last, First, Middle Initial) C. Dr. Felipe Avila		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 18 / 2011 Transaction ID : SA11AI.15559
Mailing Address 104 W. 20th Street		Amount of Each Receipt this Period 125.00 contribution
City Weslaco	State TX	Zip Code 78596
FEC ID number of contributing federal political committee. C		
Name of Employer self-employed	Occupation doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	275.00
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: (check only one)	PAGE 31 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Dr. Felipe Avila
Full Name (Last, First, Middle Initial)
Mailing Address 104 W. 20th Street

City Weslaco	State TX	Zip Code 78596
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation doctor
-----------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1125.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2011

Transaction ID : SA11Al.15778

Amount of Each Receipt this Period

125.00

contribution

B. Dr. Felipe Avila
Full Name (Last, First, Middle Initial)
Mailing Address 104 W. 20th Street

City Weslaco	State TX	Zip Code 78596
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation doctor
-----------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

Transaction ID : SA11Al.15997

Amount of Each Receipt this Period

125.00

contribution

c. Dr. Felipe Avila
Full Name (Last, First, Middle Initial)
Mailing Address 104 W. 20th Street

City Weslaco	State TX	Zip Code 78596
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation doctor
-----------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

Transaction ID : SA11Al.16215

Amount of Each Receipt this Period

125.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	375.00
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: (check only one)	PAGE 32 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Dr. Felipe Avila
 Full Name (Last, First, Middle Initial)
 Mailing Address 104 W. 20th Street
 City Weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation doctor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1500.00**

Date of Receipt **12 / 09 / 2011**
Transaction ID : SA11Al.16446
 Amount of Each Receipt this Period **125.00**
 contribution

B. Murphy Badiga
 Full Name (Last, First, Middle Initial)
 Mailing Address 1503 S. Airport suite 6
 City weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2800.00**

Date of Receipt **07 / 15 / 2011**
Transaction ID : SA11Al.15343
 Amount of Each Receipt this Period **400.00**
 contribution

c. Murphy Badiga
 Full Name (Last, First, Middle Initial)
 Mailing Address 1503 S. Airport suite 6
 City weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **3200.00**

Date of Receipt **08 / 18 / 2011**
Transaction ID : SA11Al.15560
 Amount of Each Receipt this Period **400.00**
 contribution

SUBTOTAL of Receipts This Page (optional).....	925.00
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: (check only one)	PAGE 33 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)
A. Murphy Badiga

Mailing Address 1503 S. Airport
suite 6

City weslaco State TX Zip Code 78596

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3600.00

Date of Receipt
09 / 09 / 2011
Transaction ID : SA11AI.15779

Amount of Each Receipt this Period
400.00
contribution

Full Name (Last, First, Middle Initial)
B. Murphy Badiga

Mailing Address 1503 S. Airport
suite 6

City weslaco State TX Zip Code 78596

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
10 / 14 / 2011
Transaction ID : SA11AI.15998

Amount of Each Receipt this Period
400.00
contribution

Full Name (Last, First, Middle Initial)
c. Murphy Badiga

Mailing Address 1503 S. Airport
suite 6

City weslaco State TX Zip Code 78596

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4400.00

Date of Receipt
11 / 10 / 2011
Transaction ID : SA11AI.16216

Amount of Each Receipt this Period
400.00
contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1200.00

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: (check only one)	PAGE 34 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)
A. Murphy Badiga

Mailing Address 1503 S. Airport
suite 6

City weslaco State TX Zip Code 78596

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4800.00

Date of Receipt
MM / DD / YYYY
12 / 09 / 2011

Transaction ID : **SA11AI.16447**

Amount of Each Receipt this Period
400.00

contribution

Full Name (Last, First, Middle Initial)
B. Ms Susan Bajus

Mailing Address 5705 North 4th

City McAllen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2011

Transaction ID : **SA11AI.15344**

Amount of Each Receipt this Period
50.00

contribution

Full Name (Last, First, Middle Initial)
C. Ms Susan Bajus

Mailing Address 5705 North 4th

City McAllen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
08 / 18 / 2011

Transaction ID : **SA11AI.15561**

Amount of Each Receipt this Period
50.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	500.00
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 35 OF 435
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Ms Susan Bajus

Mailing Address 5705 North 4th

City McAllen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11Al.15780

Amount of Each Receipt this Period
50.00

contribution

Full Name (Last, First, Middle Initial)
B. Ms Susan Bajus

Mailing Address 5705 North 4th

City McAllen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11Al.15999

Amount of Each Receipt this Period
50.00

contribution

Full Name (Last, First, Middle Initial)
C. Ms Susan Bajus

Mailing Address 5705 North 4th

City McAllen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11Al.16217

Amount of Each Receipt this Period
50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ **150.00**

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: (check only one)	PAGE 36 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Ms Susan Bajus
Full Name (Last, First, Middle Initial)
Mailing Address 5705 North 4th
City McAllen State TX Zip Code 78504
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation private investor
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 09 / 2011**
Transaction ID : SA11Al.16448
Amount of Each Receipt this Period **50.00**
contribution

B. Cayetano Barrera
Full Name (Last, First, Middle Initial)
Mailing Address 501 Mockingbird Lane
City mcallen State TX Zip Code 78501
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **350.00**

Date of Receipt **07 / 15 / 2011**
Transaction ID : SA11Al.15345
Amount of Each Receipt this Period **50.00**
contribution

C. Cayetano Barrera
Full Name (Last, First, Middle Initial)
Mailing Address 501 Mockingbird Lane
City mcallen State TX Zip Code 78501
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **400.00**

Date of Receipt **08 / 18 / 2011**
Transaction ID : SA11Al.15562
Amount of Each Receipt this Period **50.00**
contribution

SUBTOTAL of Receipts This Page (optional)..... **150.00**
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 37 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Cayetano Barrera

Mailing Address 501 Mockingbird Lane

City State Zip Code
mcallen TX 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self-employed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.15781

Amount of Each Receipt this Period
 50.00
 contribution

Full Name (Last, First, Middle Initial)
B. Cayetano Barrera

Mailing Address 501 Mockingbird Lane

City State Zip Code
mcallen TX 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self-employed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.16000

Amount of Each Receipt this Period
 50.00
 contribution

Full Name (Last, First, Middle Initial)
C. Cayetano Barrera

Mailing Address 501 Mockingbird Lane

City State Zip Code
mcallen TX 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self-employed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11AI.16218

Amount of Each Receipt this Period
 50.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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: (check only one)	PAGE 38 OF 435
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Cayetano Barrera
 Full Name (Last, First, Middle Initial)
 Mailing Address 501 Mockingbird Lane
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 09 / 2011**
Transaction ID : SA11AI.16449
 Amount of Each Receipt this Period **50.00**
 contribution

B. Mr. Marcos Barrera
 Full Name (Last, First, Middle Initial)
 Mailing Address 3000 Yellowhammer
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **875.00**

Date of Receipt **07 / 15 / 2011**
Transaction ID : SA11AI.15346
 Amount of Each Receipt this Period **125.00**
 contribution

C. Mr. Marcos Barrera
 Full Name (Last, First, Middle Initial)
 Mailing Address 3000 Yellowhammer
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **08 / 18 / 2011**
Transaction ID : SA11AI.15563
 Amount of Each Receipt this Period **125.00**
 contribution

SUBTOTAL of Receipts This Page (optional).....	300.00
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: (check only one)	PAGE 39 OF 435
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Mr. Marcos Barrera
 Full Name (Last, First, Middle Initial)
 Mailing Address 3000 Yellowhammer
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt
 09 / 09 / 2011
Transaction ID : SA11AI.15782
 Amount of Each Receipt this Period
 125.00
 contribution

B. Mr. Marcos Barrera
 Full Name (Last, First, Middle Initial)
 Mailing Address 3000 Yellowhammer
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 10 / 14 / 2011
Transaction ID : SA11AI.16001
 Amount of Each Receipt this Period
 125.00
 contribution

C. Mr. Marcos Barrera
 Full Name (Last, First, Middle Initial)
 Mailing Address 3000 Yellowhammer
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1375.00

Date of Receipt
 11 / 10 / 2011
Transaction ID : SA11AI.16219
 Amount of Each Receipt this Period
 125.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 375.00
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: (check only one)	PAGE 40 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Mr. Marcos Barrera
Full Name (Last, First, Middle Initial)
Mailing Address 3000 Yellowhammer

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation private investor
-----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

Transaction ID : SA11Al.16450

Amount of Each Receipt this Period

125.00

contribution

B. Ricardo Barrera
Full Name (Last, First, Middle Initial)
Mailing Address 420 Frio

City mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2011

Transaction ID : SA11Al.15347

Amount of Each Receipt this Period

250.00

contribution

C. Ricardo Barrera
Full Name (Last, First, Middle Initial)
Mailing Address 420 Frio

City mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2011

Transaction ID : SA11Al.15564

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	625.00
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 41 OF 435
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Ricardo Barrera

Mailing Address 420 Frio

City mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.15783

Amount of Each Receipt this Period
 250.00
 contribution

Full Name (Last, First, Middle Initial)
B. Ricardo Barrera

Mailing Address 420 Frio

City mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.16002

Amount of Each Receipt this Period
 250.00
 contribution

Full Name (Last, First, Middle Initial)
C. Ricardo Barrera

Mailing Address 420 Frio

City mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11AI.16220

Amount of Each Receipt this Period
 250.00
 contribution

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: (check only one)	PAGE 42 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Ricardo Barrera
Full Name (Last, First, Middle Initial)
Mailing Address 420 Frio
City mission State TX Zip Code 78572
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 3000.00

Date of Receipt 12 / 09 / 2011
Transaction ID : SA11AI.16451
Amount of Each Receipt this Period 250.00
contribution

B. Dr. Sebrahmanyan Behara
Full Name (Last, First, Middle Initial)
Mailing Address 121 Cardinal
City mcallen State TX Zip Code 78504
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2800.00

Date of Receipt 07 / 15 / 2011
Transaction ID : SA11AI.15348
Amount of Each Receipt this Period 400.00
contribution

C. Dr. Sebrahmanyan Behara
Full Name (Last, First, Middle Initial)
Mailing Address 121 Cardinal
City mcallen State TX Zip Code 78504
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 3200.00

Date of Receipt 08 / 18 / 2011
Transaction ID : SA11AI.15565
Amount of Each Receipt this Period 400.00
contribution

SUBTOTAL of Receipts This Page (optional)..... **1050.00**
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: (check only one)	PAGE 43 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Dr. Sebrahmany Behara
Full Name (Last, First, Middle Initial)

Mailing Address 121 Cardinal

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3600.00

Date of Receipt
 09 / 09 / 2011
Transaction ID : SA11AI.15784

Amount of Each Receipt this Period
 400.00
 contribution

B. Dr. Sebrahmany Behara
Full Name (Last, First, Middle Initial)

Mailing Address 121 Cardinal

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
 10 / 14 / 2011
Transaction ID : SA11AI.16003

Amount of Each Receipt this Period
 400.00
 contribution

C. Dr. Sebrahmany Behara
Full Name (Last, First, Middle Initial)

Mailing Address 121 Cardinal

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4400.00

Date of Receipt
 11 / 10 / 2011
Transaction ID : SA11AI.16221

Amount of Each Receipt this Period
 400.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1200.00

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: (check only one)	PAGE 44 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Dr. Sebrahmanyen Behara
Full Name (Last, First, Middle Initial)

Mailing Address 121 Cardinal

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.16452

Amount of Each Receipt this Period
 400.00
 contribution

B. Juan Bernini
Full Name (Last, First, Middle Initial)

Mailing Address 2804 Santa Ana

City mission State TX Zip Code 78574

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : SA11AI.15349

Amount of Each Receipt this Period
 250.00
 contribution

C. Juan Bernini
Full Name (Last, First, Middle Initial)

Mailing Address 2804 Santa Ana

City mission State TX Zip Code 78574

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2011
Transaction ID : SA11AI.15566

Amount of Each Receipt this Period
 250.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00

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 45 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Juan Bernini
 Full Name (Last, First, Middle Initial)
 Mailing Address 2804 Santa Ana
 City mission State TX Zip Code 78574
 Date of Receipt: 09 / 09 / 2011
Transaction ID : SA11AI.15785
 Amount of Each Receipt this Period: 250.00
 contribution
 FEC ID number of contributing federal political committee: C
 Name of Employer: self-employed Occupation: physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: 2250.00

B. Juan Bernini
 Full Name (Last, First, Middle Initial)
 Mailing Address 2804 Santa Ana
 City mission State TX Zip Code 78574
 Date of Receipt: 10 / 14 / 2011
Transaction ID : SA11AI.16004
 Amount of Each Receipt this Period: 250.00
 contribution
 FEC ID number of contributing federal political committee: C
 Name of Employer: self-employed Occupation: physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: 2500.00

C. Juan Bernini
 Full Name (Last, First, Middle Initial)
 Mailing Address 2804 Santa Ana
 City mission State TX Zip Code 78574
 Date of Receipt: 11 / 10 / 2011
Transaction ID : SA11AI.16222
 Amount of Each Receipt this Period: 250.00
 contribution
 FEC ID number of contributing federal political committee: C
 Name of Employer: self-employed Occupation: physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: 2750.00

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: (check only one)	PAGE 46 OF 435
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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) A. Juan Bernini		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 09 / 2011 Transaction ID : SA11AI.16453
Mailing Address 2804 Santa Ana		Amount of Each Receipt this Period 250.00 contribution
City mission	State TX	Zip Code 78574
FEC ID number of contributing federal political committee.	C	
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. Sarojini Bose		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2011 Transaction ID : SA11AI.15350
Mailing Address 7007 N 1st Lane		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee.	C	
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	

Full Name (Last, First, Middle Initial) C. Sarojini Bose		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 18 / 2011 Transaction ID : SA11AI.15567
Mailing Address 7007 N 1st Lane		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee.	C	
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

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: (check only one)	PAGE 47 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Sarojini Bose
Full Name (Last, First, Middle Initial)

Mailing Address 7007 N 1st Lane

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.15786

Amount of Each Receipt this Period
 250.00
 contribution

B. Sarojini Bose
Full Name (Last, First, Middle Initial)

Mailing Address 7007 N 1st Lane

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.16005

Amount of Each Receipt this Period
 250.00
 contribution

C. Sarojini Bose
Full Name (Last, First, Middle Initial)

Mailing Address 7007 N 1st Lane

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11AI.16223

Amount of Each Receipt this Period
 250.00
 contribution

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: (check only one)	PAGE 48 OF 435
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Sarojini Bose		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 09 / 2011 Transaction ID : SA11AI.16454
Mailing Address 7007 N 1st Lane		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. Francisco Bracamontes		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 15 / 2011 Transaction ID : SA11AI.15351
Mailing Address 2005 Cimarron Court		Amount of Each Receipt this Period 250.00 contribution
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	

Full Name (Last, First, Middle Initial) C. Francisco Bracamontes		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 18 / 2011 Transaction ID : SA11AI.15568
Mailing Address 2005 Cimarron Court		Amount of Each Receipt this Period 250.00 contribution
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

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: (check only one)	PAGE 49 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Francisco Bracamontes
Full Name (Last, First, Middle Initial)

Mailing Address 2005 Cimarron Court

City mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011

Transaction ID : SA11AI.15787

Amount of Each Receipt this Period
 250.00

contribution

B. Francisco Bracamontes
Full Name (Last, First, Middle Initial)

Mailing Address 2005 Cimarron Court

City mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011

Transaction ID : SA11AI.16006

Amount of Each Receipt this Period
 250.00

contribution

C. Francisco Bracamontes
Full Name (Last, First, Middle Initial)

Mailing Address 2005 Cimarron Court

City mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011

Transaction ID : SA11AI.16224

Amount of Each Receipt this Period
 250.00

contribution

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: (check only one)	PAGE 50 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Francisco Bracamontes
 Full Name (Last, First, Middle Initial)
 Mailing Address 2005 Cimarron Court
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **3000.00**

Date of Receipt **12 / 09 / 2011**
Transaction ID : SA11AI.16455
 Amount of Each Receipt this Period **250.00**
 contribution

B. Dr. Yvonne Bracamontes
 Full Name (Last, First, Middle Initial)
 Mailing Address 2005 Cimarron Court
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt **07 / 15 / 2011**
Transaction ID : SA11AI.15352
 Amount of Each Receipt this Period **50.00**
 contribution

C. Dr. Yvonne Bracamontes
 Full Name (Last, First, Middle Initial)
 Mailing Address 2005 Cimarron Court
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **08 / 18 / 2011**
Transaction ID : SA11AI.15569
 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).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Dr. Yvonne Bracamontes
Full Name (Last, First, Middle Initial)
Mailing Address 2005 Cimarron Court

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2011

Transaction ID : SA11Al.15788

Amount of Each Receipt this Period

50.00

contribution

B. Dr. Yvonne Bracamontes
Full Name (Last, First, Middle Initial)
Mailing Address 2005 Cimarron Court

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

Transaction ID : SA11Al.16007

Amount of Each Receipt this Period

50.00

contribution

C. Dr. Yvonne Bracamontes
Full Name (Last, First, Middle Initial)
Mailing Address 2005 Cimarron Court

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

Transaction ID : SA11Al.16225

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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: (check only one)	PAGE 52 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Dr. Yvonne Bracamontes
 Full Name (Last, First, Middle Initial)
 Mailing Address 2005 Cimarron Court
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 09 / 2011**
Transaction ID : SA11AI.16456
 Amount of Each Receipt this Period **50.00**
 contribution

B. Robert Brace
 Full Name (Last, First, Middle Initial)
 Mailing Address 2000 N. 8th Street
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2800.00**

Date of Receipt **07 / 15 / 2011**
Transaction ID : SA11AI.15353
 Amount of Each Receipt this Period **400.00**
 contribution

C. Robert Brace
 Full Name (Last, First, Middle Initial)
 Mailing Address 2000 N. 8th Street
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **3200.00**

Date of Receipt **08 / 18 / 2011**
Transaction ID : SA11AI.15570
 Amount of Each Receipt this Period **400.00**
 contribution

SUBTOTAL of Receipts This Page (optional).....	850.00
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: (check only one)	PAGE 53 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Robert Brace
Full Name (Last, First, Middle Initial)

Mailing Address 2000 N. 8th Street

City mcallen State TX Zip Code 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11Al.15789

Amount of Each Receipt this Period
 400.00
 contribution

B. Robert Brace
Full Name (Last, First, Middle Initial)

Mailing Address 2000 N. 8th Street

City mcallen State TX Zip Code 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11Al.16008

Amount of Each Receipt this Period
 400.00
 contribution

C. Robert Brace
Full Name (Last, First, Middle Initial)

Mailing Address 2000 N. 8th Street

City mcallen State TX Zip Code 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11Al.16226

Amount of Each Receipt this Period
 400.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1200.00

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: (check only one)	PAGE 54 OF 435
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Robert Brace		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 09 / 2011
Mailing Address 2000 N. 8th Street		Transaction ID : SA11Al.16457
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 400.00	
Name of Employer self-employed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4800.00	

Full Name (Last, First, Middle Initial) B. Desi Canals		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 09 / 2011
Mailing Address 1912 Trinity		Transaction ID : SA11Al.15791
City Mission	State TX	Zip Code 78574
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00	
Name of Employer Self employed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. Desi Canals		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 14 / 2011
Mailing Address 1912 Trinity		Transaction ID : SA11Al.16010
City Mission	State TX	Zip Code 78574
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00	
Name of Employer Self employed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	450.00
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: (check only one)	PAGE 55 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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) A. Desi Canals		Date of Receipt
Mailing Address 1912 Trinity		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
City	State	Zip Code
Mission	TX	78574
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.16228
Name of Employer	Occupation	Amount of Each Receipt this Period
Self employed	physician	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="275.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Desi Canals		Date of Receipt
Mailing Address 1912 Trinity		<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
City	State	Zip Code
Mission	TX	78574
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.16459
Name of Employer	Occupation	Amount of Each Receipt this Period
Self employed	physician	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) c. Alonzo Cantu		Date of Receipt
Mailing Address P.O.Box 2673		<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
City	State	Zip Code
mcallen	TX	78502
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.15356
Name of Employer	Occupation	Amount of Each Receipt this Period
self-employed	private investor	<input type="text" value="400.00"/>
Receipt For:	Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2800.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="450.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 56 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Alonzo Cantu

Mailing Address P.O.Box 2673

City State Zip Code
mcallen TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self-employed private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3200.00

Date of Receipt
 / /
 08 / 18 / 2011
Transaction ID : SA11Al.15573

Amount of Each Receipt this Period

 400.00
 contribution

Full Name (Last, First, Middle Initial)
B. Alonzo Cantu

Mailing Address P.O.Box 2673

City State Zip Code
mcallen TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self-employed private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3600.00

Date of Receipt
 / /
 09 / 09 / 2011
Transaction ID : SA11Al.15792

Amount of Each Receipt this Period

 400.00
 contribution

Full Name (Last, First, Middle Initial)
C. Alonzo Cantu

Mailing Address P.O.Box 2673

City State Zip Code
mcallen TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self-employed private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
 / /
 10 / 14 / 2011
Transaction ID : SA11Al.16011

Amount of Each Receipt this Period

 400.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1200.00

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: (check only one)	PAGE 57 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Alonzo Cantu
Full Name (Last, First, Middle Initial)

Mailing Address P.O.Box 2673

City mcallen State TX Zip Code 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11Al.16229

Amount of Each Receipt this Period
400.00

contribution

B. Alonzo Cantu
Full Name (Last, First, Middle Initial)

Mailing Address P.O.Box 2673

City mcallen State TX Zip Code 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11Al.16460

Amount of Each Receipt this Period
400.00

contribution

C. Dr. Leonel Cantu
Full Name (Last, First, Middle Initial)

Mailing Address 2102 Deborah

City Edinburg State TX Zip Code 78539

FEC ID number of contributing federal political committee. **C**

Name of Employer Self employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11Al.15357

Amount of Each Receipt this Period
50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ **850.00**

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: (check only one)	PAGE 58 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Dr. Leonel Cantu
Full Name (Last, First, Middle Initial)
Mailing Address 2102 Deborah

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2011

Transaction ID : SA11Al.15574

Amount of Each Receipt this Period

50.00

contribution

B. Dr. Leonel Cantu
Full Name (Last, First, Middle Initial)
Mailing Address 2102 Deborah

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2011

Transaction ID : SA11Al.15793

Amount of Each Receipt this Period

50.00

contribution

C. Dr. Leonel Cantu
Full Name (Last, First, Middle Initial)
Mailing Address 2102 Deborah

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

Transaction ID : SA11Al.16012

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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: (check only one)	PAGE 59 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Dr. Leonel Cantu
Full Name (Last, First, Middle Initial)
Mailing Address 2102 Deborah

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

Transaction ID : SA11AI.16230

Amount of Each Receipt this Period

50.00

contribution

B. Dr. Leonel Cantu
Full Name (Last, First, Middle Initial)
Mailing Address 2102 Deborah

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

Transaction ID : SA11AI.16461

Amount of Each Receipt this Period

50.00

contribution

C. Ms Melissa Cantu
Full Name (Last, First, Middle Initial)
Mailing Address 1201 S. Gumwood

City Pharr	State TX	Zip Code 78577
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee	Occupation private investor
-----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2011

Transaction ID : SA11AI.15358

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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: (check only one)	PAGE 60 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Ms Melissa Cantu
Full Name (Last, First, Middle Initial)
Mailing Address 1201 S. Gumwood

City Pharr	State TX	Zip Code 78577
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee	Occupation private investor
-----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2011

Transaction ID : SA11Al.15575

Amount of Each Receipt this Period

50.00

contribution

B. Ms Melissa Cantu
Full Name (Last, First, Middle Initial)
Mailing Address 1201 S. Gumwood

City Pharr	State TX	Zip Code 78577
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee	Occupation private investor
-----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2011

Transaction ID : SA11Al.15794

Amount of Each Receipt this Period

50.00

contribution

C. Ms Melissa Cantu
Full Name (Last, First, Middle Initial)
Mailing Address 1201 S. Gumwood

City Pharr	State TX	Zip Code 78577
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee	Occupation private investor
-----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

Transaction ID : SA11Al.16013

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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 61 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Ms Melissa Cantu

Mailing Address 1201 S. Gumwood

City Pharr State TX Zip Code 78577

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **11 / 10 / 2011**

Transaction ID : SA11AI.16231

Amount of Each Receipt this Period **50.00**

contribution

Full Name (Last, First, Middle Initial)
B. Ms Melissa Cantu

Mailing Address 1201 S. Gumwood

City Pharr State TX Zip Code 78577

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **12 / 09 / 2011**

Transaction ID : SA11AI.16462

Amount of Each Receipt this Period **50.00**

contribution

Full Name (Last, First, Middle Initial)
C. Carlos Cardenas

Mailing Address 1000 N. Taylor Road

City mcallen State TX Zip Code 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2800.00**

Date of Receipt **07 / 15 / 2011**

Transaction ID : SA11AI.15359

Amount of Each Receipt this Period **400.00**

contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ **500.00**

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: (check only one)	PAGE 62 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Carlos Cardenas
Full Name (Last, First, Middle Initial)
Mailing Address 1000 N. Taylor Road

City mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2011

Transaction ID : SA11Al.15576

Amount of Each Receipt this Period

400.00

contribution

B. Carlos Cardenas
Full Name (Last, First, Middle Initial)
Mailing Address 1000 N. Taylor Road

City mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2011

Transaction ID : SA11Al.15795

Amount of Each Receipt this Period

400.00

contribution

C. Carlos Cardenas
Full Name (Last, First, Middle Initial)
Mailing Address 1000 N. Taylor Road

City mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

Transaction ID : SA11Al.16014

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
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: (check only one)	PAGE 63 OF 435
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Carlos Cardenas
Full Name (Last, First, Middle Initial)
Mailing Address 1000 N. Taylor Road

City mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

Transaction ID : SA11AI.16232

Amount of Each Receipt this Period

400.00

contribution

B. Carlos Cardenas
Full Name (Last, First, Middle Initial)
Mailing Address 1000 N. Taylor Road

City mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

Transaction ID : SA11AI.16463

Amount of Each Receipt this Period

400.00

contribution

C. Jose Carreras
Full Name (Last, First, Middle Initial)
Mailing Address 1016 E. Griffin Parkway

City mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2011

Transaction ID : SA11AI.15360

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
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: (check only one)	PAGE 64 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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) A. Jose Carreras		Date of Receipt
Mailing Address 1016 E. Griffin Parkway		<input type="text" value="08"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11Al.15577
Name of Employer self-employed		Amount of Each Receipt this Period
Occupation physician		<input type="text" value="400.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		contribution
Aggregate Year-to-Date ▼ <input type="text" value="3200.00"/>		

Full Name (Last, First, Middle Initial) B. Jose Carreras		Date of Receipt
Mailing Address 1016 E. Griffin Parkway		<input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11Al.15796
Name of Employer self-employed		Amount of Each Receipt this Period
Occupation physician		<input type="text" value="400.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		contribution
Aggregate Year-to-Date ▼ <input type="text" value="3600.00"/>		

Full Name (Last, First, Middle Initial) C. Jose Carreras		Date of Receipt
Mailing Address 1016 E. Griffin Parkway		<input type="text" value="10"/> / <input type="text" value="14"/> / <input type="text" value="2011"/>
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11Al.16015
Name of Employer self-employed		Amount of Each Receipt this Period
Occupation physician		<input type="text" value="400.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		contribution
Aggregate Year-to-Date ▼ <input type="text" value="4000.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1200.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Jose Carreras
Full Name (Last, First, Middle Initial)
Mailing Address 1016 E. Griffin Parkway
City mission State TX Zip Code 78572
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **4400.00**

Date of Receipt **11 / 10 / 2011**
Transaction ID : SA11AI.16233
Amount of Each Receipt this Period **400.00**
contribution

B. Jose Carreras
Full Name (Last, First, Middle Initial)
Mailing Address 1016 E. Griffin Parkway
City mission State TX Zip Code 78572
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **4800.00**

Date of Receipt **12 / 09 / 2011**
Transaction ID : SA11AI.16464
Amount of Each Receipt this Period **400.00**
contribution

C. Marissa Castaneda
Full Name (Last, First, Middle Initial)
Mailing Address 5021 Elk Lane
City Edinburg State TX Zip Code 78539
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation private investor
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **350.00**

Date of Receipt **07 / 15 / 2011**
Transaction ID : SA11AI.15361
Amount of Each Receipt this Period **50.00**
contribution

SUBTOTAL of Receipts This Page (optional)..... **850.00**
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: (check only one)	PAGE 66 OF 435
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Marissa Castaneda
 Full Name (Last, First, Middle Initial)
 Mailing Address 5021 Elk Lane
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **08 / 18 / 2011**
Transaction ID : SA11AI.15578
 Amount of Each Receipt this Period **50.00**
 contribution

B. Marissa Castaneda
 Full Name (Last, First, Middle Initial)
 Mailing Address 5021 Elk Lane
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **450.00**

Date of Receipt **09 / 09 / 2011**
Transaction ID : SA11AI.15797
 Amount of Each Receipt this Period **50.00**
 contribution

C. Marissa Castaneda
 Full Name (Last, First, Middle Initial)
 Mailing Address 5021 Elk Lane
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 14 / 2011**
Transaction ID : SA11AI.16016
 Amount of Each Receipt this Period **50.00**
 contribution

SUBTOTAL of Receipts This Page (optional)..... **150.00**
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: (check only one)	PAGE 67 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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) A. Marissa Castaneda		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 10 / 2011 Transaction ID : SA11AI.16234
Mailing Address 5021 Elk Lane		Amount of Each Receipt this Period 50.00 contribution
City Edinburg	State TX	Zip Code 78539
FEC ID number of contributing federal political committee. C		
Name of Employer self-employed	Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) B. Marissa Castaneda		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 09 / 2011 Transaction ID : SA11AI.16465
Mailing Address 5021 Elk Lane		Amount of Each Receipt this Period 50.00 contribution
City Edinburg	State TX	Zip Code 78539
FEC ID number of contributing federal political committee. C		
Name of Employer self-employed	Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. Augusto Castrillon		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 15 / 2011 Transaction ID : SA11AI.15362
Mailing Address 223 Rio Grande Drive		Amount of Each Receipt this Period 250.00 contribution
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C		
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	

SUBTOTAL of Receipts This Page (optional).....▶	350.00
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: (check only one)	PAGE 68 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Augusto Castrillon
Full Name (Last, First, Middle Initial)

Mailing Address 223 Rio Grande Drive

City mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2011

Transaction ID : SA11AI.15579

Amount of Each Receipt this Period
 250.00

contribution

B. Augusto Castrillon
Full Name (Last, First, Middle Initial)

Mailing Address 223 Rio Grande Drive

City mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011

Transaction ID : SA11AI.15798

Amount of Each Receipt this Period
 250.00

contribution

C. Augusto Castrillon
Full Name (Last, First, Middle Initial)

Mailing Address 223 Rio Grande Drive

City mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011

Transaction ID : SA11AI.16017

Amount of Each Receipt this Period
 250.00

contribution

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: (check only one)	PAGE 69 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Augusto Castrillon
Full Name (Last, First, Middle Initial)

Mailing Address 223 Rio Grande Drive

City mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11AI.16235

Amount of Each Receipt this Period
 250.00
 contribution

B. Augusto Castrillon
Full Name (Last, First, Middle Initial)

Mailing Address 223 Rio Grande Drive

City mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.16466

Amount of Each Receipt this Period
 250.00
 contribution

C. Norma Cavazos-Salas
Full Name (Last, First, Middle Initial)

Mailing Address 2301 N. Bryan Road

City mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : SA11AI.15363

Amount of Each Receipt this Period
 125.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 625.00

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: (check only one)	PAGE 70 OF 435
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Norma Cavazos-Salas
 Full Name (Last, First, Middle Initial)
 Mailing Address 2301 N. Bryan Road
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1375.00

Date of Receipt
 08 / 18 / 2011
Transaction ID : SA11AI.15580
 Amount of Each Receipt this Period
 125.00
 contribution

B. Norma Cavazos-Salas
 Full Name (Last, First, Middle Initial)
 Mailing Address 2301 N. Bryan Road
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 09 / 09 / 2011
Transaction ID : SA11AI.15799
 Amount of Each Receipt this Period
 125.00
 contribution

C. Norma Cavazos-Salas
 Full Name (Last, First, Middle Initial)
 Mailing Address 2301 N. Bryan Road
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1625.00

Date of Receipt
 10 / 14 / 2011
Transaction ID : SA11AI.16018
 Amount of Each Receipt this Period
 125.00
 contribution

SUBTOTAL of Receipts This Page (optional).....▶	375.00
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: (check only one)	PAGE 71 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Norma Cavazos-Salas
 Full Name (Last, First, Middle Initial)
 Mailing Address 2301 N. Bryan Road
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1750.00**

Date of Receipt **11 / 10 / 2011**
Transaction ID : SA11AI.16236
 Amount of Each Receipt this Period **125.00**
 contribution

B. Norma Cavazos-Salas
 Full Name (Last, First, Middle Initial)
 Mailing Address 2301 N. Bryan Road
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1875.00**

Date of Receipt **12 / 09 / 2011**
Transaction ID : SA11AI.16467
 Amount of Each Receipt this Period **125.00**
 contribution

C. R. Chandrasekharan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1210 East 8th street suite 1
 City weslaco State TX Zip Code 78591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **875.00**

Date of Receipt **07 / 15 / 2011**
Transaction ID : SA11AI.15364
 Amount of Each Receipt this Period **125.00**
 contribution

SUBTOTAL of Receipts This Page (optional).....	375.00
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: (check only one)	PAGE 72 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. R. Chandrarasekharan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1210 East 8th street
 suite 1
 City weslaco State TX Zip Code 78591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2011
Transaction ID : SA11AI.15581
 Amount of Each Receipt this Period
 125.00
 contribution

B. R. Chandrarasekharan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1210 East 8th street
 suite 1
 City weslaco State TX Zip Code 78591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.15800
 Amount of Each Receipt this Period
 125.00
 contribution

C. R. Chandrarasekharan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1210 East 8th street
 suite 1
 City weslaco State TX Zip Code 78591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.16019
 Amount of Each Receipt this Period
 125.00
 contribution

SUBTOTAL of Receipts This Page (optional).....▶	375.00
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: (check only one)	PAGE 73 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. R. Chandrarasekharan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1210 East 8th street
 suite 1
 City weslaco State TX Zip Code 78591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11AI.16237
 Amount of Each Receipt this Period
 125.00
 contribution

B. R. Chandrarasekharan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1210 East 8th street
 suite 1
 City weslaco State TX Zip Code 78591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.16468
 Amount of Each Receipt this Period
 125.00
 contribution

C. Mr. Roel Contreras
 Full Name (Last, First, Middle Initial)
 Mailing Address 1609 Harvey
 City McAllen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.15801
 Amount of Each Receipt this Period
 25.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 275.00
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 74 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Mr. Roel Contreras

Mailing Address 1609 Harvey

City State Zip Code
McAllen TX 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 / /
 10 / 14 / 2011
Transaction ID : SA11AI.16020

Amount of Each Receipt this Period
 25.00
 contribution

Full Name (Last, First, Middle Initial)
B. Mr. Roel Contreras

Mailing Address 1609 Harvey

City State Zip Code
McAllen TX 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
 / /
 11 / 10 / 2011
Transaction ID : SA11AI.16238

Amount of Each Receipt this Period
 25.00
 contribution

Full Name (Last, First, Middle Initial)
C. Mr. Roel Contreras

Mailing Address 1609 Harvey

City State Zip Code
McAllen TX 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 / /
 12 / 09 / 2011
Transaction ID : SA11AI.16469

Amount of Each Receipt this Period
 25.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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: (check only one)	PAGE 75 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Dr. Virah Cooper
Full Name (Last, First, Middle Initial)

Mailing Address 1801 South 5th Street suite 7

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2011

Transaction ID : SA11Al.15366

Amount of Each Receipt this Period

100.00

contribution

B. Dr. Virah Cooper
Full Name (Last, First, Middle Initial)

Mailing Address 1801 South 5th Street suite 7

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2011

Transaction ID : SA11Al.15583

Amount of Each Receipt this Period

100.00

contribution

C. Dr. Virah Cooper
Full Name (Last, First, Middle Initial)

Mailing Address 1801 South 5th Street suite 7

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2011

Transaction ID : SA11Al.15802

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional).....	300.00
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: (check only one)	PAGE 76 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Dr. Virah Cooper
Full Name (Last, First, Middle Initial)

Mailing Address 1801 South 5th Street suite 7

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

Transaction ID : SA11Al.16424

Amount of Each Receipt this Period

100.00

contribution

B. Dr. Virah Cooper
Full Name (Last, First, Middle Initial)

Mailing Address 1801 South 5th Street suite 7

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

Transaction ID : SA11Al.16470

Amount of Each Receipt this Period

100.00

contribution

C. Dr. Oscar Cortez
Full Name (Last, First, Middle Initial)

Mailing Address 4101 South Burns Drive

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2011

Transaction ID : SA11Al.15367

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 77 OF 435
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Oscar Cortez
Full Name (Last, First, Middle Initial)
Mailing Address 4101 South Burns Drive
City McAllen State TX Zip Code 78503
FEC ID number of contributing federal political committee. **C**
Name of Employer Self employed Occupation physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **800.00**

Date of Receipt **08 / 18 / 2011**
Transaction ID : SA11AI.15584
Amount of Each Receipt this Period **100.00**
contribution

B. Dr. Oscar Cortez
Full Name (Last, First, Middle Initial)
Mailing Address 4101 South Burns Drive
City McAllen State TX Zip Code 78503
FEC ID number of contributing federal political committee. **C**
Name of Employer Self employed Occupation physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **900.00**

Date of Receipt **09 / 09 / 2011**
Transaction ID : SA11AI.15803
Amount of Each Receipt this Period **100.00**
contribution

C. Dr. Oscar Cortez
Full Name (Last, First, Middle Initial)
Mailing Address 4101 South Burns Drive
City McAllen State TX Zip Code 78503
FEC ID number of contributing federal political committee. **C**
Name of Employer Self employed Occupation physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 14 / 2011**
Transaction ID : SA11AI.16021
Amount of Each Receipt this Period **100.00**
contribution

SUBTOTAL of Receipts This Page (optional)..... **300.00**
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: (check only one)	PAGE 78 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Dr. Oscar Cortez
Full Name (Last, First, Middle Initial)
Mailing Address 4101 South Burns Drive

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

Transaction ID : SA11Al.16239

Amount of Each Receipt this Period

100.00

contribution

B. Dr. Oscar Cortez
Full Name (Last, First, Middle Initial)
Mailing Address 4101 South Burns Drive

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

Transaction ID : SA11Al.16471

Amount of Each Receipt this Period

100.00

contribution

C. Diana Cortinas
Full Name (Last, First, Middle Initial)
Mailing Address 1400 Northgate Lane

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1507.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2011

Transaction ID : SA11Al.15368

Amount of Each Receipt this Period

237.27

contribution

SUBTOTAL of Receipts This Page (optional).....▶	437.27
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: (check only one)	PAGE 79 OF 435
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Diana Cortinas
 Full Name (Last, First, Middle Initial)
 Mailing Address 1400 Northgate Lane
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1701.12**

Date of Receipt **08 / 19 / 2011**
Transaction ID : SA11AI.15585
 Amount of Each Receipt this Period **193.50**
 contribution

B. Diana Cortinas
 Full Name (Last, First, Middle Initial)
 Mailing Address 1400 Northgate Lane
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1920.18**

Date of Receipt **09 / 09 / 2011**
Transaction ID : SA11AI.15804
 Amount of Each Receipt this Period **219.06**
 contribution

C. Diana Cortinas
 Full Name (Last, First, Middle Initial)
 Mailing Address 1400 Northgate Lane
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2091.78**

Date of Receipt **10 / 14 / 2011**
Transaction ID : SA11AI.16022
 Amount of Each Receipt this Period **171.60**
 contribution

SUBTOTAL of Receipts This Page (optional).....▶	584.16
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: (check only one)	PAGE 80 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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) A. Diana Cortinas		Date of Receipt
Mailing Address 1400 Northgate Lane		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11Al.16240
Name of Employer self-employed		Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2245.12"/>	
		Amount of Each Receipt this Period <input type="text" value="153.34"/>
		contribution

Full Name (Last, First, Middle Initial) B. Diana Cortinas		Date of Receipt
Mailing Address 1400 Northgate Lane		<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11Al.16472
Name of Employer self-employed		Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2409.41"/>	
		Amount of Each Receipt this Period <input type="text" value="164.29"/>
		contribution

Full Name (Last, First, Middle Initial) C. Guillermo Cortinas		Date of Receipt
Mailing Address 1224 Northgate Lane		<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11Al.15369
Name of Employer self-employed		Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1530.06"/>	
		Amount of Each Receipt this Period <input type="text" value="242.55"/>
		contribution

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="560.18"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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) A. Guillermo Cortinas		Date of Receipt MM / DD / YYYY 08 / 18 / 2011 Transaction ID : SA11Al.15586
Mailing Address 1224 Northgate Lane		Amount of Each Receipt this Period 197.81 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 1727.87	
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Guillermo Cortinas		Date of Receipt MM / DD / YYYY 09 / 09 / 2011 Transaction ID : SA11Al.15805
Mailing Address 1224 Northgate Lane		Amount of Each Receipt this Period 223.93 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 1951.80	
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Guillermo Cortinas		Date of Receipt MM / DD / YYYY 10 / 14 / 2011 Transaction ID : SA11Al.16023
Mailing Address 1224 Northgate Lane		Amount of Each Receipt this Period 175.42 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 2127.22	
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	597.16
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: (check only one)	PAGE 82 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Guillermo Cortinas
Full Name (Last, First, Middle Initial)

Mailing Address 1224 Northgate Lane

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2283.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11Al.16243

Amount of Each Receipt this Period
 156.75
 contribution

B. Guillermo Cortinas
Full Name (Last, First, Middle Initial)

Mailing Address 1224 Northgate Lane

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2451.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11Al.16478

Amount of Each Receipt this Period
 167.95
 contribution

C. Javier Cortinas
Full Name (Last, First, Middle Initial)

Mailing Address 1400 Northgate

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : SA11Al.15370

Amount of Each Receipt this Period
 250.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 574.70

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: (check only one)	PAGE 83 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Javier Cortinas
Full Name (Last, First, Middle Initial)

Mailing Address 1400 Northgate

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2011
Transaction ID : SA11AI.15587

Amount of Each Receipt this Period
 250.00
 contribution

B. Javier Cortinas
Full Name (Last, First, Middle Initial)

Mailing Address 1400 Northgate

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.15806

Amount of Each Receipt this Period
 250.00
 contribution

C. Javier Cortinas
Full Name (Last, First, Middle Initial)

Mailing Address 1400 Northgate

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.16024

Amount of Each Receipt this Period
 250.00
 contribution

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: (check only one)	PAGE 84 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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) A. Javier Cortinas		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 10 / 2011 Transaction ID : SA11AI.16242
Mailing Address 1400 Northgate		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	
Occupation physician		Aggregate Year-to-Date ▼ 2750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Javier Cortinas		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 09 / 2011 Transaction ID : SA11AI.16474
Mailing Address 1400 Northgate		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	
Occupation physician		Aggregate Year-to-Date ▼ 3000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Hildegardo Costa		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 15 / 2011 Transaction ID : SA11AI.15371
Mailing Address 129 Bluebird		Amount of Each Receipt this Period 50.00 contribution
City Mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	
Occupation physician		Aggregate Year-to-Date ▼ 350.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	550.00
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 85 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Hildegardo Costa
 Full Name (Last, First, Middle Initial)
 Mailing Address 129 Bluebird
 City Mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 08 / 18 / 2011
Transaction ID : SA11AI.15588
 Amount of Each Receipt this Period
 50.00
 contribution

B. Dr. Hildegardo Costa
 Full Name (Last, First, Middle Initial)
 Mailing Address 129 Bluebird
 City Mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 09 / 09 / 2011
Transaction ID : SA11AI.15807
 Amount of Each Receipt this Period
 50.00
 contribution

C. Dr. Hildegardo Costa
 Full Name (Last, First, Middle Initial)
 Mailing Address 129 Bluebird
 City Mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 10 / 14 / 2011
Transaction ID : SA11AI.16025
 Amount of Each Receipt this Period
 50.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00
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: (check only one)	PAGE 86 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Dr. Hildegardo Costa
Full Name (Last, First, Middle Initial)
Mailing Address 129 Bluebird

City Mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

Transaction ID : SA11AI.16244

Amount of Each Receipt this Period

50.00

contribution

B. Dr. Hildegardo Costa
Full Name (Last, First, Middle Initial)
Mailing Address 129 Bluebird

City Mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

Transaction ID : SA11AI.16475

Amount of Each Receipt this Period

50.00

contribution

C. Dr. Edgar Cruz
Full Name (Last, First, Middle Initial)
Mailing Address 6912 N. Peking

City Mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2011

Transaction ID : SA11AI.15372

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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 87 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Edgar Cruz
 Full Name (Last, First, Middle Initial)
 Mailing Address 6912 N. Peking
 City Mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2011
Transaction ID : SA11AI.15589
 Amount of Each Receipt this Period
 50.00
 contribution

B. Dr. Edgar Cruz
 Full Name (Last, First, Middle Initial)
 Mailing Address 6912 N. Peking
 City Mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.15808
 Amount of Each Receipt this Period
 50.00
 contribution

C. Dr. Edgar Cruz
 Full Name (Last, First, Middle Initial)
 Mailing Address 6912 N. Peking
 City Mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.16026
 Amount of Each Receipt this Period
 50.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00
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: (check only one)	PAGE 88 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Dr. Edgar Cruz
Full Name (Last, First, Middle Initial)
Mailing Address 6912 N. Peking

City Mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

Transaction ID : SA11Al.16245

Amount of Each Receipt this Period

50.00

contribution

B. Dr. Edgar Cruz
Full Name (Last, First, Middle Initial)
Mailing Address 6912 N. Peking

City Mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

Transaction ID : SA11Al.16476

Amount of Each Receipt this Period

50.00

contribution

c. James Darling
Full Name (Last, First, Middle Initial)
Mailing Address 1225 E Peking

City mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2011

Transaction ID : SA11Al.15373

Amount of Each Receipt this Period

150.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 89 OF 435
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. James Darling		Date of Receipt MM / DD / YYYY 08 / 18 / 2011 Transaction ID : SA11AI.15590
Mailing Address 1225 E Peking		Amount of Each Receipt this Period 150.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) B. James Darling		Date of Receipt MM / DD / YYYY 09 / 09 / 2011 Transaction ID : SA11AI.15809
Mailing Address 1225 E Peking		Amount of Each Receipt this Period 150.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00	

Full Name (Last, First, Middle Initial) C. James Darling		Date of Receipt MM / DD / YYYY 10 / 14 / 2011 Transaction ID : SA11AI.16027
Mailing Address 1225 E Peking		Amount of Each Receipt this Period 150.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional).....▶	450.00
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 90 OF 435
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. James Darling		Date of Receipt MM / DD / YYYY 11 / 10 / 2011 Transaction ID : SA11AI.16246
Mailing Address 1225 E Peking		Amount of Each Receipt this Period 150.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00	

Full Name (Last, First, Middle Initial) B. James Darling		Date of Receipt MM / DD / YYYY 12 / 09 / 2011 Transaction ID : SA11AI.16477
Mailing Address 1225 E Peking		Amount of Each Receipt this Period 150.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

Full Name (Last, First, Middle Initial) C. David Deanda		Date of Receipt MM / DD / YYYY 07 / 15 / 2011 Transaction ID : SA11AI.15376
Mailing Address 2408 Dorado		Amount of Each Receipt this Period 250.00 contribution
City mission	State TX	Zip Code 78574
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	

SUBTOTAL of Receipts This Page (optional).....▶	550.00
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: (check only one)	PAGE 91 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. David Deanda
Full Name (Last, First, Middle Initial)

Mailing Address 2408 Dorado

City mission State TX Zip Code 78574

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2011
Transaction ID : SA11AI.15592

Amount of Each Receipt this Period
 250.00
 contribution

B. David Deanda
Full Name (Last, First, Middle Initial)

Mailing Address 2408 Dorado

City mission State TX Zip Code 78574

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.15811

Amount of Each Receipt this Period
 250.00
 contribution

C. David Deanda
Full Name (Last, First, Middle Initial)

Mailing Address 2408 Dorado

City mission State TX Zip Code 78574

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.16029

Amount of Each Receipt this Period
 250.00
 contribution

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: (check only one)	PAGE 92 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. David Deanda
Full Name (Last, First, Middle Initial)

Mailing Address 2408 Dorado

City mission State TX Zip Code 78574

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11AI.16248

Amount of Each Receipt this Period
250.00
 contribution

B. David Deanda
Full Name (Last, First, Middle Initial)

Mailing Address 2408 Dorado

City mission State TX Zip Code 78574

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16480

Amount of Each Receipt this Period
250.00
 contribution

C. Dr. Carlos De Juana
Full Name (Last, First, Middle Initial)

Mailing Address 1105 Zinnia

City McAllen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **875.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15375

Amount of Each Receipt this Period
125.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ **625.00**

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: (check only one)	PAGE 93 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Dr. Carlos De Juana
Full Name (Last, First, Middle Initial)

Mailing Address 1105 Zinnia

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2011

Transaction ID : SA11Al.15593

Amount of Each Receipt this Period

125.00

contribution

B. Dr. Carlos De Juana
Full Name (Last, First, Middle Initial)

Mailing Address 1105 Zinnia

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1125.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2011

Transaction ID : SA11Al.15812

Amount of Each Receipt this Period

125.00

contribution

C. Dr. Carlos De Juana
Full Name (Last, First, Middle Initial)

Mailing Address 1105 Zinnia

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

Transaction ID : SA11Al.16030

Amount of Each Receipt this Period

125.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	375.00
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: (check only one)	PAGE 94 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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) A. Dr. Carlos De Juana		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 10 / 2011 Transaction ID : SA11Al.16249
Mailing Address 1105 Zinnia		Amount of Each Receipt this Period 125.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employee	
Occupation physician		Aggregate Year-to-Date ▼ 1375.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Carlos De Juana		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 09 / 2011 Transaction ID : SA11Al.16481
Mailing Address 1105 Zinnia		Amount of Each Receipt this Period 125.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employee	
Occupation physician		Aggregate Year-to-Date ▼ 1500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Andrew De La Garza		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 14 / 2011 Transaction ID : SA11Al.16031
Mailing Address 708 South H Street		Amount of Each Receipt this Period 50.00 contribution
City McAllen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	
Occupation physician		Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 95 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Andrew De La Garza
 Full Name (Last, First, Middle Initial)
 Mailing Address 708 South H Street
 City McAllen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 10 / 2011
Transaction ID : SA11AI.16250
 Amount of Each Receipt this Period 50.00
 contribution

B. Dr. Andrew De La Garza
 Full Name (Last, First, Middle Initial)
 Mailing Address 708 South H Street
 City McAllen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 09 / 2011
Transaction ID : SA11AI.16482
 Amount of Each Receipt this Period 50.00
 contribution

c. Jorge De La Garza
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 Condor
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 07 / 15 / 2011
Transaction ID : SA11AI.15378
 Amount of Each Receipt this Period 250.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 350.00
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: (check only one)	PAGE 96 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Jorge De La Garza
Full Name (Last, First, Middle Initial)

Mailing Address 120 Condor

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2011

Transaction ID : SA11Al.15594

Amount of Each Receipt this Period
 250.00

contribution

B. Jorge De La Garza
Full Name (Last, First, Middle Initial)

Mailing Address 120 Condor

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011

Transaction ID : SA11Al.15814

Amount of Each Receipt this Period
 250.00

contribution

c. Jorge De La Garza
Full Name (Last, First, Middle Initial)

Mailing Address 120 Condor

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011

Transaction ID : SA11Al.16032

Amount of Each Receipt this Period
 250.00

contribution

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: (check only one)	PAGE 97 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Jorge De La Garza
Full Name (Last, First, Middle Initial)
Mailing Address 120 Condor

City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	

Date of Receipt
11 / 10 / 2011
Transaction ID : SA11AI.16251

Amount of Each Receipt this Period
250.00
contribution

B. Jorge De La Garza
Full Name (Last, First, Middle Initial)
Mailing Address 120 Condor

City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Date of Receipt
12 / 09 / 2011
Transaction ID : SA11AI.16483

Amount of Each Receipt this Period
250.00
contribution

C. Luis Delgado Jr.
Full Name (Last, First, Middle Initial)
Mailing Address 5128 N. 10th

City Mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

Date of Receipt
07 / 15 / 2011
Transaction ID : SA11AI.15379

Amount of Each Receipt this Period
150.00
contribution

SUBTOTAL of Receipts This Page (optional).....▶	650.00
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: (check only one)	PAGE 98 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Luis Delgado Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 5128 N. 10th

City Mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2011

Transaction ID : SA11Al.15595

Amount of Each Receipt this Period

150.00

contribution

B. Luis Delgado Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 5128 N. 10th

City Mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2011

Transaction ID : SA11Al.15815

Amount of Each Receipt this Period

150.00

contribution

C. Luis Delgado Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 5128 N. 10th

City Mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

Transaction ID : SA11Al.16033

Amount of Each Receipt this Period

150.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	450.00
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: (check only one)	PAGE 99 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Luis Delgado Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 5128 N. 10th

City Mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11AI.16252

Amount of Each Receipt this Period
 150.00
 contribution

B. Luis Delgado Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 5128 N. 10th

City Mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.16484

Amount of Each Receipt this Period
 150.00
 contribution

c. Mr. Ted Disque
Full Name (Last, First, Middle Initial)

Mailing Address 501 Iris

City McAllen State TX Zip Code 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.15816

Amount of Each Receipt this Period
 25.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 325.00

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: (check only one)	PAGE 100 OF 435
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Mr. Ted Disque
 Full Name (Last, First, Middle Initial)
 Mailing Address 501 Iris
 City McAllen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.16034
 Amount of Each Receipt this Period
 25.00
 contribution

B. Mr. Ted Disque
 Full Name (Last, First, Middle Initial)
 Mailing Address 501 Iris
 City McAllen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11AI.16253
 Amount of Each Receipt this Period
 25.00
 contribution

C. Mr. Ted Disque
 Full Name (Last, First, Middle Initial)
 Mailing Address 501 Iris
 City McAllen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.16485
 Amount of Each Receipt this Period
 25.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
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: (check only one)	PAGE 101 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Alberto Duran
Full Name (Last, First, Middle Initial)

Mailing Address 1615 Palazzo

City mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2800.00

Date of Receipt
07 / 15 / 2011
Transaction ID : SA11Al.15381

Amount of Each Receipt this Period
400.00
contribution

B. Alberto Duran
Full Name (Last, First, Middle Initial)

Mailing Address 1615 Palazzo

City mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3200.00

Date of Receipt
08 / 18 / 2011
Transaction ID : SA11Al.15597

Amount of Each Receipt this Period
400.00
contribution

C. Alberto Duran
Full Name (Last, First, Middle Initial)

Mailing Address 1615 Palazzo

City mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3600.00

Date of Receipt
09 / 09 / 2011
Transaction ID : SA11Al.15817

Amount of Each Receipt this Period
400.00
contribution

SUBTOTAL of Receipts This Page (optional).....▶ 1200.00

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: (check only one)	PAGE 102 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Alberto Duran
Full Name (Last, First, Middle Initial)

Mailing Address 1615 Palazzo

City mission	State TX	Zip Code 78572
--------------	----------	----------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
-------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.16035

Amount of Each Receipt this Period
 400.00
 contribution

B. Alberto Duran
Full Name (Last, First, Middle Initial)

Mailing Address 1615 Palazzo

City mission	State TX	Zip Code 78572
--------------	----------	----------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
-------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11AI.16254

Amount of Each Receipt this Period
 400.00
 contribution

C. Alberto Duran
Full Name (Last, First, Middle Initial)

Mailing Address 1615 Palazzo

City mission	State TX	Zip Code 78572
--------------	----------	----------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
-------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.16486

Amount of Each Receipt this Period
 400.00
 contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
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 103 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Ms Oneida Elizondo

Mailing Address 2411 Durango Drive

City Mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.15818

Amount of Each Receipt this Period
 25.00
 contribution

Full Name (Last, First, Middle Initial)
B. Ms Oneida Elizondo

Mailing Address 2411 Durango Drive

City Mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.16036

Amount of Each Receipt this Period
 25.00
 contribution

Full Name (Last, First, Middle Initial)
C. Ms Oneida Elizondo

Mailing Address 2411 Durango Drive

City Mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11AI.16255

Amount of Each Receipt this Period
 25.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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: (check only one)	PAGE 104 OF 435
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Ms Oneida Elizondo
 Full Name (Last, First, Middle Initial)
 Mailing Address 2411 Durango Drive
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **12 / 09 / 2011**
Transaction ID : SA11AI.16487
 Amount of Each Receipt this Period **250.00**
 contribution

B. Koththegal Eshwar
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 Yellow Hammer
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt **07 / 15 / 2011**
Transaction ID : SA11AI.15383
 Amount of Each Receipt this Period **50.00**
 contribution

C. Koththegal Eshwar
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 Yellow Hammer
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **08 / 18 / 2011**
Transaction ID : SA11AI.15599
 Amount of Each Receipt this Period **50.00**
 contribution

SUBTOTAL of Receipts This Page (optional).....▶	125.00
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: (check only one)	PAGE 105 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Koththegal Eshwar
Full Name (Last, First, Middle Initial)

Mailing Address 108 Yellow Hammer

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.15819

Amount of Each Receipt this Period
 50.00
 contribution

B. Koththegal Eshwar
Full Name (Last, First, Middle Initial)

Mailing Address 108 Yellow Hammer

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.16037

Amount of Each Receipt this Period
 50.00
 contribution

C. Koththegal Eshwar
Full Name (Last, First, Middle Initial)

Mailing Address 108 Yellow Hammer

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11AI.16256

Amount of Each Receipt this Period
 50.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ► **150.00**

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 106 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Koththegal Eshwar

Mailing Address 108 Yellow Hammer

City State Zip Code
mcallen TX 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2011
Transaction ID : SA11AI.16488

Amount of Each Receipt this Period
50.00
contribution

Full Name (Last, First, Middle Initial)
B. Antonio Esparza

Mailing Address 136 W. Yucca

City State Zip Code
mcallent TX 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2011
Transaction ID : SA11AI.15384

Amount of Each Receipt this Period
250.00
contribution

Full Name (Last, First, Middle Initial)
C. Antonio Esparza

Mailing Address 136 W. Yucca

City State Zip Code
mcallent TX 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
08 / 18 / 2011
Transaction ID : SA11AI.15600

Amount of Each Receipt this Period
250.00
contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00

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: (check only one)	PAGE 107 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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) A. Antonio Esparza		Date of Receipt
Mailing Address 136 W. Yucca		<input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
City mcallent	State TX	Zip Code 78504
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.15820
Name of Employer selfemployed	Occupation physician	Amount of Each Receipt this Period <input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2250.00"/>	contribution

Full Name (Last, First, Middle Initial) B. Antonio Esparza		Date of Receipt
Mailing Address 136 W. Yucca		<input type="text" value="10"/> / <input type="text" value="14"/> / <input type="text" value="2011"/>
City mcallent	State TX	Zip Code 78504
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.16038
Name of Employer selfemployed	Occupation physician	Amount of Each Receipt this Period <input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2500.00"/>	contribution

Full Name (Last, First, Middle Initial) C. Antonio Esparza		Date of Receipt
Mailing Address 136 W. Yucca		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
City mcallent	State TX	Zip Code 78504
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.16257
Name of Employer selfemployed	Occupation physician	Amount of Each Receipt this Period <input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2750.00"/>	contribution

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)
A. Antonio Esparza

Mailing Address 136 W. Yucca

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.16489

Amount of Each Receipt this Period
 250.00
 contribution

Full Name (Last, First, Middle Initial)
B. Maria Elena Falcon

Mailing Address 2212 Westway

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : SA11AI.15385

Amount of Each Receipt this Period
 250.00
 contribution

Full Name (Last, First, Middle Initial)
C. Maria Elena Falcon

Mailing Address 2212 Westway

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2011
Transaction ID : SA11AI.15601

Amount of Each Receipt this Period
 250.00
 contribution

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: (check only one)	PAGE 109 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Maria Elena Falcon
Full Name (Last, First, Middle Initial)
Mailing Address 2212 Westway

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.15821

Amount of Each Receipt this Period
 250.00
 contribution

B. Maria Elena Falcon
Full Name (Last, First, Middle Initial)
Mailing Address 2212 Westway

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.16039

Amount of Each Receipt this Period
 250.00
 contribution

C. Maria Elena Falcon
Full Name (Last, First, Middle Initial)
Mailing Address 2212 Westway

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11AI.16258

Amount of Each Receipt this Period
 250.00
 contribution

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: (check only one)	PAGE 110 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Maria Elena Falcon
Full Name (Last, First, Middle Initial)

Mailing Address 2212 Westway

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.16490

Amount of Each Receipt this Period
 250.00
 contribution

B. Alberto Felici
Full Name (Last, First, Middle Initial)

Mailing Address 2309 W. Greenbriar Square

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : SA11AI.15386

Amount of Each Receipt this Period
 100.00
 contribution

C. Alberto Felici
Full Name (Last, First, Middle Initial)

Mailing Address 2309 W. Greenbriar Square

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2011
Transaction ID : SA11AI.15602

Amount of Each Receipt this Period
 100.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00

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 111 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Alberto Felici

Mailing Address 2309 W. Greenbriar Square

City State Zip Code
mcallen TX 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self-employed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
 / /
 09 / 09 / 2011
Transaction ID : SA11AI.15822

Amount of Each Receipt this Period

 100.00
 contribution

Full Name (Last, First, Middle Initial)
B. Alberto Felici

Mailing Address 2309 W. Greenbriar Square

City State Zip Code
mcallen TX 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self-employed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 / /
 10 / 14 / 2011
Transaction ID : SA11AI.16040

Amount of Each Receipt this Period

 100.00
 contribution

Full Name (Last, First, Middle Initial)
C. Alberto Felici

Mailing Address 2309 W. Greenbriar Square

City State Zip Code
mcallen TX 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self-employed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
 / /
 11 / 10 / 2011
Transaction ID : SA11AI.16259

Amount of Each Receipt this Period

 100.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00

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: (check only one)	PAGE 112 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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) A. Alberto Felici		Date of Receipt MM / DD / YYYY 12 / 09 / 2011 Transaction ID : SA11Al.16491
Mailing Address 2309 W. Greenbriar Square		Amount of Each Receipt this Period 100.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) B. Marco Flores		Date of Receipt MM / DD / YYYY 07 / 15 / 2011 Transaction ID : SA11Al.15387
Mailing Address 320 Primrose		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	

Full Name (Last, First, Middle Initial) C. Marco Flores		Date of Receipt MM / DD / YYYY 08 / 18 / 2011 Transaction ID : SA11Al.15603
Mailing Address 320 Primrose		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional).....▶	600.00
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: (check only one)	PAGE 113 OF 435
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Marco Flores
Full Name (Last, First, Middle Initial)

Mailing Address 320 Primrose

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 09 / 09 / 2011
Transaction ID : SA11AI.15823

Amount of Each Receipt this Period
 250.00
 contribution

B. Marco Flores
Full Name (Last, First, Middle Initial)

Mailing Address 320 Primrose

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 10 / 14 / 2011
Transaction ID : SA11AI.16041

Amount of Each Receipt this Period
 250.00
 contribution

C. Marco Flores
Full Name (Last, First, Middle Initial)

Mailing Address 320 Primrose

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
 11 / 10 / 2011
Transaction ID : SA11AI.16260

Amount of Each Receipt this Period
 250.00
 contribution

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: (check only one)	PAGE 114 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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) A. Marco Flores		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 09 / 2011 Transaction ID : SA11AI.16492
Mailing Address 320 Primrose		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. Ms Melissa P. Flores		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 09 / 2011 Transaction ID : SA11AI.15824
Mailing Address 4420 East Mile 17 1/2		Amount of Each Receipt this Period 25.00 contribution
City Edinburg	State TX	Zip Code 78542
FEC ID number of contributing federal political committee. C	Name of Employer self-employee	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. Ms Melissa P. Flores		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2011 Transaction ID : SA11AI.16042
Mailing Address 4420 East Mile 17 1/2		Amount of Each Receipt this Period 250.00 contribution
City Edinburg	State TX	Zip Code 78542
FEC ID number of contributing federal political committee. C	Name of Employer self-employee	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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: (check only one)	PAGE 115 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Ms Melissa P. Flores
 Full Name (Last, First, Middle Initial)
 Mailing Address 4420 East Mile 17 1/2
 City Edinburg State TX Zip Code 78542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **275.00**

Date of Receipt **11 / 10 / 2011**
Transaction ID : SA11AI.16261
 Amount of Each Receipt this Period **25.00**
 contribution

B. Ms Melissa P. Flores
 Full Name (Last, First, Middle Initial)
 Mailing Address 4420 East Mile 17 1/2
 City Edinburg State TX Zip Code 78542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **12 / 09 / 2011**
Transaction ID : SA11AI.16493
 Amount of Each Receipt this Period **25.00**
 contribution

C. Mr. Raymond Franklin
 Full Name (Last, First, Middle Initial)
 Mailing Address 3212 Nightingale Court
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt **07 / 15 / 2011**
Transaction ID : SA11AI.15389
 Amount of Each Receipt this Period **50.00**
 contribution

SUBTOTAL of Receipts This Page (optional)..... **100.00**
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 116 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Mr. Raymond Franklin
 Full Name (Last, First, Middle Initial)
 Mailing Address 3212 Nightingale Court
 City State Zip Code
 McAllen TX 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 selfemployed private investor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2011
Transaction ID : SA11AI.15605
 Amount of Each Receipt this Period
 50.00
 contribution

B. Mr. Raymond Franklin
 Full Name (Last, First, Middle Initial)
 Mailing Address 3212 Nightingale Court
 City State Zip Code
 McAllen TX 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 selfemployed private investor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.15825
 Amount of Each Receipt this Period
 50.00
 contribution

C. Mr. Raymond Franklin
 Full Name (Last, First, Middle Initial)
 Mailing Address 3212 Nightingale Court
 City State Zip Code
 McAllen TX 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 selfemployed private investor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.16043
 Amount of Each Receipt this Period
 50.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00
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 117 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Mr. Raymond Franklin
 Full Name (Last, First, Middle Initial)
 Mailing Address 3212 Nightingale Court
 City State Zip Code
 McAllen TX 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 selfemployed private investor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11AI.16262
 Amount of Each Receipt this Period
 50.00
 contribution

B. Mr. Raymond Franklin
 Full Name (Last, First, Middle Initial)
 Mailing Address 3212 Nightingale Court
 City State Zip Code
 McAllen TX 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 selfemployed private investor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.16494
 Amount of Each Receipt this Period
 50.00
 contribution

C. Eugenio Galindo
 Full Name (Last, First, Middle Initial)
 Mailing Address 5936 N. Cynthia
 City State Zip Code
 mcallen TX 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self-employed physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11AI.16426
 Amount of Each Receipt this Period
 400.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00
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: (check only one)	PAGE 118 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Eugenio Galindo
Full Name (Last, First, Middle Initial)
Mailing Address 5936 N. Cynthia

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

Transaction ID : SA11Al.16495

Amount of Each Receipt this Period

400.00

contribution

B. Elvin Garcia
Full Name (Last, First, Middle Initial)
Mailing Address 2800 Santa Teresa

City mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2011

Transaction ID : SA11Al.15391

Amount of Each Receipt this Period

250.00

contribution

C. Elvin Garcia
Full Name (Last, First, Middle Initial)
Mailing Address 2800 Santa Teresa

City mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2011

Transaction ID : SA11Al.15606

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	900.00
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 119 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Elvin Garcia

Mailing Address 2800 Santa Teresa

City mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.15826

Amount of Each Receipt this Period
 250.00
 contribution

Full Name (Last, First, Middle Initial)
B. Elvin Garcia

Mailing Address 2800 Santa Teresa

City mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.16044

Amount of Each Receipt this Period
 250.00
 contribution

Full Name (Last, First, Middle Initial)
C. Elvin Garcia

Mailing Address 2800 Santa Teresa

City mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11AI.16263

Amount of Each Receipt this Period
 250.00
 contribution

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: (check only one)	PAGE 120 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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) A. Elvin Garcia			Date of Receipt MM / DD / YYYY 12 / 09 / 2011 Transaction ID : SA11Al.16496
Mailing Address 2800 Santa Teresa			Amount of Each Receipt this Period 250.00 contribution
City mission	State TX	Zip Code 78572	
FEC ID number of contributing federal political committee. C			
Name of Employer self-employed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00		

Full Name (Last, First, Middle Initial) B. Hiram Garcia			Date of Receipt MM / DD / YYYY 07 / 15 / 2011 Transaction ID : SA11Al.15392
Mailing Address 2712 E Mile 5 Road			Amount of Each Receipt this Period 250.00 contribution
City Mission	State TX	Zip Code 78574	
FEC ID number of contributing federal political committee. C			
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00		

Full Name (Last, First, Middle Initial) C. Hiram Garcia			Date of Receipt MM / DD / YYYY 08 / 18 / 2011 Transaction ID : SA11Al.15607
Mailing Address 2712 E Mile 5 Road			Amount of Each Receipt this Period 250.00 contribution
City Mission	State TX	Zip Code 78574	
FEC ID number of contributing federal political committee. C			
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

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: (check only one)	PAGE 121 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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) A. Hiram Garcia		Date of Receipt MM / DD / YYYY 09 / 09 / 2011 Transaction ID : SA11AI.15827
Mailing Address 2712 E Mile 5 Road		Amount of Each Receipt this Period 250.00 contribution
City Mission	State TX	Zip Code 78574
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	
Occupation physician		Aggregate Year-to-Date ▼ 2250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Hiram Garcia		Date of Receipt MM / DD / YYYY 10 / 14 / 2011 Transaction ID : SA11AI.16045
Mailing Address 2712 E Mile 5 Road		Amount of Each Receipt this Period 250.00 contribution
City Mission	State TX	Zip Code 78574
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	
Occupation physician		Aggregate Year-to-Date ▼ 2500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Hiram Garcia		Date of Receipt MM / DD / YYYY 11 / 10 / 2011 Transaction ID : SA11AI.16264
Mailing Address 2712 E Mile 5 Road		Amount of Each Receipt this Period 250.00 contribution
City Mission	State TX	Zip Code 78574
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	
Occupation physician		Aggregate Year-to-Date ▼ 2750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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: (check only one)	PAGE 122 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Hiram Garcia
Full Name (Last, First, Middle Initial)
Mailing Address 2712 E Mile 5 Road

City Mission	State TX	Zip Code 78574
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed
Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
12 / 09 / 2011
Transaction ID : SA11AI.16497

Amount of Each Receipt this Period
250.00
contribution

B. Ms Nancy Garcia
Full Name (Last, First, Middle Initial)
Mailing Address 1409 Dora Jeanne Drive

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed
Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
11 / 10 / 2011
Transaction ID : SA11AI.16265

Amount of Each Receipt this Period
20.00
contribution

C. Ms Nancy Garcia
Full Name (Last, First, Middle Initial)
Mailing Address 1409 Dora Jeanne Drive

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed
Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
12 / 09 / 2011
Transaction ID : SA11AI.16498

Amount of Each Receipt this Period
20.00
contribution

SUBTOTAL of Receipts This Page (optional).....▶	290.00
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: (check only one)	PAGE 123 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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) A. Dr. Oscar Garcia			Date of Receipt MM / DD / YYYY 07 / 15 / 2011 Transaction ID : SA11AI.15394
Mailing Address 1717 Palazzo			Amount of Each Receipt this Period 400.00 contribution
City Mission	State TX	Zip Code 78572	
FEC ID number of contributing federal political committee. C			
Name of Employer self-employed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2800.00		

Full Name (Last, First, Middle Initial) B. Dr. Oscar Garcia			Date of Receipt MM / DD / YYYY 08 / 18 / 2011 Transaction ID : SA11AI.15609
Mailing Address 1717 Palazzo			Amount of Each Receipt this Period 400.00 contribution
City Mission	State TX	Zip Code 78572	
FEC ID number of contributing federal political committee. C			
Name of Employer self-employed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3200.00		

Full Name (Last, First, Middle Initial) C. Dr. Oscar Garcia			Date of Receipt MM / DD / YYYY 09 / 09 / 2011 Transaction ID : SA11AI.15829
Mailing Address 1717 Palazzo			Amount of Each Receipt this Period 400.00 contribution
City Mission	State TX	Zip Code 78572	
FEC ID number of contributing federal political committee. C			
Name of Employer self-employed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3600.00		

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
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: (check only one)	PAGE 124 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Dr. Oscar Garcia
Full Name (Last, First, Middle Initial)
Mailing Address 1717 Palazzo

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer
self-employed

Occupation
physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

Transaction ID : SA11Al.16047

Amount of Each Receipt this Period

400.00

contribution

B. Dr. Oscar Garcia
Full Name (Last, First, Middle Initial)
Mailing Address 1717 Palazzo

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer
self-employed

Occupation
physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

Transaction ID : SA11Al.16266

Amount of Each Receipt this Period

400.00

contribution

C. Dr. Oscar Garcia
Full Name (Last, First, Middle Initial)
Mailing Address 1717 Palazzo

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer
self-employed

Occupation
physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

Transaction ID : SA11Al.16499

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
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: (check only one)	PAGE 125 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Dr. Carlos Garcia-Cantu
Full Name (Last, First, Middle Initial)

Mailing Address 4121 N. 10th #240

City Mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2011

Transaction ID : SA11Al.15390

Amount of Each Receipt this Period

200.00

contribution

B. Dr. Carlos Garcia-Cantu
Full Name (Last, First, Middle Initial)

Mailing Address 4121 N. 10th #240

City Mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2011

Transaction ID : SA11Al.15610

Amount of Each Receipt this Period

200.00

contribution

C. Dr. Carlos Garcia-Cantu
Full Name (Last, First, Middle Initial)

Mailing Address 4121 N. 10th #240

City Mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2011

Transaction ID : SA11Al.15830

Amount of Each Receipt this Period

200.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	600.00
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: (check only one)	PAGE 126 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Dr. Carlos Garcia-Cantu
 Full Name (Last, First, Middle Initial)
 Mailing Address 4121 N. 10th #240

City Mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.16048

Amount of Each Receipt this Period
 200.00
 contribution

B. Dr. Carlos Garcia-Cantu
 Full Name (Last, First, Middle Initial)
 Mailing Address 4121 N. 10th #240

City Mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11AI.16267

Amount of Each Receipt this Period
 200.00
 contribution

C. Dr. Carlos Garcia-Cantu
 Full Name (Last, First, Middle Initial)
 Mailing Address 4121 N. 10th #240

City Mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.16500

Amount of Each Receipt this Period
 200.00
 contribution

SUBTOTAL of Receipts This Page (optional).....▶	600.00
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 127 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Ms Anna Garza

Mailing Address 3212 S Boyce Circle

City Donna State TX Zip Code 78557

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.15831

Amount of Each Receipt this Period
 25.00
 contribution

Full Name (Last, First, Middle Initial)
B. Ms Anna Garza

Mailing Address 3212 S Boyce Circle

City Donna State TX Zip Code 78557

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.16049

Amount of Each Receipt this Period
 25.00
 contribution

Full Name (Last, First, Middle Initial)
C. Ms Anna Garza

Mailing Address 3212 S Boyce Circle

City Donna State TX Zip Code 78557

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11AI.16268

Amount of Each Receipt this Period
 25.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ **75.00**

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 128 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ms Anna Garza
 Full Name (Last, First, Middle Initial)
 Mailing Address 3212 S Boyce Circle
 City Donna State TX Zip Code 78557
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.16501
 Amount of Each Receipt this Period
 25.00
 contribution

B. Dr. James Garza
 Full Name (Last, First, Middle Initial)
 Mailing Address 2821 Lakeshore Drive
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : SA11AI.15397
 Amount of Each Receipt this Period
 400.00
 contribution

C. Dr. James Garza
 Full Name (Last, First, Middle Initial)
 Mailing Address 2821 Lakeshore Drive
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2011
Transaction ID : SA11AI.15612
 Amount of Each Receipt this Period
 400.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 825.00
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: (check only one)	PAGE 129 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Dr. James Garza
Full Name (Last, First, Middle Initial)
Mailing Address 2821 Lakeshore Drive

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2011

Transaction ID : SA11AI.15832

Amount of Each Receipt this Period

400.00

contribution

B. Dr. James Garza
Full Name (Last, First, Middle Initial)
Mailing Address 2821 Lakeshore Drive

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

Transaction ID : SA11AI.16050

Amount of Each Receipt this Period

400.00

contribution

C. Dr. James Garza
Full Name (Last, First, Middle Initial)
Mailing Address 2821 Lakeshore Drive

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

Transaction ID : SA11AI.16269

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
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: (check only one)	PAGE 130 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Dr. James Garza
Full Name (Last, First, Middle Initial)

Mailing Address 2821 Lakeshore Drive

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.16502

Amount of Each Receipt this Period
 400.00
 contribution

B. Rene Garza
Full Name (Last, First, Middle Initial)

Mailing Address 5404 N. 1st street

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : SA11AI.15398

Amount of Each Receipt this Period
 250.00
 contribution

C. Rene Garza
Full Name (Last, First, Middle Initial)

Mailing Address 5404 N. 1st street

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2011
Transaction ID : SA11AI.15613

Amount of Each Receipt this Period
 250.00
 contribution

SUBTOTAL of Receipts This Page (optional).....▶	900.00
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: (check only one)	PAGE 131 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Rene Garza
Full Name (Last, First, Middle Initial)
Mailing Address 5404 N. 1st street

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2011

Transaction ID : SA11AI.15833

Amount of Each Receipt this Period

250.00

contribution

B. Rene Garza
Full Name (Last, First, Middle Initial)
Mailing Address 5404 N. 1st street

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

Transaction ID : SA11AI.16051

Amount of Each Receipt this Period

250.00

contribution

C. Rene Garza
Full Name (Last, First, Middle Initial)
Mailing Address 5404 N. 1st street

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

Transaction ID : SA11AI.16270

Amount of Each Receipt this Period

250.00

contribution

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: (check only one)	PAGE 132 OF 435
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Rene Garza
 Full Name (Last, First, Middle Initial)
 Mailing Address 5404 N. 1st street
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.16503
 Amount of Each Receipt this Period
 250.00
 contribution

B. Dr. Ayda Garza-Montalvo
 Full Name (Last, First, Middle Initial)
 Mailing Address 2311 Silvarido North
 City Palmhurst State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation self-employee physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 875.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : SA11AI.15395
 Amount of Each Receipt this Period
 125.00
 contribution

C. Dr. Ayda Garza-Montalvo
 Full Name (Last, First, Middle Initial)
 Mailing Address 2311 Silvarido North
 City Palmhurst State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation self-employee physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2011
Transaction ID : SA11AI.15614
 Amount of Each Receipt this Period
 125.00
 contribution

SUBTOTAL of Receipts This Page (optional).....▶	500.00
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: (check only one)	PAGE 133 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Dr. Ayda Garza-Montalvo

Full Name (Last, First, Middle Initial)
Mailing Address 2311 Silvarado North

City Palmhurst	State TX	Zip Code 78539
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation self-employee physician
----------------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1125.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2011

Transaction ID : SA11AI.15834

Amount of Each Receipt this Period

125.00

contribution

B. Dr. Ayda Garza-Montalvo

Full Name (Last, First, Middle Initial)
Mailing Address 2311 Silvarado North

City Palmhurst	State TX	Zip Code 78539
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation self-employee physician
----------------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

Transaction ID : SA11AI.16052

Amount of Each Receipt this Period

125.00

contribution

C. Dr. Ayda Garza-Montalvo

Full Name (Last, First, Middle Initial)
Mailing Address 2311 Silvarado North

City Palmhurst	State TX	Zip Code 78539
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation self-employee physician
----------------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

Transaction ID : SA11AI.16271

Amount of Each Receipt this Period

125.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	375.00
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: (check only one)	PAGE 134 OF 435
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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) A. Dr. Ayda Garza-Montalvo		Date of Receipt MM / DD / YYYY 12 / 09 / 2011 Transaction ID : SA11AI.16504
Mailing Address 2311 Silvarado North		Amount of Each Receipt this Period 125.00 contribution
City Palmhurst	State TX	Zip Code 78539
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 1500.00	
Name of Employer selfemployed	Occupation self-employee physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Lawrence Gelman		Date of Receipt MM / DD / YYYY 07 / 15 / 2011 Transaction ID : SA11AI.15399
Mailing Address 3900 Sundown Drive		Amount of Each Receipt this Period 400.00 contribution
City mcallen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 2800.00	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Lawrence Gelman		Date of Receipt MM / DD / YYYY 08 / 18 / 2011 Transaction ID : SA11AI.15615
Mailing Address 3900 Sundown Drive		Amount of Each Receipt this Period 400.00 contribution
City mcallen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 3200.00	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	925.00
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: (check only one)	PAGE 135 OF 435
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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) A. Lawrence Gelman		Date of Receipt MM / DD / YYYY 09 / 09 / 2011 Transaction ID : SA11AI.15835
Mailing Address 3900 Sundown Drive		Amount of Each Receipt this Period 400.00 contribution
City mcallen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 3600.00	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Lawrence Gelman		Date of Receipt MM / DD / YYYY 10 / 14 / 2011 Transaction ID : SA11AI.16053
Mailing Address 3900 Sundown Drive		Amount of Each Receipt this Period 400.00 contribution
City mcallen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 4000.00	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Lawrence Gelman		Date of Receipt MM / DD / YYYY 11 / 10 / 2011 Transaction ID : SA11AI.16272
Mailing Address 3900 Sundown Drive		Amount of Each Receipt this Period 400.00 contribution
City mcallen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 4400.00	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
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: (check only one)	PAGE 136 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Lawrence Gelman
Full Name (Last, First, Middle Initial)
Mailing Address 3900 Sundown Drive

City mcallen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

Transaction ID : SA11Al.16505

Amount of Each Receipt this Period

400.00

contribution

B. Robert Genovese
Full Name (Last, First, Middle Initial)
Mailing Address 2208 Summer Breeze

City mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1508.54

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2011

Transaction ID : SA11Al.15400

Amount of Each Receipt this Period

229.99

contribution

C. Robert Genovese
Full Name (Last, First, Middle Initial)
Mailing Address 2208 Summer Breeze

City mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1682.29

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2011

Transaction ID : SA11Al.15616

Amount of Each Receipt this Period

173.75

contribution

SUBTOTAL of Receipts This Page (optional).....▶	803.74
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: (check only one)	PAGE 137 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Robert Genovese
Full Name (Last, First, Middle Initial)

Mailing Address 2208 Summer Breeze

City mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1797.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.15836

Amount of Each Receipt this Period
 115.41
 contribution

B. Robert Genovese
Full Name (Last, First, Middle Initial)

Mailing Address 2208 Summer Breeze

City mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1913.11

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.16054

Amount of Each Receipt this Period
 115.41
 contribution

C. Robert Genovese
Full Name (Last, First, Middle Initial)

Mailing Address 2208 Summer Breeze

City mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1993.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11AI.16273

Amount of Each Receipt this Period
 80.79
 contribution

SUBTOTAL of Receipts This Page (optional).....▶	311.61
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: (check only one)	PAGE 138 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Robert Genovese
Full Name (Last, First, Middle Initial)

Mailing Address 2208 Summer Breeze

City mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2080.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.16506

Amount of Each Receipt this Period
 86.56
 contribution

B. Dr. Richard Gillett
Full Name (Last, First, Middle Initial)

Mailing Address 54 South 10th

City McAllen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : SA11AI.15401

Amount of Each Receipt this Period
 100.00
 contribution

C. Dr. Richard Gillett
Full Name (Last, First, Middle Initial)

Mailing Address 54 South 10th

City McAllen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2011
Transaction ID : SA11AI.15617

Amount of Each Receipt this Period
 100.00
 contribution

SUBTOTAL of Receipts This Page (optional).....▶	286.56
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: (check only one)	PAGE 139 OF 435
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Richard Gillett
 Full Name (Last, First, Middle Initial)
 Mailing Address 54 South 10th
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **900.00**

Date of Receipt **09 / 09 / 2011**
Transaction ID : SA11AI.15837
 Amount of Each Receipt this Period **100.00**
 contribution

B. Dr. Richard Gillett
 Full Name (Last, First, Middle Initial)
 Mailing Address 54 South 10th
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 14 / 2011**
Transaction ID : SA11AI.16055
 Amount of Each Receipt this Period **100.00**
 contribution

C. Dr. Richard Gillett
 Full Name (Last, First, Middle Initial)
 Mailing Address 54 South 10th
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1100.00**

Date of Receipt **11 / 10 / 2011**
Transaction ID : SA11AI.16274
 Amount of Each Receipt this Period **100.00**
 contribution

SUBTOTAL of Receipts This Page (optional).....	300.00
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 140 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Richard Gillett
 Full Name (Last, First, Middle Initial)
 Mailing Address 54 South 10th
 City State Zip Code
 McAllen TX 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self-employee physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.16507
 Amount of Each Receipt this Period
 100.00
 contribution

B. Alvaro Giraldo
 Full Name (Last, First, Middle Initial)
 Mailing Address 106 W. Flamingo
 City State Zip Code
 mcallen TX 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 selfemployed physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : SA11AI.15402
 Amount of Each Receipt this Period
 100.00
 contribution

C. Alvaro Giraldo
 Full Name (Last, First, Middle Initial)
 Mailing Address 106 W. Flamingo
 City State Zip Code
 mcallen TX 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 selfemployed physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2011
Transaction ID : SA11AI.15618
 Amount of Each Receipt this Period
 100.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
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: (check only one)	PAGE 141 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Alvaro Giraldo
Full Name (Last, First, Middle Initial)

Mailing Address 106 W. Flamingo

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11AI.15838

Amount of Each Receipt this Period
100.00

contribution

B. Alvaro Giraldo
Full Name (Last, First, Middle Initial)

Mailing Address 106 W. Flamingo

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11AI.16056

Amount of Each Receipt this Period
100.00

contribution

C. Alvaro Giraldo
Full Name (Last, First, Middle Initial)

Mailing Address 106 W. Flamingo

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11AI.16275

Amount of Each Receipt this Period
100.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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: (check only one)	PAGE 142 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)
A. Alvaro Giraldo

Mailing Address 106 W. Flamingo

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.16508

Amount of Each Receipt this Period
 100.00
 contribution

Full Name (Last, First, Middle Initial)
B. Mr. Marco Gomez

Mailing Address 2705 Biltmore

City Edinburg State TX Zip Code 78539

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.15839

Amount of Each Receipt this Period
 25.00
 contribution

Full Name (Last, First, Middle Initial)
C. Mr. Marco Gomez

Mailing Address 2705 Biltmore

City Edinburg State TX Zip Code 78539

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.16057

Amount of Each Receipt this Period
 25.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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 143 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Mr. Marco Gomez

Mailing Address 2705 Biltmore

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11AI.16276

Amount of Each Receipt this Period
 25.00
 contribution

Full Name (Last, First, Middle Initial)
B. Mr. Marco Gomez

Mailing Address 2705 Biltmore

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.16509

Amount of Each Receipt this Period
 25.00
 contribution

Full Name (Last, First, Middle Initial)
C. Mr. Michael Gonzales

Mailing Address 204 Valenca

City State Zip Code
Weslaco TX 78596

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.15840

Amount of Each Receipt this Period
 25.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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: (check only one)	PAGE 145 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)
A. Ada Gonzalez

Mailing Address P.O. Box 9817

City State Zip Code
alamo TX 78516

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2011
Transaction ID : SA11Al.15406

Amount of Each Receipt this Period
75.00
contribution

Full Name (Last, First, Middle Initial)
B. Ada Gonzalez

Mailing Address P.O. Box 9817

City State Zip Code
alamo TX 78516

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
08 / 18 / 2011
Transaction ID : SA11Al.15621

Amount of Each Receipt this Period
75.00
contribution

Full Name (Last, First, Middle Initial)
C. Ada Gonzalez

Mailing Address P.O. Box 9817

City State Zip Code
alamo TX 78516

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
675.00

Date of Receipt
MM / DD / YYYY
09 / 09 / 2011
Transaction ID : SA11Al.15841

Amount of Each Receipt this Period
75.00
contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 225.00

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: (check only one)	PAGE 146 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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) A. Ada Gonzalez		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2011
Mailing Address P.O. Box 9817		Transaction ID : SA11Al.16059
City alamo	State TX	Zip Code 78516
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 750.00	
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Ada Gonzalez		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2011
Mailing Address P.O. Box 9817		Transaction ID : SA11Al.16278
City alamo	State TX	Zip Code 78516
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 75.00	
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 825.00	

Full Name (Last, First, Middle Initial) C. Ada Gonzalez		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 09 / 2011
Mailing Address P.O. Box 9817		Transaction ID : SA11Al.16511
City alamo	State TX	Zip Code 78516
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 75.00	
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

SUBTOTAL of Receipts This Page (optional).....▶	225.00
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: (check only one)	PAGE 147 OF 435
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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) A. Ms Aida Gonzalez		Date of Receipt MM / DD / YYYY 11 / 10 / 2011 Transaction ID : SA11AI.16279
Mailing Address 311 E. Davis		Amount of Each Receipt this Period 200.00 contribution
City Edinburg	State TX	Zip Code 78539
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. Ms Aida Gonzalez		Date of Receipt MM / DD / YYYY 12 / 09 / 2011 Transaction ID : SA11AI.16512
Mailing Address 311 E. Davis		Amount of Each Receipt this Period 200.00 contribution
City Edinburg	State TX	Zip Code 78539
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Jaime Gonzalez		Date of Receipt MM / DD / YYYY 07 / 15 / 2011 Transaction ID : SA11AI.15407
Mailing Address 3511 Plazas del Lago		Amount of Each Receipt this Period 250.00 contribution
City edinburg	State TX	Zip Code 78539
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	

SUBTOTAL of Receipts This Page (optional).....▶	290.00
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: (check only one)	PAGE 148 OF 435
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Jaime Gonzalez
 Full Name (Last, First, Middle Initial)
 Mailing Address 3511 Plazas del Lago
 City State Zip Code
 edinburg TX 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 selfemployed private investor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2011
Transaction ID : SA11AI.15623
 Amount of Each Receipt this Period
 250.00
 contribution

B. Jaime Gonzalez
 Full Name (Last, First, Middle Initial)
 Mailing Address 3511 Plazas del Lago
 City State Zip Code
 edinburg TX 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 selfemployed private investor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.15843
 Amount of Each Receipt this Period
 250.00
 contribution

C. Jaime Gonzalez
 Full Name (Last, First, Middle Initial)
 Mailing Address 3511 Plazas del Lago
 City State Zip Code
 edinburg TX 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 selfemployed private investor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.16061
 Amount of Each Receipt this Period
 250.00
 contribution

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: (check only one)	PAGE 149 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Jaime Gonzalez
Full Name (Last, First, Middle Initial)

Mailing Address 3511 Plazas del Lago

City State Zip Code
edinburg TX 78539

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2750.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 10 / 2011
Transaction ID : SA11AI.16280

Amount of Each Receipt this Period
250.00
contribution

B. Jaime Gonzalez
Full Name (Last, First, Middle Initial)

Mailing Address 3511 Plazas del Lago

City State Zip Code
edinburg TX 78539

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2011
Transaction ID : SA11AI.16513

Amount of Each Receipt this Period
250.00
contribution

C. Juan Gonzalez-Dickson
Full Name (Last, First, Middle Initial)

Mailing Address 1501 Meadwood

City State Zip Code
weslaco TX 78596

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self-employed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2011
Transaction ID : SA11AI.15404

Amount of Each Receipt this Period
250.00
contribution

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: (check only one)	PAGE 150 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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) A. Juan Gonzalez-Dickson		Date of Receipt MM / DD / YYYY 08 / 18 / 2011 Transaction ID : SA11AI.15624
Mailing Address 1501 Meadwood		Amount of Each Receipt this Period 250.00 contribution
City weslaco	State TX	Zip Code 78596
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 2000.00	
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Juan Gonzalez-Dickson		Date of Receipt MM / DD / YYYY 09 / 09 / 2011 Transaction ID : SA11AI.15844
Mailing Address 1501 Meadwood		Amount of Each Receipt this Period 250.00 contribution
City weslaco	State TX	Zip Code 78596
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 2250.00	
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Juan Gonzalez-Dickson		Date of Receipt MM / DD / YYYY 10 / 14 / 2011 Transaction ID : SA11AI.16062
Mailing Address 1501 Meadwood		Amount of Each Receipt this Period 250.00 contribution
City weslaco	State TX	Zip Code 78596
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 2500.00	
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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: (check only one)	PAGE 151 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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) A. Juan Gonzalez-Dickson		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 10 / 2011 Transaction ID : SA11Al.16281
Mailing Address 1501 Meadwood		Amount of Each Receipt this Period 250.00 contribution
City weslaco	State TX	Zip Code 78596
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	
Occupation physician		Aggregate Year-to-Date ▼ 2750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Juan Gonzalez-Dickson		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 09 / 2011 Transaction ID : SA11Al.16514
Mailing Address 1501 Meadwood		Amount of Each Receipt this Period 250.00 contribution
City weslaco	State TX	Zip Code 78596
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	
Occupation physician		Aggregate Year-to-Date ▼ 3000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Verley Gordon		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 15 / 2011 Transaction ID : SA11Al.15409
Mailing Address 1700 E. Mile 3 Road		Amount of Each Receipt this Period 250.00 contribution
City mission	State TX	Zip Code 78574
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	
Occupation physician		Aggregate Year-to-Date ▼ 1750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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: (check only one)	PAGE 152 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Verley Gordon
Full Name (Last, First, Middle Initial)
Mailing Address 1700 E. Mile 3 Road

City mission	State TX	Zip Code 78574
--------------	----------	----------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
-------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2011

Transaction ID : SA11AI.15625

Amount of Each Receipt this Period

250.00

contribution

B. Verley Gordon
Full Name (Last, First, Middle Initial)
Mailing Address 1700 E. Mile 3 Road

City mission	State TX	Zip Code 78574
--------------	----------	----------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
-------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2011

Transaction ID : SA11AI.15845

Amount of Each Receipt this Period

250.00

contribution

C. Verley Gordon
Full Name (Last, First, Middle Initial)
Mailing Address 1700 E. Mile 3 Road

City mission	State TX	Zip Code 78574
--------------	----------	----------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
-------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

Transaction ID : SA11AI.16063

Amount of Each Receipt this Period

250.00

contribution

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 153 OF 435
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Verley Gordon
Full Name (Last, First, Middle Initial)
Mailing Address 1700 E. Mile 3 Road

City mission	State TX	Zip Code 78574
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer
selfemployed
Occupation
physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2738.68

Date of Receipt
11 / 10 / 2011
Transaction ID : SA11AI.16282

Amount of Each Receipt this Period
238.68
contribution

B. Verley Gordon
Full Name (Last, First, Middle Initial)
Mailing Address 1700 E. Mile 3 Road

City mission	State TX	Zip Code 78574
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer
selfemployed
Occupation
physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2977.36

Date of Receipt
12 / 09 / 2011
Transaction ID : SA11AI.16516

Amount of Each Receipt this Period
238.68
contribution

C. Enrique Griego
Full Name (Last, First, Middle Initial)
Mailing Address 905 Inspiratin Drive

City pharr	State TX	Zip Code 78577
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer
selfemployed
Occupation
physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2800.00

Date of Receipt
07 / 15 / 2011
Transaction ID : SA11AI.15410

Amount of Each Receipt this Period
400.00
contribution

SUBTOTAL of Receipts This Page (optional).....▶	877.36
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: (check only one)	PAGE 154 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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) A. Enrique Griego		Date of Receipt
Mailing Address 905 Inspiratin Drive		<input type="text" value="08"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
City pharr	State TX	Zip Code 78577
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11Al.15626
Name of Employer selfemployed	Occupation physician	Amount of Each Receipt this Period <input type="text" value="400.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="3200.00"/>	contribution

Full Name (Last, First, Middle Initial) B. Enrique Griego		Date of Receipt
Mailing Address 905 Inspiratin Drive		<input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
City pharr	State TX	Zip Code 78577
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11Al.15846
Name of Employer selfemployed	Occupation physician	Amount of Each Receipt this Period <input type="text" value="400.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="3600.00"/>	contribution

Full Name (Last, First, Middle Initial) C. Enrique Griego		Date of Receipt
Mailing Address 905 Inspiratin Drive		<input type="text" value="10"/> / <input type="text" value="14"/> / <input type="text" value="2011"/>
City pharr	State TX	Zip Code 78577
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11Al.16064
Name of Employer selfemployed	Occupation physician	Amount of Each Receipt this Period <input type="text" value="400.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="4000.00"/>	contribution

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1200.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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) A. Enrique Griego		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 10 / 2011 Transaction ID : SA11AI.16283
Mailing Address 905 Inspiratin Drive		Amount of Each Receipt this Period 400.00 contribution
City pharr	State TX	Zip Code 78577
FEC ID number of contributing federal political committee.	C	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4400.00	

Full Name (Last, First, Middle Initial) B. Enrique Griego		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 09 / 2011 Transaction ID : SA11AI.16517
Mailing Address 905 Inspiratin Drive		Amount of Each Receipt this Period 400.00 contribution
City pharr	State TX	Zip Code 78577
FEC ID number of contributing federal political committee.	C	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4800.00	

Full Name (Last, First, Middle Initial) C. Dr. Maria Ruby Guajardo		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 15 / 2011 Transaction ID : SA11AI.15411
Mailing Address 2603 Santa Laura		Amount of Each Receipt this Period 50.00 contribution
City Mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee.	C	
Name of Employer self-employee	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional).....▶	850.00
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 156 OF 435
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Maria Ruby Guajardo
Full Name (Last, First, Middle Initial)
Mailing Address 2603 Santa Laura

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee
Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
08 / 18 / 2011
Transaction ID : SA11AI.15627

Amount of Each Receipt this Period
50.00
contribution

B. Dr. Maria Ruby Guajardo
Full Name (Last, First, Middle Initial)
Mailing Address 2603 Santa Laura

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee
Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
09 / 09 / 2011
Transaction ID : SA11AI.15847

Amount of Each Receipt this Period
50.00
contribution

C. Dr. Maria Ruby Guajardo
Full Name (Last, First, Middle Initial)
Mailing Address 2603 Santa Laura

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee
Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 14 / 2011
Transaction ID : SA11AI.16065

Amount of Each Receipt this Period
50.00
contribution

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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: (check only one)	PAGE 157 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Dr. Maria Ruby Guajardo
 Full Name (Last, First, Middle Initial)
 Mailing Address 2603 Santa Laura
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **550.00**

Date of Receipt **11 / 10 / 2011**
Transaction ID : SA11AI.16284
 Amount of Each Receipt this Period **50.00**
 contribution

B. Dr. Maria Ruby Guajardo
 Full Name (Last, First, Middle Initial)
 Mailing Address 2603 Santa Laura
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 09 / 2011**
Transaction ID : SA11AI.16518
 Amount of Each Receipt this Period **50.00**
 contribution

C. Daniel Guerra
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 S. Broadway
 City Mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2800.00**

Date of Receipt **07 / 15 / 2011**
Transaction ID : SA11AI.15413
 Amount of Each Receipt this Period **400.00**
 contribution

SUBTOTAL of Receipts This Page (optional).....	500.00
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 158 OF 435
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Daniel Guerra
Full Name (Last, First, Middle Initial)

Mailing Address 101 S. Broadway

City Mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2011

Transaction ID : SA11AI.15628

Amount of Each Receipt this Period

400.00

contribution

B. Daniel Guerra
Full Name (Last, First, Middle Initial)

Mailing Address 101 S. Broadway

City Mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2011

Transaction ID : SA11AI.15848

Amount of Each Receipt this Period

400.00

contribution

C. Daniel Guerra
Full Name (Last, First, Middle Initial)

Mailing Address 101 S. Broadway

City Mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

Transaction ID : SA11AI.16066

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
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: (check only one)	PAGE 159 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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) A. Daniel Guerra		Date of Receipt
Mailing Address 101 S. Broadway		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
City	State	Zip Code
Mcallen	TX	78501
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11Al.16427
Name of Employer	Occupation	Amount of Each Receipt this Period
self-employed	physician	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="4250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Daniel Guerra		Date of Receipt
Mailing Address 101 S. Broadway		<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
City	State	Zip Code
Mcallen	TX	78501
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11Al.16519
Name of Employer	Occupation	Amount of Each Receipt this Period
self-employed	physician	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="4500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. John Guerra		Date of Receipt
Mailing Address 3105 Forest Court		<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
City	State	Zip Code
mission	TX	78572
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11Al.15414
Name of Employer	Occupation	Amount of Each Receipt this Period
selfemployed	physician	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="700.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="600.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 160 OF 435
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. John Guerra
 Full Name (Last, First, Middle Initial)
 Mailing Address 3105 Forest Court
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 08 / 18 / 2011
Transaction ID : SA11AI.15629
 Amount of Each Receipt this Period
 100.00
 contribution

B. John Guerra
 Full Name (Last, First, Middle Initial)
 Mailing Address 3105 Forest Court
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 09 / 09 / 2011
Transaction ID : SA11AI.15849
 Amount of Each Receipt this Period
 100.00
 contribution

C. John Guerra
 Full Name (Last, First, Middle Initial)
 Mailing Address 3105 Forest Court
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 10 / 14 / 2011
Transaction ID : SA11AI.16067
 Amount of Each Receipt this Period
 100.00
 contribution

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 161 OF 435
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. John Guerra
Full Name (Last, First, Middle Initial)

Mailing Address 3105 Forest Court

City mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11Al.16286

Amount of Each Receipt this Period
 100.00
 contribution

B. John Guerra
Full Name (Last, First, Middle Initial)

Mailing Address 3105 Forest Court

City mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11Al.16520

Amount of Each Receipt this Period
 100.00
 contribution

C. Marcy Guerra
Full Name (Last, First, Middle Initial)

Mailing Address 13337 Borolo Drive

City edinburg State TX Zip Code 78541

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : SA11Al.15415

Amount of Each Receipt this Period
 250.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00

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 162 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Marcy Guerra

Mailing Address 13337 Borolo Drive

City State Zip Code
edinburg TX 78541

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 / /
 08 / 18 / 2011
Transaction ID : SA11Al.15630

Amount of Each Receipt this Period

 250.00
 contribution

Full Name (Last, First, Middle Initial)
B. Marcy Guerra

Mailing Address 13337 Borolo Drive

City State Zip Code
edinburg TX 78541

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt
 / /
 09 / 09 / 2011
Transaction ID : SA11Al.15850

Amount of Each Receipt this Period

 250.00
 contribution

Full Name (Last, First, Middle Initial)
C. Marcy Guerra

Mailing Address 13337 Borolo Drive

City State Zip Code
edinburg TX 78541

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 / /
 10 / 14 / 2011
Transaction ID : SA11Al.16068

Amount of Each Receipt this Period

 250.00
 contribution

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 163 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Marcy Guerra

Mailing Address 13337 Borolo Drive

City State Zip Code
edinburg TX 78541

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11AI.16287

Amount of Each Receipt this Period
 250.00
 contribution

Full Name (Last, First, Middle Initial)
B. Marcy Guerra

Mailing Address 13337 Borolo Drive

City State Zip Code
edinburg TX 78541

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.16521

Amount of Each Receipt this Period
 250.00
 contribution

Full Name (Last, First, Middle Initial)
C. Rodolfo Guerrero

Mailing Address 1402 E. 8th Street

City State Zip Code
weslaco TX 78596

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1637.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : SA11AI.15416

Amount of Each Receipt this Period
 250.00
 contribution

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 164 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Rodolfo Guerrero
 Full Name (Last, First, Middle Initial)
 Mailing Address 1402 E. 8th Street
 City weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1887.85

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2011
Transaction ID : SA11AI.15631
 Amount of Each Receipt this Period
 250.00
 contribution

B. Rodolfo Guerrero
 Full Name (Last, First, Middle Initial)
 Mailing Address 1402 E. 8th Street
 City weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2137.85

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.15851
 Amount of Each Receipt this Period
 250.00
 contribution

C. Rodolfo Guerrero
 Full Name (Last, First, Middle Initial)
 Mailing Address 1402 E. 8th Street
 City weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2337.71

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.16069
 Amount of Each Receipt this Period
 199.86
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 699.86
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: (check only one)	PAGE 165 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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) A. Rodolfo Guerrero		Date of Receipt MM / DD / YYYY 11 / 10 / 2011 Transaction ID : SA11AI.16288
Mailing Address 1402 E. 8th Street		Amount of Each Receipt this Period 178.60 contribution
City weslaco	State TX	Zip Code 78596
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2516.31	

Full Name (Last, First, Middle Initial) B. Rodolfo Guerrero		Date of Receipt MM / DD / YYYY 12 / 09 / 2011 Transaction ID : SA11AI.16522
Mailing Address 1402 E. 8th Street		Amount of Each Receipt this Period 191.36 contribution
City weslaco	State TX	Zip Code 78596
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2707.67	

Full Name (Last, First, Middle Initial) C. Ms Aida Guizar		Date of Receipt MM / DD / YYYY 09 / 09 / 2011 Transaction ID : SA11AI.15852
Mailing Address 1706 E. 4 Mile Line		Amount of Each Receipt this Period 25.00 contribution
City Mission	State TX	Zip Code 78573
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional).....▶	394.96
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: (check only one)	PAGE 166 OF 435
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Ms Aida Guizar
 Full Name (Last, First, Middle Initial)
 Mailing Address 1706 E. 4 Mile Line
 City Mission State TX Zip Code 78573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 14 / 2011**
Transaction ID : SA11AI.16070
 Amount of Each Receipt this Period **25.00**
 contribution

B. Ms Aida Guizar
 Full Name (Last, First, Middle Initial)
 Mailing Address 1706 E. 4 Mile Line
 City Mission State TX Zip Code 78573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **275.00**

Date of Receipt **11 / 10 / 2011**
Transaction ID : SA11AI.16289
 Amount of Each Receipt this Period **25.00**
 contribution

C. Ms Aida Guizar
 Full Name (Last, First, Middle Initial)
 Mailing Address 1706 E. 4 Mile Line
 City Mission State TX Zip Code 78573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **12 / 09 / 2011**
Transaction ID : SA11AI.16523
 Amount of Each Receipt this Period **25.00**
 contribution

SUBTOTAL of Receipts This Page (optional)..... **75.00**
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 167 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Alberto Gutierrez
 Full Name (Last, First, Middle Initial)
 Mailing Address 6020 Wisconsin
 City State Zip Code
 edinburg TX 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 selfemployed physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : SA11AI.15418
 Amount of Each Receipt this Period
 250.00
 contribution

B. Alberto Gutierrez
 Full Name (Last, First, Middle Initial)
 Mailing Address 6020 Wisconsin
 City State Zip Code
 edinburg TX 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 selfemployed physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2011
Transaction ID : SA11AI.15633
 Amount of Each Receipt this Period
 250.00
 contribution

C. Alberto Gutierrez
 Full Name (Last, First, Middle Initial)
 Mailing Address 6020 Wisconsin
 City State Zip Code
 edinburg TX 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 selfemployed physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.15853
 Amount of Each Receipt this Period
 250.00
 contribution

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: (check only one)	PAGE 168 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Alberto Gutierrez
Full Name (Last, First, Middle Initial)

Mailing Address 6020 Wisconsin

City State Zip Code
edenburg TX 78539

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
10 / 14 / 2011
Transaction ID : SA11Al.16071

Amount of Each Receipt this Period
250.00
contribution

B. Alberto Gutierrez
Full Name (Last, First, Middle Initial)

Mailing Address 6020 Wisconsin

City State Zip Code
edenburg TX 78539

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2750.00

Date of Receipt
11 / 10 / 2011
Transaction ID : SA11Al.16290

Amount of Each Receipt this Period
250.00
contribution

C. Alberto Gutierrez
Full Name (Last, First, Middle Initial)

Mailing Address 6020 Wisconsin

City State Zip Code
edenburg TX 78539

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
12 / 09 / 2011
Transaction ID : SA11Al.16524

Amount of Each Receipt this Period
250.00
contribution

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: (check only one)	PAGE 169 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Marco Gutierrez
Full Name (Last, First, Middle Initial)

Mailing Address 511 N. Depot Road

City State Zip Code
edinburg TX 78541

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2800.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2011
Transaction ID : SA11Al.15419

Amount of Each Receipt this Period
400.00
contribution

B. Marco Gutierrez
Full Name (Last, First, Middle Initial)

Mailing Address 511 N. Depot Road

City State Zip Code
edinburg TX 78541

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3200.00

Date of Receipt
MM / DD / YYYY
08 / 18 / 2011
Transaction ID : SA11Al.15634

Amount of Each Receipt this Period
400.00
contribution

C. Marco Gutierrez
Full Name (Last, First, Middle Initial)

Mailing Address 511 N. Depot Road

City State Zip Code
edinburg TX 78541

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3600.00

Date of Receipt
MM / DD / YYYY
09 / 09 / 2011
Transaction ID : SA11Al.15854

Amount of Each Receipt this Period
400.00
contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
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: (check only one)	PAGE 170 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Marco Gutierrez
Full Name (Last, First, Middle Initial)

Mailing Address 511 N. Depot Road

City State Zip Code
edenburg TX 78541

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 14 / 2011
Transaction ID : SA11AI.16072

Amount of Each Receipt this Period
400.00
contribution

B. Marco Gutierrez
Full Name (Last, First, Middle Initial)

Mailing Address 511 N. Depot Road

City State Zip Code
edenburg TX 78541

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4400.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 10 / 2011
Transaction ID : SA11AI.16291

Amount of Each Receipt this Period
400.00
contribution

C. Marco Gutierrez
Full Name (Last, First, Middle Initial)

Mailing Address 511 N. Depot Road

City State Zip Code
edenburg TX 78541

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4800.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2011
Transaction ID : SA11AI.16525

Amount of Each Receipt this Period
400.00
contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1200.00

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 171 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Miguel Gutierrez

Mailing Address 224 Lindberg

City State Zip Code
mcallen TX 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : SA11AI.15420

Amount of Each Receipt this Period
 250.00
 contribution

Full Name (Last, First, Middle Initial)
B. Miguel Gutierrez

Mailing Address 224 Lindberg

City State Zip Code
mcallen TX 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2011
Transaction ID : SA11AI.15635

Amount of Each Receipt this Period
 250.00
 contribution

Full Name (Last, First, Middle Initial)
C. Miguel Gutierrez

Mailing Address 224 Lindberg

City State Zip Code
mcallen TX 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.15855

Amount of Each Receipt this Period
 250.00
 contribution

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: (check only one)	PAGE 172 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)
A. Miguel Gutierrez

Mailing Address 224 Lindberg

City mcallen State TX Zip Code 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.16073

Amount of Each Receipt this Period
 250.00
 contribution

Full Name (Last, First, Middle Initial)
B. Miguel Gutierrez

Mailing Address 224 Lindberg

City mcallen State TX Zip Code 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11AI.16292

Amount of Each Receipt this Period
 250.00
 contribution

Full Name (Last, First, Middle Initial)
C. Miguel Gutierrez

Mailing Address 224 Lindberg

City mcallen State TX Zip Code 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.16526

Amount of Each Receipt this Period
 250.00
 contribution

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: (check only one)	PAGE 173 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Anna Lisa Guzman
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 720235

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician assistant
----------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2011

Transaction ID : SA11Al.15422

Amount of Each Receipt this Period

50.00

contribution

B. Anna Lisa Guzman
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 720235

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician assistant
----------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2011

Transaction ID : SA11Al.15636

Amount of Each Receipt this Period

50.00

contribution

C. Anna Lisa Guzman
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 720235

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician assistant
----------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2011

Transaction ID : SA11Al.15856

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 174 OF 435
Use separate schedule(s) for each category of the Detailed Summary Page
[X] 11a 11b 11c 12
13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Anna Lisa Guzman
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 720235
City McAllen State TX Zip Code 78504
FEC ID number of contributing federal political committee. C
Name of Employer selfemployed Occupation physician assistant
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 500.00

Date of Receipt
10 / 14 / 2011
Transaction ID : SA11Al.16074
Amount of Each Receipt this Period 50.00
contribution

B. Anna Lisa Guzman
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 720235
City McAllen State TX Zip Code 78504
FEC ID number of contributing federal political committee. C
Name of Employer selfemployed Occupation physician assistant
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 550.00

Date of Receipt
11 / 10 / 2011
Transaction ID : SA11Al.16293
Amount of Each Receipt this Period 50.00
contribution

C. Anna Lisa Guzman
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 720235
City McAllen State TX Zip Code 78504
FEC ID number of contributing federal political committee. C
Name of Employer selfemployed Occupation physician assistant
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 600.00

Date of Receipt
12 / 09 / 2011
Transaction ID : SA11Al.16527
Amount of Each Receipt this Period 50.00
contribution

SUBTOTAL of Receipts This Page (optional) 150.00
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 175 OF 435
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Eduardo Guzman
Full Name (Last, First, Middle Initial)
Mailing Address 2308 Highway 83 suite f

City Penitas	State TX	Zip Code 78573
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2011

Transaction ID : SA11Al.15421

Amount of Each Receipt this Period

50.00

contribution

B. Dr. Eduardo Guzman
Full Name (Last, First, Middle Initial)
Mailing Address 2308 Highway 83 suite f

City Penitas	State TX	Zip Code 78573
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2011

Transaction ID : SA11Al.15637

Amount of Each Receipt this Period

50.00

contribution

C. Dr. Eduardo Guzman
Full Name (Last, First, Middle Initial)
Mailing Address 2308 Highway 83 suite f

City Penitas	State TX	Zip Code 78573
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2011

Transaction ID : SA11Al.15857

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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 176 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Eduardo Guzman
 Full Name (Last, First, Middle Initial)
 Mailing Address 2308 Highway 83 suite f
 City Penitas State TX Zip Code 78573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 14 / 2011**
Transaction ID : SA11AI.16075
 Amount of Each Receipt this Period **50.00**
 contribution

B. Dr. Eduardo Guzman
 Full Name (Last, First, Middle Initial)
 Mailing Address 2308 Highway 83 suite f
 City Penitas State TX Zip Code 78573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **550.00**

Date of Receipt **11 / 10 / 2011**
Transaction ID : SA11AI.16294
 Amount of Each Receipt this Period **50.00**
 contribution

C. Dr. Eduardo Guzman
 Full Name (Last, First, Middle Initial)
 Mailing Address 2308 Highway 83 suite f
 City Penitas State TX Zip Code 78573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 09 / 2011**
Transaction ID : SA11AI.16528
 Amount of Each Receipt this Period **50.00**
 contribution

SUBTOTAL of Receipts This Page (optional)..... **150.00**
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 177 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Victor Haddad
 Full Name (Last, First, Middle Initial)
 Mailing Address 4008 Burns Drive South
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : SA11AI.15423
 Amount of Each Receipt this Period
 400.00
 contribution

B. Victor Haddad
 Full Name (Last, First, Middle Initial)
 Mailing Address 4008 Burns Drive South
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2011
Transaction ID : SA11AI.15638
 Amount of Each Receipt this Period
 400.00
 contribution

C. Victor Haddad
 Full Name (Last, First, Middle Initial)
 Mailing Address 4008 Burns Drive South
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.15858
 Amount of Each Receipt this Period
 400.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1200.00
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 178 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Victor Haddad
 Full Name (Last, First, Middle Initial)
 Mailing Address 4008 Burns Drive South
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.16076
 Amount of Each Receipt this Period
 400.00
 contribution

B. Victor Haddad
 Full Name (Last, First, Middle Initial)
 Mailing Address 4008 Burns Drive South
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11AI.16295
 Amount of Each Receipt this Period
 400.00
 contribution

C. Victor Haddad
 Full Name (Last, First, Middle Initial)
 Mailing Address 4008 Burns Drive South
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.16529
 Amount of Each Receipt this Period
 400.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1200.00
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: (check only one)	PAGE 179 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)
A. Thomas Hausle

Mailing Address 701 South J

City McAllen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2011

Transaction ID : SA11Al.15424

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)
B. Thomas Hausle

Mailing Address 701 South J

City McAllen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2011

Transaction ID : SA11Al.15639

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)
C. Thomas Hausle

Mailing Address 701 South J

City McAllen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
675.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2011

Transaction ID : SA11Al.15859

Amount of Each Receipt this Period

75.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	225.00
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: (check only one)	PAGE 180 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Thomas Hausle
Full Name (Last, First, Middle Initial)

Mailing Address 701 South J

City McAllen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

Transaction ID : SA11Al.16077

Amount of Each Receipt this Period

75.00

contribution

B. Thomas Hausle
Full Name (Last, First, Middle Initial)

Mailing Address 701 South J

City McAllen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
825.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

Transaction ID : SA11Al.16296

Amount of Each Receipt this Period

75.00

contribution

C. Thomas Hausle
Full Name (Last, First, Middle Initial)

Mailing Address 701 South J

City McAllen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

Transaction ID : SA11Al.16530

Amount of Each Receipt this Period

75.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	225.00
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 181 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Robert Helbing

Mailing Address 820 Tamarack

City State Zip Code
mcallen TX 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self-employed private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : SA11AI.15425

Amount of Each Receipt this Period
 100.00
 contribution

Full Name (Last, First, Middle Initial)
B. Robert Helbing

Mailing Address 820 Tamarack

City State Zip Code
mcallen TX 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self-employed private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2011
Transaction ID : SA11AI.15640

Amount of Each Receipt this Period
 100.00
 contribution

Full Name (Last, First, Middle Initial)
C. Robert Helbing

Mailing Address 820 Tamarack

City State Zip Code
mcallen TX 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self-employed private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.15860

Amount of Each Receipt this Period
 100.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00

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 182 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Robert Helbing

Mailing Address 820 Tamarack

City State Zip Code
mcallen TX 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self-employed private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 / /
 10 / 14 / 2011
Transaction ID : SA11AI.16078

Amount of Each Receipt this Period

 100.00
 contribution

Full Name (Last, First, Middle Initial)
B. Robert Helbing

Mailing Address 820 Tamarack

City State Zip Code
mcallen TX 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self-employed private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
 / /
 11 / 10 / 2011
Transaction ID : SA11AI.16297

Amount of Each Receipt this Period

 100.00
 contribution

Full Name (Last, First, Middle Initial)
C. Robert Helbing

Mailing Address 820 Tamarack

City State Zip Code
mcallen TX 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self-employed private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
 / /
 12 / 09 / 2011
Transaction ID : SA11AI.16531

Amount of Each Receipt this Period

 100.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00

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: (check only one)	PAGE 183 OF 435
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Mr. Blake Hensler
 Full Name (Last, First, Middle Initial)
 Mailing Address 3414 Pricess Street
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.15861
 Amount of Each Receipt this Period
 25.00
 contribution

B. Mr. Blake Hensler
 Full Name (Last, First, Middle Initial)
 Mailing Address 3414 Pricess Street
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.16079
 Amount of Each Receipt this Period
 25.00
 contribution

C. Mr. Blake Hensler
 Full Name (Last, First, Middle Initial)
 Mailing Address 3414 Pricess Street
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11AI.16298
 Amount of Each Receipt this Period
 25.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
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 184 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Mr. Blake Hensler

Mailing Address 3414 Pricess Street

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self-employed private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 / /
 12 / 09 / 2011
Transaction ID : SA11AI.16532

Amount of Each Receipt this Period
 25.00
 contribution

Full Name (Last, First, Middle Initial)
B. Ms Monica Hensler

Mailing Address 3414 Princess Street

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 / /
 09 / 09 / 2011
Transaction ID : SA11AI.15862

Amount of Each Receipt this Period
 25.00
 contribution

Full Name (Last, First, Middle Initial)
C. Ms Monica Hensler

Mailing Address 3414 Princess Street

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 / /
 10 / 14 / 2011
Transaction ID : SA11AI.16080

Amount of Each Receipt this Period
 25.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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: (check only one)	PAGE 185 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Ms Monica Hensler
Full Name (Last, First, Middle Initial)
Mailing Address 3414 Princess Street
City Edinburg State TX Zip Code 78539
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation private investor
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 10 / 2011
Transaction ID : SA11AI.16299
Amount of Each Receipt this Period 25.00
contribution

B. Ms Monica Hensler
Full Name (Last, First, Middle Initial)
Mailing Address 3414 Princess Street
City Edinburg State TX Zip Code 78539
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation private investor
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 09 / 2011
Transaction ID : SA11AI.16533
Amount of Each Receipt this Period 25.00
contribution

C. Ambrosio Hernandez
Full Name (Last, First, Middle Initial)
Mailing Address 2000 Dana
City Pharr State TX Zip Code 78577
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 07 / 15 / 2011
Transaction ID : SA11AI.15428
Amount of Each Receipt this Period 250.00
contribution

SUBTOTAL of Receipts This Page (optional).....▶ 300.00
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: (check only one)	PAGE 186 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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) A. Ambrosio Hernandez		Date of Receipt MM / DD / YYYY 08 / 18 / 2011 Transaction ID : SA11Al.15643
Mailing Address 2000 Dana		Amount of Each Receipt this Period 250.00 contribution
City Pharr	State TX	Zip Code 78577
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Ambrosio Hernandez		Date of Receipt MM / DD / YYYY 09 / 09 / 2011 Transaction ID : SA11Al.15863
Mailing Address 2000 Dana		Amount of Each Receipt this Period 250.00 contribution
City Pharr	State TX	Zip Code 78577
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	

Full Name (Last, First, Middle Initial) C. Ambrosio Hernandez		Date of Receipt MM / DD / YYYY 10 / 14 / 2011 Transaction ID : SA11Al.16081
Mailing Address 2000 Dana		Amount of Each Receipt this Period 250.00 contribution
City Pharr	State TX	Zip Code 78577
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

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: (check only one)	PAGE 187 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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) A. Ambrosio Hernandez		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2011
Mailing Address 2000 Dana		Transaction ID : SA11AI.16300
City Pharr	State TX	Zip Code 78577
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00 contribution	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	

Full Name (Last, First, Middle Initial) B. Ambrosio Hernandez		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 09 / 2011
Mailing Address 2000 Dana		Transaction ID : SA11AI.16535
City Pharr	State TX	Zip Code 78577
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00 contribution	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) C. Maximiliano Hernandez		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2011
Mailing Address 301 Byron Nelson Drive #40 Villas Jardin		Transaction ID : SA11AI.15429
City mcallen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00 contribution	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	

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: (check only one)	PAGE 188 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Maximiliano Hernandez
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 Byron Nelson Drive
 #40 Villas Jardin
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 2000.00

Date of Receipt
 08 / 18 / 2011
Transaction ID : SA11AI.15644
 Amount of Each Receipt this Period
 250.00
 contribution

B. Maximiliano Hernandez
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 Byron Nelson Drive
 #40 Villas Jardin
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 2250.00

Date of Receipt
 09 / 09 / 2011
Transaction ID : SA11AI.15864
 Amount of Each Receipt this Period
 250.00
 contribution

C. Maximiliano Hernandez
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 Byron Nelson Drive
 #40 Villas Jardin
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 2500.00

Date of Receipt
 10 / 14 / 2011
Transaction ID : SA11AI.16082
 Amount of Each Receipt this Period
 250.00
 contribution

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: (check only one)	PAGE 189 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Maximiliano Hernandez
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 Byron Nelson Drive
 #40 Villas Jardin
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11AI.16301
 Amount of Each Receipt this Period
 250.00
 contribution

B. Maximiliano Hernandez
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 Byron Nelson Drive
 #40 Villas Jardin
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.16536
 Amount of Each Receipt this Period
 250.00
 contribution

C. Maria Hoffman
 Full Name (Last, First, Middle Initial)
 Mailing Address 802 Inspiration Road
 City pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : SA11AI.15412
 Amount of Each Receipt this Period
 250.00
 contribution

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 190 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Maria Hoffman
 Full Name (Last, First, Middle Initial)
 Mailing Address 802 Inspiration Road
 City pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2011
Transaction ID : SA11AI.15645
 Amount of Each Receipt this Period
 250.00
 contribution

B. Maria Hoffman
 Full Name (Last, First, Middle Initial)
 Mailing Address 802 Inspiration Road
 City pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.15865
 Amount of Each Receipt this Period
 250.00
 contribution

C. Maria Hoffman
 Full Name (Last, First, Middle Initial)
 Mailing Address 802 Inspiration Road
 City pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.16083
 Amount of Each Receipt this Period
 250.00
 contribution

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: (check only one)	PAGE 191 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Maria Hoffman
Full Name (Last, First, Middle Initial)
Mailing Address 802 Inspiration Road

City pharr	State TX	Zip Code 78577
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

Transaction ID : SA11Al.16302

Amount of Each Receipt this Period

250.00

contribution

B. Maria Hoffman
Full Name (Last, First, Middle Initial)
Mailing Address 802 Inspiration Road

City pharr	State TX	Zip Code 78577
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

Transaction ID : SA11Al.16537

Amount of Each Receipt this Period

250.00

contribution

C. Dr. Jacobo Hohenstein
Full Name (Last, First, Middle Initial)
Mailing Address 800 East Dove suite L

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1349.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2011

Transaction ID : SA11Al.15430

Amount of Each Receipt this Period

200.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	700.00
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: (check only one)	PAGE 192 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Dr. Jacobo Hohenstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 East Dove suite L
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1549.58

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2011
Transaction ID : SA11AI.15646
 Amount of Each Receipt this Period
 200.00
 contribution

B. Dr. Jacobo Hohenstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 East Dove suite L
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1749.58

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.15866
 Amount of Each Receipt this Period
 200.00
 contribution

C. Dr. Jacobo Hohenstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 East Dove suite L
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1949.58

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.16084
 Amount of Each Receipt this Period
 200.00
 contribution

SUBTOTAL of Receipts This Page (optional).....▶	600.00
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: (check only one)	PAGE 193 OF 435
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Dr. Jacobo Hohenstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 East Dove suite L
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2149.58**

Date of Receipt **11 / 10 / 2011**
Transaction ID : SA11AI.16303
 Amount of Each Receipt this Period **200.00**
 contribution

B. Dr. Jacobo Hohenstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 East Dove suite L
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2349.58**

Date of Receipt **12 / 09 / 2011**
Transaction ID : SA11AI.16538
 Amount of Each Receipt this Period **200.00**
 contribution

C. Dr. Dynio Honrubia
 Full Name (Last, First, Middle Initial)
 Mailing Address 5600 North Cynthia
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt **07 / 15 / 2011**
Transaction ID : SA11AI.15431
 Amount of Each Receipt this Period **50.00**
 contribution

SUBTOTAL of Receipts This Page (optional).....	450.00
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: (check only one)	PAGE 194 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Dr. Dynio Honrubia
Full Name (Last, First, Middle Initial)
Mailing Address 5600 North Cynthia

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2011

Transaction ID : SA11Al.15647

Amount of Each Receipt this Period

50.00

contribution

B. Dr. Dynio Honrubia
Full Name (Last, First, Middle Initial)
Mailing Address 5600 North Cynthia

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2011

Transaction ID : SA11Al.15867

Amount of Each Receipt this Period

50.00

contribution

C. Dr. Dynio Honrubia
Full Name (Last, First, Middle Initial)
Mailing Address 5600 North Cynthia

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

Transaction ID : SA11Al.16085

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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: (check only one)	PAGE 195 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Dr. Dynio Honrubia
 Full Name (Last, First, Middle Initial)
 Mailing Address 5600 North Cynthia
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **550.00**

Date of Receipt **11 / 10 / 2011**
Transaction ID : SA11AI.16304
 Amount of Each Receipt this Period **50.00**
 contribution

B. Dr. Dynio Honrubia
 Full Name (Last, First, Middle Initial)
 Mailing Address 5600 North Cynthia
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 09 / 2011**
Transaction ID : SA11AI.16539
 Amount of Each Receipt this Period **50.00**
 contribution

C. Vincent Honrubia
 Full Name (Last, First, Middle Initial)
 Mailing Address 204 Rio Grande
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1750.00**

Date of Receipt **07 / 15 / 2011**
Transaction ID : SA11AI.15432
 Amount of Each Receipt this Period **250.00**
 contribution

SUBTOTAL of Receipts This Page (optional).....	350.00
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 196 OF 435
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Vincent Honrubia
Full Name (Last, First, Middle Initial)

Mailing Address 204 Rio Grande

City mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2011
Transaction ID : SA11AI.15648

Amount of Each Receipt this Period
 250.00
 contribution

B. Vincent Honrubia
Full Name (Last, First, Middle Initial)

Mailing Address 204 Rio Grande

City mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.15868

Amount of Each Receipt this Period
 250.00
 contribution

C. Vincent Honrubia
Full Name (Last, First, Middle Initial)

Mailing Address 204 Rio Grande

City mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.16086

Amount of Each Receipt this Period
 250.00
 contribution

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 197 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Vincent Honrubia

Mailing Address 204 Rio Grande

City mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11AI.16305

Amount of Each Receipt this Period
 250.00
 contribution

Full Name (Last, First, Middle Initial)
B. Vincent Honrubia

Mailing Address 204 Rio Grande

City mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.16540

Amount of Each Receipt this Period
 250.00
 contribution

Full Name (Last, First, Middle Initial)
C. Dr. Syed Husain

Mailing Address 7020 N. 1st

City McAllen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : SA11AI.15433

Amount of Each Receipt this Period
 100.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00

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: (check only one)	PAGE 198 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Dr. Syed Husain
Full Name (Last, First, Middle Initial)

Mailing Address 7020 N. 1st

City McAllen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15649

Amount of Each Receipt this Period
100.00

contribution

B. Dr. Syed Husain
Full Name (Last, First, Middle Initial)

Mailing Address 7020 N. 1st

City McAllen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11AI.15869

Amount of Each Receipt this Period
100.00

contribution

C. Dr. Syed Husain
Full Name (Last, First, Middle Initial)

Mailing Address 7020 N. 1st

City McAllen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11AI.16087

Amount of Each Receipt this Period
100.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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: (check only one)	PAGE 199 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Dr. Syed Husain
Full Name (Last, First, Middle Initial)

Mailing Address 7020 N. 1st

City McAllen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011

Transaction ID : SA11Al.16306

Amount of Each Receipt this Period
 100.00

contribution

B. Dr. Syed Husain
Full Name (Last, First, Middle Initial)

Mailing Address 7020 N. 1st

City McAllen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : SA11Al.16541

Amount of Each Receipt this Period
 100.00

contribution

C. Dr. Norma Iglesias
Full Name (Last, First, Middle Initial)

Mailing Address 712 S. Cage

City Pharr State TX Zip Code 78577

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011

Transaction ID : SA11Al.15434

Amount of Each Receipt this Period
 400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00

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: (check only one)	PAGE 200 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Dr. Norma Iglesias
Full Name (Last, First, Middle Initial)
Mailing Address 712 S. Cage

City Pharr	State TX	Zip Code 78577
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2011

Transaction ID : SA11Al.15650

Amount of Each Receipt this Period

400.00

contribution

B. Dr. Norma Iglesias
Full Name (Last, First, Middle Initial)
Mailing Address 712 S. Cage

City Pharr	State TX	Zip Code 78577
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2011

Transaction ID : SA11Al.15870

Amount of Each Receipt this Period

400.00

contribution

C. Dr. Norma Iglesias
Full Name (Last, First, Middle Initial)
Mailing Address 712 S. Cage

City Pharr	State TX	Zip Code 78577
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

Transaction ID : SA11Al.16088

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
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: (check only one)	PAGE 201 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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) A. Dr. Norma Iglesias		Date of Receipt MM / DD / YYYY 11 / 10 / 2011
Mailing Address 712 S. Cage		Transaction ID : SA11AI.16307
City Pharr	State TX	Zip Code 78577
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 400.00 contribution	
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4400.00	

Full Name (Last, First, Middle Initial) B. Dr. Norma Iglesias		Date of Receipt MM / DD / YYYY 12 / 09 / 2011
Mailing Address 712 S. Cage		Transaction ID : SA11AI.16542
City Pharr	State TX	Zip Code 78577
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 400.00 contribution	
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4800.00	

Full Name (Last, First, Middle Initial) C. Ms Marina Jacobson		Date of Receipt MM / DD / YYYY 09 / 09 / 2011
Mailing Address 1505 Doherty		Transaction ID : SA11AI.15871
City Mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00 contribution	
Name of Employer selfemployed	Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional).....▶	825.00
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: (check only one)	PAGE 202 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Ms Marina Jacobson
Full Name (Last, First, Middle Initial)

Mailing Address 1505 Doherty

City Mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.16089

Amount of Each Receipt this Period
 250.00
 contribution

B. Ms Marina Jacobson
Full Name (Last, First, Middle Initial)

Mailing Address 1505 Doherty

City Mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11AI.16308

Amount of Each Receipt this Period
 25.00
 contribution

C. Ms Marina Jacobson
Full Name (Last, First, Middle Initial)

Mailing Address 1505 Doherty

City Mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.16543

Amount of Each Receipt this Period
 25.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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: (check only one)	PAGE 203 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)
A. Donna Joule

Mailing Address 708 S H Street

City mcallen State TX Zip Code 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11Al.15872

Amount of Each Receipt this Period
 25.00
 contribution

Full Name (Last, First, Middle Initial)
B. Donna Joule

Mailing Address 708 S H Street

City mcallen State TX Zip Code 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11Al.16090

Amount of Each Receipt this Period
 25.00
 contribution

Full Name (Last, First, Middle Initial)
C. Donna Joule

Mailing Address 708 S H Street

City mcallen State TX Zip Code 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11Al.16309

Amount of Each Receipt this Period
 25.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ **75.00**

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 204 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Donna Joule

Mailing Address 708 S H Street

City State Zip Code
mcallen TX 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11Al.16544

Amount of Each Receipt this Period
 250.00
 contribution

Full Name (Last, First, Middle Initial)
B. Nelson Kalaf

Mailing Address 5401 N. 8th Street

City State Zip Code
mcAllen TX 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11Al.16200

Amount of Each Receipt this Period
 250.00
 contributon

Full Name (Last, First, Middle Initial)
C. Nelson Kalaf

Mailing Address 5401 N. 8th Street

City State Zip Code
mcAllen TX 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11Al.16310

Amount of Each Receipt this Period
 250.00
 contributon

SUBTOTAL of Receipts This Page (optional)..... ▶ 525.00

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: (check only one)	PAGE 205 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Nelson Kalaf
Full Name (Last, First, Middle Initial)

Mailing Address 5401 N. 8th Street

City State Zip Code
mcAllen TX 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2011
Transaction ID : SA11Al.16545

Amount of Each Receipt this Period
250.00
contribution

B. Gauri Kanhere
Full Name (Last, First, Middle Initial)

Mailing Address 2548 Palm Circle

City State Zip Code
rio grande city TX 78582

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2011
Transaction ID : SA11Al.15437

Amount of Each Receipt this Period
250.00
contribution

C. Gauri Kanhere
Full Name (Last, First, Middle Initial)

Mailing Address 2548 Palm Circle

City State Zip Code
rio grande city TX 78582

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
08 / 18 / 2011
Transaction ID : SA11Al.15653

Amount of Each Receipt this Period
250.00
contribution

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: (check only one)	PAGE 206 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Gauri Kanhere
Full Name (Last, First, Middle Initial)

Mailing Address 2548 Palm Circle

City State Zip Code
rio grande city TX 78582

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2011
Transaction ID : SA11AI.15873

Amount of Each Receipt this Period
250.00
contribution

B. Gauri Kanhere
Full Name (Last, First, Middle Initial)

Mailing Address 2548 Palm Circle

City State Zip Code
rio grande city TX 78582

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 14 / 2011
Transaction ID : SA11AI.16091

Amount of Each Receipt this Period
250.00
contribution

C. Gauri Kanhere
Full Name (Last, First, Middle Initial)

Mailing Address 2548 Palm Circle

City State Zip Code
rio grande city TX 78582

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2750.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 10 / 2011
Transaction ID : SA11AI.16311

Amount of Each Receipt this Period
250.00
contribution

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: (check only one)	PAGE 207 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Gauri Kanhere
Full Name (Last, First, Middle Initial)

Mailing Address 2548 Palm Circle

City	State	Zip Code
rio grande city	TX	78582

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
selfemployed	physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.16546

Amount of Each Receipt this Period
 250.00
 contribution

B. Gholam Kiani
Full Name (Last, First, Middle Initial)

Mailing Address 213 e. Xenops

City	State	Zip Code
mcallen	TX	78504

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
selfemployed	physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : SA11AI.15438

Amount of Each Receipt this Period
 250.00
 contribution

C. Gholam Kiani
Full Name (Last, First, Middle Initial)

Mailing Address 213 e. Xenops

City	State	Zip Code
mcallen	TX	78504

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
selfemployed	physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2011
Transaction ID : SA11AI.15654

Amount of Each Receipt this Period
 250.00
 contribution

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 208 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Gholam Kiani
 Full Name (Last, First, Middle Initial)
 Mailing Address 213 e. Xenops
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.15874
 Amount of Each Receipt this Period
 250.00
 contribution

B. Gholam Kiani
 Full Name (Last, First, Middle Initial)
 Mailing Address 213 e. Xenops
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.16092
 Amount of Each Receipt this Period
 250.00
 contribution

C. Gholam Kiani
 Full Name (Last, First, Middle Initial)
 Mailing Address 213 e. Xenops
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11AI.16312
 Amount of Each Receipt this Period
 250.00
 contribution

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: (check only one)	PAGE 209 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Gholam Kiani
Full Name (Last, First, Middle Initial)

Mailing Address 213 e. Xenops

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.16547

Amount of Each Receipt this Period
 250.00
 contribution

B. Mary Elizabeth Klenz
Full Name (Last, First, Middle Initial)

Mailing Address 5111 N. 10th Street

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : SA11AI.15440

Amount of Each Receipt this Period
 250.00
 contribution

C. Mary Elizabeth Klenz
Full Name (Last, First, Middle Initial)

Mailing Address 5111 N. 10th Street

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2011
Transaction ID : SA11AI.15655

Amount of Each Receipt this Period
 250.00
 contribution

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 210 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Mary Elizabeth Klenz
 Full Name (Last, First, Middle Initial)
 Mailing Address 5111 N. 10th Street
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.15875
 Amount of Each Receipt this Period
 250.00
 contribution

B. Mary Elizabeth Klenz
 Full Name (Last, First, Middle Initial)
 Mailing Address 5111 N. 10th Street
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.16093
 Amount of Each Receipt this Period
 250.00
 contribution

C. Mary Elizabeth Klenz
 Full Name (Last, First, Middle Initial)
 Mailing Address 5111 N. 10th Street
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11AI.16313
 Amount of Each Receipt this Period
 250.00
 contribution

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: (check only one)	PAGE 211 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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) A. Mary Elizabeth Klenz			Date of Receipt
Mailing Address 5111 N. 10th Street			<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
City	State	Zip Code	Transaction ID : SA11AI.16548
mcallen	TX	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation	contribution	
selfemployed	physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="3000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Jorge Kutugata			Date of Receipt
Mailing Address Rt 2 Box 522-K			<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
City	State	Zip Code	Transaction ID : SA11AI.15441
weslaco	TX	78596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation	contribution	
selfemployed	physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1750.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Jorge Kutugata			Date of Receipt
Mailing Address Rt 2 Box 522-K			<input type="text" value="08"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
City	State	Zip Code	Transaction ID : SA11AI.15656
weslaco	TX	78596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation	contribution	
selfemployed	physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 212 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Jorge Kutugata
Full Name (Last, First, Middle Initial)

Mailing Address Rt 2 Box 522-K

City weslaco State TX Zip Code 78596

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11Al.15876

Amount of Each Receipt this Period
 250.00
 contribution

B. Jorge Kutugata
Full Name (Last, First, Middle Initial)

Mailing Address Rt 2 Box 522-K

City weslaco State TX Zip Code 78596

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11Al.16094

Amount of Each Receipt this Period
 250.00
 contribution

C. Jorge Kutugata
Full Name (Last, First, Middle Initial)

Mailing Address Rt 2 Box 522-K

City weslaco State TX Zip Code 78596

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11Al.16314

Amount of Each Receipt this Period
 250.00
 contribution

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: (check only one)	PAGE 213 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Jorge Kutugata
Full Name (Last, First, Middle Initial)

Mailing Address Rt 2 Box 522-K

City weslaco State TX Zip Code 78596

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.16549

Amount of Each Receipt this Period
 250.00
 contribution

B. Ramiro Leal
Full Name (Last, First, Middle Initial)

Mailing Address 601 Tulip

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : SA11AI.15442

Amount of Each Receipt this Period
 250.00
 contribution

C. Ramiro Leal
Full Name (Last, First, Middle Initial)

Mailing Address 601 Tulip

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2011
Transaction ID : SA11AI.15657

Amount of Each Receipt this Period
 250.00
 contribution

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: (check only one)	PAGE 214 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Ramiro Leal
Full Name (Last, First, Middle Initial)

Mailing Address 601 Tulip

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011

Transaction ID : SA11AI.15877

Amount of Each Receipt this Period
 250.00

contribution

B. Ramiro Leal
Full Name (Last, First, Middle Initial)

Mailing Address 601 Tulip

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011

Transaction ID : SA11AI.16095

Amount of Each Receipt this Period
 250.00

contribution

C. Dr. Rick Lin
Full Name (Last, First, Middle Initial)

Mailing Address 5112 N. 10th Street

City McAllen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011

Transaction ID : SA11AI.15878

Amount of Each Receipt this Period
 25.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 525.00

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: (check only one)	PAGE 215 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Dr. Rick Lin
Full Name (Last, First, Middle Initial)
Mailing Address 5112 N. 10th Street

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer
self-employee
Occupation
physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

Transaction ID : SA11Al.16096

Amount of Each Receipt this Period

25.00

contribution

B. Dr. Rick Lin
Full Name (Last, First, Middle Initial)
Mailing Address 5112 N. 10th Street

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer
self-employee
Occupation
physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

Transaction ID : SA11Al.16316

Amount of Each Receipt this Period

25.00

contribution

C. Dr. Rick Lin
Full Name (Last, First, Middle Initial)
Mailing Address 5112 N. 10th Street

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer
self-employee
Occupation
physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

Transaction ID : SA11Al.16550

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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 216 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Enrique Linan
 Full Name (Last, First, Middle Initial)
 Mailing Address 3003 Santo Olivia
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11Al.15879
 Amount of Each Receipt this Period
 25.00
 contribution

B. Dr. Enrique Linan
 Full Name (Last, First, Middle Initial)
 Mailing Address 3003 Santo Olivia
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11Al.16097
 Amount of Each Receipt this Period
 25.00
 contribution

C. Dr. Enrique Linan
 Full Name (Last, First, Middle Initial)
 Mailing Address 3003 Santo Olivia
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11Al.16317
 Amount of Each Receipt this Period
 25.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
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: (check only one)	PAGE 217 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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) A. Dr. Enrique Linan			Date of Receipt
Mailing Address 3003 Santo Olivia			<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
City	State	Zip Code	Transaction ID : SA11AI.16551
Mission	TX	78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation	contribution	
self-employee	physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dale Linebarger			Date of Receipt
Mailing Address 901 West 9th Street #405			<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
City	State	Zip Code	Transaction ID : SA11AI.15445
austin	TX	78703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="400.00"/>
Name of Employer	Occupation	contribution	
self-employed	private investor		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2800.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dale Linebarger			Date of Receipt
Mailing Address 901 West 9th Street #405			<input type="text" value="08"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
City	State	Zip Code	Transaction ID : SA11AI.15660
austin	TX	78703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="400.00"/>
Name of Employer	Occupation	contribution	
self-employed	private investor		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="3200.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="825.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 218 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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) A. Dale Linebarger		Date of Receipt
Mailing Address 901 West 9th Street #405		<input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
City austin	State TX	Zip Code 78703
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.15880
Name of Employer self-employed	Occupation private investor	Amount of Each Receipt this Period <input type="text" value="400.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="3600.00"/>	contribution

Full Name (Last, First, Middle Initial) B. Dale Linebarger		Date of Receipt
Mailing Address 901 West 9th Street #405		<input type="text" value="10"/> / <input type="text" value="14"/> / <input type="text" value="2011"/>
City austin	State TX	Zip Code 78703
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.16098
Name of Employer self-employed	Occupation private investor	Amount of Each Receipt this Period <input type="text" value="400.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="4000.00"/>	contribution

Full Name (Last, First, Middle Initial) C. Dale Linebarger		Date of Receipt
Mailing Address 901 West 9th Street #405		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
City austin	State TX	Zip Code 78703
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.16318
Name of Employer self-employed	Occupation private investor	Amount of Each Receipt this Period <input type="text" value="400.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="4400.00"/>	contribution

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1200.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 219 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Dale Linebarger
 Full Name (Last, First, Middle Initial)
 Mailing Address 901 West 9th Street #405
 City austin State TX Zip Code 78703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **4800.00**

Date of Receipt **12 / 09 / 2011**
Transaction ID : SA11AI.16552
 Amount of Each Receipt this Period **400.00**
 contribution

B. Ms Lisa Longoria
 Full Name (Last, First, Middle Initial)
 Mailing Address 716 South Excalibur Street
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt **07 / 15 / 2011**
Transaction ID : SA11AI.15446
 Amount of Each Receipt this Period **50.00**
 contribution

C. Ms Lisa Longoria
 Full Name (Last, First, Middle Initial)
 Mailing Address 716 South Excalibur Street
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **08 / 18 / 2011**
Transaction ID : SA11AI.15661
 Amount of Each Receipt this Period **50.00**
 contribution

SUBTOTAL of Receipts This Page (optional)..... **500.00**
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 220 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Ms Lisa Longoria

Mailing Address 716 South Excalibur Street

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self-employee private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 / /
 09 / 09 / 2011
Transaction ID : SA11AI.15881

Amount of Each Receipt this Period
 50.00
 contribution

Full Name (Last, First, Middle Initial)
B. Ms Lisa Longoria

Mailing Address 716 South Excalibur Street

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self-employee private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 / /
 10 / 14 / 2011
Transaction ID : SA11AI.16099

Amount of Each Receipt this Period
 50.00
 contribution

Full Name (Last, First, Middle Initial)
C. Ms Lisa Longoria

Mailing Address 716 South Excalibur Street

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self-employee private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
 / /
 11 / 10 / 2011
Transaction ID : SA11AI.16319

Amount of Each Receipt this Period
 50.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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 221 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Ms Lisa Longoria

Mailing Address 716 South Excalibur Street

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self-employee private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.16553

Amount of Each Receipt this Period
 50.00
 contribution

Full Name (Last, First, Middle Initial)
B. Mr. Rolando Longoria

Mailing Address 32243 Road 83

City State Zip Code
San Benito TX 78586

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : SA11AI.15447

Amount of Each Receipt this Period
 50.00
 contribution

Full Name (Last, First, Middle Initial)
C. Mr. Rolando Longoria

Mailing Address 32243 Road 83

City State Zip Code
San Benito TX 78586

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2011
Transaction ID : SA11AI.15662

Amount of Each Receipt this Period
 50.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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: (check only one)	PAGE 222 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Mr. Rolando Longoria
Full Name (Last, First, Middle Initial)
Mailing Address 32243 Road 83

City San Benito	State TX	Zip Code 78586
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2011

Transaction ID : SA11AI.15882

Amount of Each Receipt this Period

50.00

contribution

B. Mr. Rolando Longoria
Full Name (Last, First, Middle Initial)
Mailing Address 32243 Road 83

City San Benito	State TX	Zip Code 78586
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

Transaction ID : SA11AI.16100

Amount of Each Receipt this Period

50.00

contribution

C. Alfredo Lopez
Full Name (Last, First, Middle Initial)
Mailing Address 7609 N. 24th Circle

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2011

Transaction ID : SA11AI.15448

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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: (check only one)	PAGE 223 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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) A. Alfredo Lopez		Date of Receipt MM / DD / YYYY 08 / 18 / 2011 Transaction ID : SA11AI.15663
Mailing Address 7609 N. 24th Circle		Amount of Each Receipt this Period 50.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Alfredo Lopez		Date of Receipt MM / DD / YYYY 09 / 09 / 2011 Transaction ID : SA11AI.15883
Mailing Address 7609 N. 24th Circle		Amount of Each Receipt this Period 50.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. Alfredo Lopez		Date of Receipt MM / DD / YYYY 10 / 14 / 2011 Transaction ID : SA11AI.16101
Mailing Address 7609 N. 24th Circle		Amount of Each Receipt this Period 50.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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: (check only one)	PAGE 224 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Alfredo Lopez
Full Name (Last, First, Middle Initial)

Mailing Address 7609 N. 24th Circle

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11AI.16321

Amount of Each Receipt this Period
50.00
 contribution

B. Alfredo Lopez
Full Name (Last, First, Middle Initial)

Mailing Address 7609 N. 24th Circle

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16554

Amount of Each Receipt this Period
50.00
 contribution

C. Julio Lopez
Full Name (Last, First, Middle Initial)

Mailing Address 1311 6th E. Street

City weslaco State TX Zip Code 78596

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15449

Amount of Each Receipt this Period
250.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ **350.00**

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 225 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Julio Lopez
 Full Name (Last, First, Middle Initial)
 Mailing Address 1311 6th E. Street
 City weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2011
Transaction ID : SA11AI.15664
 Amount of Each Receipt this Period
 250.00
 contribution

B. Julio Lopez
 Full Name (Last, First, Middle Initial)
 Mailing Address 1311 6th E. Street
 City weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.15884
 Amount of Each Receipt this Period
 250.00
 contribution

C. Julio Lopez
 Full Name (Last, First, Middle Initial)
 Mailing Address 1311 6th E. Street
 City weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.16102
 Amount of Each Receipt this Period
 250.00
 contribution

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: (check only one)	PAGE 226 OF 435
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Julio Lopez
Full Name (Last, First, Middle Initial)

Mailing Address 1311 6th E. Street

City weslaco State TX Zip Code 78596

FEC ID number of contributing federal political committee.

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /
Transaction ID : SA11AI.16322

Amount of Each Receipt this Period

 contribution

B. Julio Lopez
Full Name (Last, First, Middle Initial)

Mailing Address 1311 6th E. Street

City weslaco State TX Zip Code 78596

FEC ID number of contributing federal political committee.

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /
Transaction ID : SA11AI.16555

Amount of Each Receipt this Period

 contribution

C. Dr. Sergio Lozano
Full Name (Last, First, Middle Initial)

Mailing Address 2309 Spicewood Drive

City Weslaco State TX Zip Code 78596

FEC ID number of contributing federal political committee.

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /
Transaction ID : SA11AI.15885

Amount of Each Receipt this Period

 contribution

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="503.90"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 227 OF 435
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Sergio Lozano
 Full Name (Last, First, Middle Initial)
 Mailing Address 2309 Spicewood Drive
 City Weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.16103
 Amount of Each Receipt this Period
 25.00
 contribution

B. Dr. Sergio Lozano
 Full Name (Last, First, Middle Initial)
 Mailing Address 2309 Spicewood Drive
 City Weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11AI.16323
 Amount of Each Receipt this Period
 25.00
 contribution

C. Dr. Sergio Lozano
 Full Name (Last, First, Middle Initial)
 Mailing Address 2309 Spicewood Drive
 City Weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.16556
 Amount of Each Receipt this Period
 25.00
 contribution

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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: (check only one)	PAGE 228 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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) A. Salil Mangi		Date of Receipt MM / DD / YYYY 07 / 15 / 2011 Transaction ID : SA11AI.15452
Mailing Address 3801 Sundown Court East		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 1750.00	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Salil Mangi		Date of Receipt MM / DD / YYYY 08 / 18 / 2011 Transaction ID : SA11AI.15667
Mailing Address 3801 Sundown Court East		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 2000.00	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Salil Mangi		Date of Receipt MM / DD / YYYY 09 / 09 / 2011 Transaction ID : SA11AI.15887
Mailing Address 3801 Sundown Court East		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 2250.00	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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: (check only one)	PAGE 229 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Salil Mangi
Full Name (Last, First, Middle Initial)

Mailing Address 3801 Sundown Court East

City mcallen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

Transaction ID : SA11AI.16105

Amount of Each Receipt this Period

250.00

contribution

B. Salil Mangi
Full Name (Last, First, Middle Initial)

Mailing Address 3801 Sundown Court East

City mcallen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

Transaction ID : SA11AI.16325

Amount of Each Receipt this Period

250.00

contribution

C. Salil Mangi
Full Name (Last, First, Middle Initial)

Mailing Address 3801 Sundown Court East

City mcallen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

Transaction ID : SA11AI.16558

Amount of Each Receipt this Period

250.00

contribution

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 230 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Carlos Manrique
 Full Name (Last, First, Middle Initial)
 Mailing Address 116 Cardinal
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : SA11Al.15453
 Amount of Each Receipt this Period
 400.00
 contribution

B. Carlos Manrique
 Full Name (Last, First, Middle Initial)
 Mailing Address 116 Cardinal
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2011
Transaction ID : SA11Al.15668
 Amount of Each Receipt this Period
 400.00
 contribution

C. Carlos Manrique
 Full Name (Last, First, Middle Initial)
 Mailing Address 116 Cardinal
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11Al.15888
 Amount of Each Receipt this Period
 400.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1200.00
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: (check only one)	PAGE 231 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Carlos Manrique
Full Name (Last, First, Middle Initial)

Mailing Address 116 Cardinal

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

Transaction ID : SA11Al.16106

Amount of Each Receipt this Period

400.00

contribution

B. Carlos Manrique
Full Name (Last, First, Middle Initial)

Mailing Address 116 Cardinal

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

Transaction ID : SA11Al.16327

Amount of Each Receipt this Period

400.00

contribution

C. Carlos Manrique
Full Name (Last, First, Middle Initial)

Mailing Address 116 Cardinal

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

Transaction ID : SA11Al.16559

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
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: (check only one)	PAGE 232 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Agustin Martinez
Full Name (Last, First, Middle Initial)
Mailing Address 7603 N. 2nd Lane

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2011

Transaction ID : SA11Al.15454

Amount of Each Receipt this Period

400.00

contribution

B. Agustin Martinez
Full Name (Last, First, Middle Initial)
Mailing Address 7603 N. 2nd Lane

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2011

Transaction ID : SA11Al.15669

Amount of Each Receipt this Period

400.00

contribution

C. Agustin Martinez
Full Name (Last, First, Middle Initial)
Mailing Address 7603 N. 2nd Lane

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2011

Transaction ID : SA11Al.15889

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
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: (check only one)	PAGE 233 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)
A. Agustin Martinez

Mailing Address 7603 N. 2nd Lane

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.16107

Amount of Each Receipt this Period
 400.00
 contribution

Full Name (Last, First, Middle Initial)
B. Agustin Martinez

Mailing Address 7603 N. 2nd Lane

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11AI.16328

Amount of Each Receipt this Period
 400.00
 contribution

Full Name (Last, First, Middle Initial)
C. Agustin Martinez

Mailing Address 7603 N. 2nd Lane

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.16561

Amount of Each Receipt this Period
 400.00
 contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
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: (check only one)	PAGE 234 OF 435
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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) A. Ricardo Martinez		Date of Receipt MM / DD / YYYY 07 / 15 / 2011 Transaction ID : SA11Al.15455
Mailing Address 1903 W. Smith		Amount of Each Receipt this Period 250.00 contribution
City edenburg	State TX	Zip Code 78539
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 1750.00	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ricardo Martinez		Date of Receipt MM / DD / YYYY 08 / 18 / 2011 Transaction ID : SA11Al.15670
Mailing Address 1903 W. Smith		Amount of Each Receipt this Period 250.00 contribution
City edenburg	State TX	Zip Code 78539
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 2000.00	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ricardo Martinez		Date of Receipt MM / DD / YYYY 09 / 09 / 2011 Transaction ID : SA11Al.15890
Mailing Address 1903 W. Smith		Amount of Each Receipt this Period 250.00 contribution
City edenburg	State TX	Zip Code 78539
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 2250.00	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 235 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ricardo Martinez
 Full Name (Last, First, Middle Initial)
 Mailing Address 1903 W. Smith
 City State Zip Code
 edinburg TX 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 selfemployed physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.16108
 Amount of Each Receipt this Period
 250.00
 contribution

B. Ricardo Martinez
 Full Name (Last, First, Middle Initial)
 Mailing Address 1903 W. Smith
 City State Zip Code
 edinburg TX 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 selfemployed physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11AI.16329
 Amount of Each Receipt this Period
 250.00
 contribution

C. Ricardo Martinez
 Full Name (Last, First, Middle Initial)
 Mailing Address 1903 W. Smith
 City State Zip Code
 edinburg TX 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 selfemployed physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.16562
 Amount of Each Receipt this Period
 250.00
 contribution

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: (check only one)	PAGE 236 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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) A. Dr. Robert Martinez			Date of Receipt MM / DD / YYYY 07 / 15 / 2011 Transaction ID : SA11Al.15456
Mailing Address 2809 Santa Lydia			Amount of Each Receipt this Period 100.00 contribution
City Mission	State TX	Zip Code 78572	
FEC ID number of contributing federal political committee. C			
Name of Employer self-employee	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		

Full Name (Last, First, Middle Initial) B. Dr. Robert Martinez			Date of Receipt MM / DD / YYYY 08 / 18 / 2011 Transaction ID : SA11Al.15671
Mailing Address 2809 Santa Lydia			Amount of Each Receipt this Period 100.00 contribution
City Mission	State TX	Zip Code 78572	
FEC ID number of contributing federal political committee. C			
Name of Employer self-employee	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

Full Name (Last, First, Middle Initial) C. Dr. Robert Martinez			Date of Receipt MM / DD / YYYY 09 / 09 / 2011 Transaction ID : SA11Al.15891
Mailing Address 2809 Santa Lydia			Amount of Each Receipt this Period 100.00 contribution
City Mission	State TX	Zip Code 78572	
FEC ID number of contributing federal political committee. C			
Name of Employer self-employee	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 237 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Robert Martinez
 Full Name (Last, First, Middle Initial)
 Mailing Address 2809 Santa Lydia
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 14 / 2011**
Transaction ID : SA11AI.16109
 Amount of Each Receipt this Period **100.00**
 contribution

B. Dr. Robert Martinez
 Full Name (Last, First, Middle Initial)
 Mailing Address 2809 Santa Lydia
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1100.00**

Date of Receipt **11 / 10 / 2011**
Transaction ID : SA11AI.16330
 Amount of Each Receipt this Period **100.00**
 contribution

C. Dr. Robert Martinez
 Full Name (Last, First, Middle Initial)
 Mailing Address 2809 Santa Lydia
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1200.00**

Date of Receipt **12 / 09 / 2011**
Transaction ID : SA11AI.16563
 Amount of Each Receipt this Period **100.00**
 contribution

SUBTOTAL of Receipts This Page (optional)..... **300.00**
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: (check only one)	PAGE 238 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Santos Martinez
Full Name (Last, First, Middle Initial)

Mailing Address 125 East Yucca

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011

Transaction ID : SA11AI.15457

Amount of Each Receipt this Period
 250.00

contribution

B. Santos Martinez
Full Name (Last, First, Middle Initial)

Mailing Address 125 East Yucca

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2011

Transaction ID : SA11AI.15672

Amount of Each Receipt this Period
 250.00

contribution

C. Santos Martinez
Full Name (Last, First, Middle Initial)

Mailing Address 125 East Yucca

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011

Transaction ID : SA11AI.15892

Amount of Each Receipt this Period
 250.00

contribution

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: (check only one)	PAGE 239 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Santos Martinez
Full Name (Last, First, Middle Initial)

Mailing Address 125 East Yucca

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.16110

Amount of Each Receipt this Period
 250.00
 contribution

B. Santos Martinez
Full Name (Last, First, Middle Initial)

Mailing Address 125 East Yucca

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11AI.16331

Amount of Each Receipt this Period
 250.00
 contribution

C. Santos Martinez
Full Name (Last, First, Middle Initial)

Mailing Address 125 East Yucca

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.16564

Amount of Each Receipt this Period
 250.00
 contribution

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: (check only one)	PAGE 240 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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) A. Pedro McDougal		Date of Receipt MM / DD / YYYY 07 / 15 / 2011 Transaction ID : SA11AI.15459
Mailing Address 1516 Iris		Amount of Each Receipt this Period 400.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 2800.00	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Pedro McDougal		Date of Receipt MM / DD / YYYY 08 / 18 / 2011 Transaction ID : SA11AI.15674
Mailing Address 1516 Iris		Amount of Each Receipt this Period 400.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 3200.00	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Pedro McDougal		Date of Receipt MM / DD / YYYY 09 / 09 / 2011 Transaction ID : SA11AI.15894
Mailing Address 1516 Iris		Amount of Each Receipt this Period 400.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 3600.00	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
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: (check only one)	PAGE 241 OF 435
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Pedro McDougal		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2011 Transaction ID : SA11AI.16112
Mailing Address 1516 Iris		Amount of Each Receipt this Period 400.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) B. Pedro McDougal		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2011 Transaction ID : SA11AI.16333
Mailing Address 1516 Iris		Amount of Each Receipt this Period 400.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4400.00	

Full Name (Last, First, Middle Initial) C. Pedro McDougal		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 09 / 2011 Transaction ID : SA11AI.16566
Mailing Address 1516 Iris		Amount of Each Receipt this Period 400.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4800.00	

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
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: (check only one)	PAGE 242 OF 435
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ms Kimberely McNutt
 Full Name (Last, First, Middle Initial)
 Mailing Address 7716 N. 27th

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation private investor
-----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.15895

Amount of Each Receipt this Period
 25.00
 contribution

B. Ms Kimberely McNutt
 Full Name (Last, First, Middle Initial)
 Mailing Address 7716 N. 27th

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation private investor
-----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.16113

Amount of Each Receipt this Period
 25.00
 contribution

C. Ms Kimberely McNutt
 Full Name (Last, First, Middle Initial)
 Mailing Address 7716 N. 27th

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation private investor
-----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11AI.16334

Amount of Each Receipt this Period
 25.00
 contribution

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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 243 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Ms Kimberely McNutt

Mailing Address 7716 N. 27th

City State Zip Code
McAllen TX 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self-employed private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
12 / 09 / 2011
Transaction ID : SA11Al.16567

Amount of Each Receipt this Period
contribution
25.00

Full Name (Last, First, Middle Initial)
B. Bertha Medina

Mailing Address 1300 1 1/2 Street

City State Zip Code
mcallen TX 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2800.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2011
Transaction ID : SA11Al.15461

Amount of Each Receipt this Period
contribution
400.00

Full Name (Last, First, Middle Initial)
C. Bertha Medina

Mailing Address 1300 1 1/2 Street

City State Zip Code
mcallen TX 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3200.00

Date of Receipt
MM / DD / YYYY
08 / 18 / 2011
Transaction ID : SA11Al.15676

Amount of Each Receipt this Period
contribution
400.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 825.00

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 244 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Bertha Medina
 Full Name (Last, First, Middle Initial)
 Mailing Address 1300 1 1/2 Street
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt
 09 / 09 / 2011
Transaction ID : SA11Al.15896
 Amount of Each Receipt this Period
 400.00
 contribution

B. Bertha Medina
 Full Name (Last, First, Middle Initial)
 Mailing Address 1300 1 1/2 Street
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
 10 / 14 / 2011
Transaction ID : SA11Al.16114
 Amount of Each Receipt this Period
 400.00
 contribution

C. Bertha Medina
 Full Name (Last, First, Middle Initial)
 Mailing Address 1300 1 1/2 Street
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4400.00

Date of Receipt
 11 / 10 / 2011
Transaction ID : SA11Al.16335
 Amount of Each Receipt this Period
 400.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1200.00
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 245 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Bertha Medina
 Full Name (Last, First, Middle Initial)
 Mailing Address 1300 1 1/2 Street
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.16568
 Amount of Each Receipt this Period
 400.00
 contribution

B. Dr. Carlos Mego
 Full Name (Last, First, Middle Initial)
 Mailing Address 602 McColl Circle
 City McAllen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : SA11AI.15462
 Amount of Each Receipt this Period
 400.00
 contribution

c. Dr. Carlos Mego
 Full Name (Last, First, Middle Initial)
 Mailing Address 602 McColl Circle
 City McAllen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2011
Transaction ID : SA11AI.15677
 Amount of Each Receipt this Period
 400.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1200.00
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: (check only one)	PAGE 246 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Dr. Carlos Mego
Full Name (Last, First, Middle Initial)
Mailing Address 602 McColl Circle

City McAllen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2011

Transaction ID : SA11Al.15897

Amount of Each Receipt this Period

400.00

contribution

B. Dr. Carlos Mego
Full Name (Last, First, Middle Initial)
Mailing Address 602 McColl Circle

City McAllen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

Transaction ID : SA11Al.16115

Amount of Each Receipt this Period

400.00

contribution

C. Dr. Carlos Mego
Full Name (Last, First, Middle Initial)
Mailing Address 602 McColl Circle

City McAllen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

Transaction ID : SA11Al.16336

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
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: (check only one)	PAGE 247 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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) A. Dr. Carlos Mego		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 09 / 2011 Transaction ID : SA11AI.16569
Mailing Address 602 McColl Circle		Amount of Each Receipt this Period 400.00 contribution
City McAllen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee.	C	
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4800.00	

Full Name (Last, First, Middle Initial) B. Manuel Mercado		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2011 Transaction ID : SA11AI.15463
Mailing Address 3002 Santa Susana		Amount of Each Receipt this Period 250.00 contribution
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee.	C	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	

Full Name (Last, First, Middle Initial) C. Manuel Mercado		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 18 / 2011 Transaction ID : SA11AI.15678
Mailing Address 3002 Santa Susana		Amount of Each Receipt this Period 250.00 contribution
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee.	C	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional).....▶	900.00
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 248 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Manuel Mercado

Mailing Address 3002 Santa Susana

City mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.15898

Amount of Each Receipt this Period
 250.00
 contribution

Full Name (Last, First, Middle Initial)
B. Manuel Mercado

Mailing Address 3002 Santa Susana

City mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.16116

Amount of Each Receipt this Period
 250.00
 contribution

Full Name (Last, First, Middle Initial)
C. Manuel Mercado

Mailing Address 3002 Santa Susana

City mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11AI.16337

Amount of Each Receipt this Period
 250.00
 contribution

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: (check only one)	PAGE 249 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)
A. Manuel Mercado

Mailing Address 3002 Santa Susana

City mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11Al.16570

Amount of Each Receipt this Period
 250.00
 contribution

Full Name (Last, First, Middle Initial)
B. Scott Meyer

Mailing Address 2100 School Lane

City Mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : SA11Al.15464

Amount of Each Receipt this Period
 75.00
 contribution

Full Name (Last, First, Middle Initial)
C. Scott Meyer

Mailing Address 2100 School Lane

City Mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2011
Transaction ID : SA11Al.15679

Amount of Each Receipt this Period
 75.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 400.00

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 250 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Scott Meyer

Mailing Address 2100 School Lane

City Mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **675.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11AI.15899

Amount of Each Receipt this Period
75.00
 contribution

Full Name (Last, First, Middle Initial)
B. Scott Meyer

Mailing Address 2100 School Lane

City Mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11AI.16117

Amount of Each Receipt this Period
75.00
 contribution

Full Name (Last, First, Middle Initial)
C. Scott Meyer

Mailing Address 2100 School Lane

City Mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **825.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11AI.16338

Amount of Each Receipt this Period
75.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ **225.00**

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: (check only one)	PAGE 251 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Scott Meyer
Full Name (Last, First, Middle Initial)

Mailing Address 2100 School Lane

City Mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt **12 / 09 / 2011**

Transaction ID : SA11AI.16571

Amount of Each Receipt this Period **75.00**

contribution

B. Dr. Fausto Meza
Full Name (Last, First, Middle Initial)

Mailing Address 4914 Edinburg Road

City Edinburg State TX Zip Code 78539

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **07 / 15 / 2011**

Transaction ID : SA11AI.15465

Amount of Each Receipt this Period **50.00**

contribution

C. Dr. Fausto Meza
Full Name (Last, First, Middle Initial)

Mailing Address 4914 Edinburg Road

City Edinburg State TX Zip Code 78539

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **08 / 18 / 2011**

Transaction ID : SA11AI.15680

Amount of Each Receipt this Period **50.00**

contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ **175.00**

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 252 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Fausto Meza
 Full Name (Last, First, Middle Initial)
 Mailing Address 4914 Edinburg Road
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 09 / 09 / 2011
Transaction ID : SA11AI.15900
 Amount of Each Receipt this Period
 50.00
 contribution

B. Dr. Fausto Meza
 Full Name (Last, First, Middle Initial)
 Mailing Address 4914 Edinburg Road
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 10 / 14 / 2011
Transaction ID : SA11AI.16118
 Amount of Each Receipt this Period
 50.00
 contribution

C. Dr. Fausto Meza
 Full Name (Last, First, Middle Initial)
 Mailing Address 4914 Edinburg Road
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 11 / 10 / 2011
Transaction ID : SA11AI.16339
 Amount of Each Receipt this Period
 50.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00
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 253 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Fausto Meza
 Full Name (Last, First, Middle Initial)
 Mailing Address 4914 Edinburg Road
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.16572
 Amount of Each Receipt this Period
 50.00
 contribution

B. Dr. Emil Milano
 Full Name (Last, First, Middle Initial)
 Mailing Address 225 E. Cornell
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : SA11AI.15466
 Amount of Each Receipt this Period
 100.00
 contribution

C. Dr. Emil Milano
 Full Name (Last, First, Middle Initial)
 Mailing Address 225 E. Cornell
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2011
Transaction ID : SA11AI.15681
 Amount of Each Receipt this Period
 100.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00
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: (check only one)	PAGE 254 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Dr. Emil Milano
Full Name (Last, First, Middle Initial)
Mailing Address 225 E. Cornell

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2011

Transaction ID : SA11Al.15901

Amount of Each Receipt this Period

100.00

contribution

B. Dr. Emil Milano
Full Name (Last, First, Middle Initial)
Mailing Address 225 E. Cornell

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

Transaction ID : SA11Al.16119

Amount of Each Receipt this Period

100.00

contribution

C. Dr. Emil Milano
Full Name (Last, First, Middle Initial)
Mailing Address 225 E. Cornell

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

Transaction ID : SA11Al.16340

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional).....	300.00
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: (check only one)	PAGE 255 OF 435
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Dr. Emil Milano
 Full Name (Last, First, Middle Initial)
 Mailing Address 225 E. Cornell
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.16573
 Amount of Each Receipt this Period
 100.00
 contribution

B. Carlos N Mohamed Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2821 Michael Angelo
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : SA11AI.15467
 Amount of Each Receipt this Period
 100.00
 contribution

C. Carlos N Mohamed Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2821 Michael Angelo
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2011
Transaction ID : SA11AI.15682
 Amount of Each Receipt this Period
 100.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
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 256 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Carlos N Mohamed Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2821 Michael Angelo
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **900.00**

Date of Receipt **09 / 09 / 2011**
Transaction ID : SA11AI.15902
 Amount of Each Receipt this Period **100.00**
 contribution

B. Carlos N Mohamed Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2821 Michael Angelo
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 14 / 2011**
Transaction ID : SA11AI.16120
 Amount of Each Receipt this Period **100.00**
 contribution

C. Carlos N Mohamed Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2821 Michael Angelo
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1100.00**

Date of Receipt **11 / 10 / 2011**
Transaction ID : SA11AI.16341
 Amount of Each Receipt this Period **100.00**
 contribution

SUBTOTAL of Receipts This Page (optional)..... **300.00**
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 257 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Carlos N Mohamed Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2821 Michael Angelo
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1200.00**

Date of Receipt **12 / 09 / 2011**
Transaction ID : SA11AI.16574
 Amount of Each Receipt this Period **100.00**
 contribution

B. Dr. Armando Moncada
 Full Name (Last, First, Middle Initial)
 Mailing Address 1421 North 2nd Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2800.00**

Date of Receipt **07 / 15 / 2011**
Transaction ID : SA11AI.15468
 Amount of Each Receipt this Period **400.00**
 contribution

C. Dr. Armando Moncada
 Full Name (Last, First, Middle Initial)
 Mailing Address 1421 North 2nd Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **3200.00**

Date of Receipt **08 / 18 / 2011**
Transaction ID : SA11AI.15683
 Amount of Each Receipt this Period **400.00**
 contribution

SUBTOTAL of Receipts This Page (optional)..... **900.00**
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: (check only one)	PAGE 258 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Dr. Armando Moncada
Full Name (Last, First, Middle Initial)
Mailing Address 1421 North 2nd Street

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2011

Transaction ID : SA11Al.15903

Amount of Each Receipt this Period

400.00

contribution

B. Dr. Armando Moncada
Full Name (Last, First, Middle Initial)
Mailing Address 1421 North 2nd Street

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

Transaction ID : SA11Al.16121

Amount of Each Receipt this Period

400.00

contribution

C. Dr. Armando Moncada
Full Name (Last, First, Middle Initial)
Mailing Address 1421 North 2nd Street

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

Transaction ID : SA11Al.16342

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
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: (check only one)	PAGE 259 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Dr. Armando Moncada
 Full Name (Last, First, Middle Initial)
 Mailing Address 1421 North 2nd Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **4800.00**

Date of Receipt **12 / 09 / 2011**
Transaction ID : SA11AI.16575
 Amount of Each Receipt this Period **400.00**
 contribution

B. Carlos Morales
 Full Name (Last, First, Middle Initial)
 Mailing Address 3325 Kent Lane
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2800.00**

Date of Receipt **07 / 15 / 2011**
Transaction ID : SA11AI.15469
 Amount of Each Receipt this Period **400.00**
 contribution

C. Carlos Morales
 Full Name (Last, First, Middle Initial)
 Mailing Address 3325 Kent Lane
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **3200.00**

Date of Receipt **08 / 18 / 2011**
Transaction ID : SA11AI.15684
 Amount of Each Receipt this Period **400.00**
 contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
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 260 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Carlos Morales

Mailing Address 3325 Kent Lane

City State Zip Code
mcallen TX 78503

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.15904

Amount of Each Receipt this Period
 400.00
 contribution

Full Name (Last, First, Middle Initial)
B. Carlos Morales

Mailing Address 3325 Kent Lane

City State Zip Code
mcallen TX 78503

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.16122

Amount of Each Receipt this Period
 400.00
 contribution

Full Name (Last, First, Middle Initial)
C. Carlos Morales

Mailing Address 3325 Kent Lane

City State Zip Code
mcallen TX 78503

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11AI.16343

Amount of Each Receipt this Period
 400.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1200.00

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: (check only one)	PAGE 261 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Carlos Morales
Full Name (Last, First, Middle Initial)

Mailing Address 3325 Kent Lane

City mcallen State TX Zip Code 78503

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.16576

Amount of Each Receipt this Period
 400.00
 contribution

B. Leonel Moreno
Full Name (Last, First, Middle Initial)

Mailing Address 1608 Woods Drive

City mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : SA11AI.15470

Amount of Each Receipt this Period
 250.00
 contribution

C. Leonel Moreno
Full Name (Last, First, Middle Initial)

Mailing Address 1608 Woods Drive

City mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2011
Transaction ID : SA11AI.15685

Amount of Each Receipt this Period
 250.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00

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 262 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Leonel Moreno
 Full Name (Last, First, Middle Initial)
 Mailing Address 1608 Woods Drive
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.15905
 Amount of Each Receipt this Period
 250.00
 contribution

B. Leonel Moreno
 Full Name (Last, First, Middle Initial)
 Mailing Address 1608 Woods Drive
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.16123
 Amount of Each Receipt this Period
 250.00
 contribution

C. Leonel Moreno
 Full Name (Last, First, Middle Initial)
 Mailing Address 1608 Woods Drive
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11AI.16344
 Amount of Each Receipt this Period
 250.00
 contribution

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 263 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Leonel Moreno
 Full Name (Last, First, Middle Initial)
 Mailing Address 1608 Woods Drive
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.16577
 Amount of Each Receipt this Period
 250.00
 contribution

B. Lauren Naylor
 Full Name (Last, First, Middle Initial)
 Mailing Address 3020 Melinda Drive
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : SA11AI.15471
 Amount of Each Receipt this Period
 50.00
 contribution

C. Lauren Naylor
 Full Name (Last, First, Middle Initial)
 Mailing Address 3020 Melinda Drive
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2011
Transaction ID : SA11AI.15686
 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)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 264 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Lauren Naylor
 Full Name (Last, First, Middle Initial)
 Mailing Address 3020 Melinda Drive
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.15906
 Amount of Each Receipt this Period
 50.00
 contribution

B. Lauren Naylor
 Full Name (Last, First, Middle Initial)
 Mailing Address 3020 Melinda Drive
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.16124
 Amount of Each Receipt this Period
 50.00
 contribution

C. Lauren Naylor
 Full Name (Last, First, Middle Initial)
 Mailing Address 3020 Melinda Drive
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11AI.16345
 Amount of Each Receipt this Period
 50.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00
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: (check only one)	PAGE 265 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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) A. Lauren Naylor		Date of Receipt
Mailing Address 3020 Melinda Drive		<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
City	State	Zip Code
Edinburg	TX	78539
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.16578
Name of Employer	Occupation	Amount of Each Receipt this Period
selfemployed	physician	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Victor Ogunlana		Date of Receipt
Mailing Address 2604 Santa Teresa		<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
City	State	Zip Code
Mission	TX	78572
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.15472
Name of Employer	Occupation	Amount of Each Receipt this Period
self-employed	doctor	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="350.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Victor Ogunlana		Date of Receipt
Mailing Address 2604 Santa Teresa		<input type="text" value="08"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
City	State	Zip Code
Mission	TX	78572
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.15687
Name of Employer	Occupation	Amount of Each Receipt this Period
self-employed	doctor	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="150.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 266 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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) A. Dr. Victor Ogunlana		Date of Receipt MM / DD / YYYY 09 / 09 / 2011
Mailing Address 2604 Santa Teresa		Transaction ID : SA11AI.15907
City Mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Name of Employer self-employed	Occupation doctor	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) B. Dr. Victor Ogunlana		Date of Receipt MM / DD / YYYY 10 / 14 / 2011
Mailing Address 2604 Santa Teresa		Transaction ID : SA11AI.16125
City Mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Name of Employer self-employed	Occupation doctor	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Victor Ogunlana		Date of Receipt MM / DD / YYYY 11 / 10 / 2011
Mailing Address 2604 Santa Teresa		Transaction ID : SA11AI.16346
City Mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Name of Employer self-employed	Occupation doctor	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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: (check only one)	PAGE 267 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Dr. Victor Ogunlana
 Full Name (Last, First, Middle Initial)
 Mailing Address 2604 Santa Teresa
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation doctor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 09 / 2011**
Transaction ID : SA11AI.16579
 Amount of Each Receipt this Period **50.00**
 contribution

B. Dr. Noel Oliveira
 Full Name (Last, First, Middle Initial)
 Mailing Address 9917 Bentsen Road
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **700.00**

Date of Receipt **07 / 15 / 2011**
Transaction ID : SA11AI.15473
 Amount of Each Receipt this Period **100.00**
 contribution

C. Dr. Noel Oliveira
 Full Name (Last, First, Middle Initial)
 Mailing Address 9917 Bentsen Road
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **800.00**

Date of Receipt **08 / 18 / 2011**
Transaction ID : SA11AI.15688
 Amount of Each Receipt this Period **100.00**
 contribution

SUBTOTAL of Receipts This Page (optional).....	250.00
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: (check only one)	PAGE 268 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Dr. Noel Oliveira
Full Name (Last, First, Middle Initial)
Mailing Address 9917 Bentsen Road

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2011

Transaction ID : SA11Al.15908

Amount of Each Receipt this Period

100.00

contribution

B. Dr. Noel Oliveira
Full Name (Last, First, Middle Initial)
Mailing Address 9917 Bentsen Road

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

Transaction ID : SA11Al.16126

Amount of Each Receipt this Period

100.00

contribution

C. Dr. Noel Oliveira
Full Name (Last, First, Middle Initial)
Mailing Address 9917 Bentsen Road

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

Transaction ID : SA11Al.16347

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 269 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Noel Oliveira
 Full Name (Last, First, Middle Initial)
 Mailing Address 9917 Bentsen Road
 City State Zip Code
 McAllen TX 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 selfemployed physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.16580
 Amount of Each Receipt this Period
 100.00
 contribution

B. Dr. Athanaji Orfanos
 Full Name (Last, First, Middle Initial)
 Mailing Address 3013 Lakeshore Drive
 City State Zip Code
 Edinburg TX 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 selfemployed private investor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : SA11AI.15474
 Amount of Each Receipt this Period
 100.00
 contribution

C. Dr. Athanaji Orfanos
 Full Name (Last, First, Middle Initial)
 Mailing Address 3013 Lakeshore Drive
 City State Zip Code
 Edinburg TX 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 selfemployed private investor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2011
Transaction ID : SA11AI.15689
 Amount of Each Receipt this Period
 100.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
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 270 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Athanaji Orfanos
 Full Name (Last, First, Middle Initial)
 Mailing Address 3013 Lakeshore Drive
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.15909
 Amount of Each Receipt this Period
 100.00
 contribution

B. Dr. Athanaji Orfanos
 Full Name (Last, First, Middle Initial)
 Mailing Address 3013 Lakeshore Drive
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.16127
 Amount of Each Receipt this Period
 100.00
 contribution

C. Dr. Athanaji Orfanos
 Full Name (Last, First, Middle Initial)
 Mailing Address 3013 Lakeshore Drive
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11AI.16348
 Amount of Each Receipt this Period
 100.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
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: (check only one)	PAGE 271 OF 435
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Dr. Athanaji Orfanos
 Full Name (Last, First, Middle Initial)
 Mailing Address 3013 Lakeshore Drive
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.16581
 Amount of Each Receipt this Period
 100.00
 contribution

B. Mr. Jose Ortega
 Full Name (Last, First, Middle Initial)
 Mailing Address 2504 Xanthisma
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : SA11AI.15475
 Amount of Each Receipt this Period
 100.00
 contribution

C. Mr. Jose Ortega
 Full Name (Last, First, Middle Initial)
 Mailing Address 2504 Xanthisma
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2011
Transaction ID : SA11AI.15690
 Amount of Each Receipt this Period
 100.00
 contribution

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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: (check only one)	PAGE 272 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Mr. Jose Ortega
Full Name (Last, First, Middle Initial)
Mailing Address 2504 Xanthisma

City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		
Name of Employer self-employed	Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Date of Receipt
09 / 09 / 2011
Transaction ID : SA11Al.15910

Amount of Each Receipt this Period
100.00
contribution

B. Mr. Jose Ortega
Full Name (Last, First, Middle Initial)
Mailing Address 2504 Xanthisma

City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		
Name of Employer self-employed	Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Date of Receipt
10 / 14 / 2011
Transaction ID : SA11Al.16128

Amount of Each Receipt this Period
100.00
contribution

C. Mr. Jose Ortega
Full Name (Last, First, Middle Initial)
Mailing Address 2504 Xanthisma

City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		
Name of Employer self-employed	Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Date of Receipt
11 / 10 / 2011
Transaction ID : SA11Al.16349

Amount of Each Receipt this Period
100.00
contribution

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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: (check only one)	PAGE 273 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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) A. Mr. Jose Ortega			Date of Receipt MM / DD / YYYY 12 / 09 / 2011 Transaction ID : SA11AI.16582
Mailing Address 2504 Xanthisma			Amount of Each Receipt this Period 100.00 contribution
City mcallen	State TX	Zip Code 78504	
FEC ID number of contributing federal political committee. C			
Name of Employer self-employed	Occupation private investor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00		

Full Name (Last, First, Middle Initial) B. Armando Osio			Date of Receipt MM / DD / YYYY 07 / 15 / 2011 Transaction ID : SA11AI.15476
Mailing Address 600 Tulip			Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78504	
FEC ID number of contributing federal political committee. C			
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00		

Full Name (Last, First, Middle Initial) C. Armando Osio			Date of Receipt MM / DD / YYYY 08 / 18 / 2011 Transaction ID : SA11AI.15691
Mailing Address 600 Tulip			Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78504	
FEC ID number of contributing federal political committee. C			
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

SUBTOTAL of Receipts This Page (optional).....▶	600.00
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: (check only one)	PAGE 274 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Armando Osio
Full Name (Last, First, Middle Initial)

Mailing Address 600 Tulip

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt
09 / 09 / 2011
Transaction ID : SA11AI.15911

Amount of Each Receipt this Period
250.00
contribution

B. Armando Osio
Full Name (Last, First, Middle Initial)

Mailing Address 600 Tulip

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
10 / 14 / 2011
Transaction ID : SA11AI.16129

Amount of Each Receipt this Period
250.00
contribution

C. Armando Osio
Full Name (Last, First, Middle Initial)

Mailing Address 600 Tulip

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2750.00

Date of Receipt
11 / 10 / 2011
Transaction ID : SA11AI.16350

Amount of Each Receipt this Period
250.00
contribution

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: (check only one)	PAGE 275 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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) A. Armando Osio		Date of Receipt
Mailing Address 600 Tulip		<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
City	State	Zip Code
mcallen	TX	78504
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.16583
Name of Employer	Occupation	Amount of Each Receipt this Period
selfemployed	physician	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="3000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Carmen Osorio-Castillo		Date of Receipt
Mailing Address 1601 Sebastian Drive		<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
City	State	Zip Code
Mission	TX	78572
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.15477
Name of Employer	Occupation	Amount of Each Receipt this Period
self-employee	private investor	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="350.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Carmen Osorio-Castillo		Date of Receipt
Mailing Address 1601 Sebastian Drive		<input type="text" value="08"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
City	State	Zip Code
Mission	TX	78572
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.15692
Name of Employer	Occupation	Amount of Each Receipt this Period
self-employee	private investor	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="350.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 276 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Carmen Osorio-Castillo
 Full Name (Last, First, Middle Initial)
 Mailing Address 1601 Sebastian Drive
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.15912
 Amount of Each Receipt this Period
 50.00
 contribution

B. Carmen Osorio-Castillo
 Full Name (Last, First, Middle Initial)
 Mailing Address 1601 Sebastian Drive
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.16130
 Amount of Each Receipt this Period
 50.00
 contribution

C. Carmen Osorio-Castillo
 Full Name (Last, First, Middle Initial)
 Mailing Address 1601 Sebastian Drive
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11AI.16351
 Amount of Each Receipt this Period
 50.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00
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: (check only one)	PAGE 277 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Carmen Osorio-Castillo
 Full Name (Last, First, Middle Initial)
 Mailing Address 1601 Sebastian Drive
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 09 / 2011**
Transaction ID : SA11AI.16584
 Amount of Each Receipt this Period **50.00**
 contribution

B. Fernando Otero
 Full Name (Last, First, Middle Initial)
 Mailing Address 121 E. Quamasia #148
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1750.00**

Date of Receipt **07 / 15 / 2011**
Transaction ID : SA11AI.15478
 Amount of Each Receipt this Period **250.00**
 contribution

C. Fernando Otero
 Full Name (Last, First, Middle Initial)
 Mailing Address 121 E. Quamasia #148
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt **08 / 18 / 2011**
Transaction ID : SA11AI.15693
 Amount of Each Receipt this Period **250.00**
 contribution

SUBTOTAL of Receipts This Page (optional)..... **550.00**
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: (check only one)	PAGE 278 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Fernando Otero
Full Name (Last, First, Middle Initial)

Mailing Address 121 E. Quamasia #148

City mcallen State TX Zip Code 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 09 / 09 / 2011
Transaction ID : SA11Al.15913

Amount of Each Receipt this Period 250.00 contribution

B. Fernando Otero
Full Name (Last, First, Middle Initial)

Mailing Address 121 E. Quamasia #148

City mcallen State TX Zip Code 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 14 / 2011
Transaction ID : SA11Al.16131

Amount of Each Receipt this Period 250.00 contribution

C. Fernando Otero
Full Name (Last, First, Middle Initial)

Mailing Address 121 E. Quamasia #148

City mcallen State TX Zip Code 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt 11 / 10 / 2011
Transaction ID : SA11Al.16352

Amount of Each Receipt this Period 250.00 contribution

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: (check only one)	PAGE 279 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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) A. Fernando Otero		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 09 / 2011 Transaction ID : SA11AI.16585
Mailing Address 121 E. Quamasia #148		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee.	C	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. Kip Owen		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2011 Transaction ID : SA11AI.15479
Mailing Address 2305 Red River		Amount of Each Receipt this Period 75.00 contribution
City mcallen	State TX	Zip Code 78572
FEC ID number of contributing federal political committee.	C	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

Full Name (Last, First, Middle Initial) C. Kip Owen		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 18 / 2011 Transaction ID : SA11AI.15694
Mailing Address 2305 Red River		Amount of Each Receipt this Period 75.00 contribution
City mcallen	State TX	Zip Code 78572
FEC ID number of contributing federal political committee.	C	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional).....▶	400.00
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 280 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Kip Owen

Mailing Address 2305 Red River

City State Zip Code
mcallen TX 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
675.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.15914

Amount of Each Receipt this Period
 75.00
 contribution

Full Name (Last, First, Middle Initial)
B. Kip Owen

Mailing Address 2305 Red River

City State Zip Code
mcallen TX 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.16132

Amount of Each Receipt this Period
 75.00
 contribution

Full Name (Last, First, Middle Initial)
C. Kip Owen

Mailing Address 2305 Red River

City State Zip Code
mcallen TX 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
825.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11AI.16353

Amount of Each Receipt this Period
 75.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 225.00

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: (check only one)	PAGE 281 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Kip Owen
Full Name (Last, First, Middle Initial)
Mailing Address 2305 Red River

City mcallen	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

Transaction ID : SA11AI.16586

Amount of Each Receipt this Period

75.00

contribution

B. Mr. Esteban Palacios Jr.
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 3669

City Edinburg	State TX	Zip Code 78540
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2011

Transaction ID : SA11AI.15480

Amount of Each Receipt this Period

50.00

contribution

C. Mr. Esteban Palacios Jr.
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 3669

City Edinburg	State TX	Zip Code 78540
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2011

Transaction ID : SA11AI.15695

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	175.00
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 282 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Mr. Esteban Palacios Jr.

Mailing Address P.O. Box 3669

City State Zip Code
Edinburg TX 78540

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
MM / DD / YYYY
09 / 09 / 2011
Transaction ID : SA11AI.15915

Amount of Each Receipt this Period
50.00
contribution

Full Name (Last, First, Middle Initial)
B. Mr. Esteban Palacios Jr.

Mailing Address P.O. Box 3669

City State Zip Code
Edinburg TX 78540

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
10 / 14 / 2011
Transaction ID : SA11AI.16133

Amount of Each Receipt this Period
50.00
contribution

Full Name (Last, First, Middle Initial)
C. Mr. Esteban Palacios Jr.

Mailing Address P.O. Box 3669

City State Zip Code
Edinburg TX 78540

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2011
Transaction ID : SA11AI.16354

Amount of Each Receipt this Period
50.00
contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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: (check only one)	PAGE 283 OF 435
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Mr. Esteban Palacios Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 3669
 City Edinburg State TX Zip Code 78540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 09 / 2011**
Transaction ID : SA11AI.16587
 Amount of Each Receipt this Period **50.00**
 contribution

B. Prakash Palimar
 Full Name (Last, First, Middle Initial)
 Mailing Address 121 Canary
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1750.00**

Date of Receipt **07 / 15 / 2011**
Transaction ID : SA11AI.15481
 Amount of Each Receipt this Period **250.00**
 contribution

C. Prakash Palimar
 Full Name (Last, First, Middle Initial)
 Mailing Address 121 Canary
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt **08 / 18 / 2011**
Transaction ID : SA11AI.15696
 Amount of Each Receipt this Period **250.00**
 contribution

SUBTOTAL of Receipts This Page (optional)..... **550.00**
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 284 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Prakash Palimar

Mailing Address 121 Canary

City State Zip Code
mcallen TX 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.15916

Amount of Each Receipt this Period
 250.00
 contribution

Full Name (Last, First, Middle Initial)
B. Prakash Palimar

Mailing Address 121 Canary

City State Zip Code
mcallen TX 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.16134

Amount of Each Receipt this Period
 250.00
 contribution

Full Name (Last, First, Middle Initial)
C. Prakash Palimar

Mailing Address 121 Canary

City State Zip Code
mcallen TX 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11AI.16355

Amount of Each Receipt this Period
 250.00
 contribution

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: (check only one)	PAGE 285 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Prakash Palimar
Full Name (Last, First, Middle Initial)
Mailing Address 121 Canary
City mcallen State TX Zip Code 78504
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **3000.00**

Date of Receipt **12 / 09 / 2011**
Transaction ID : SA11AI.16588
Amount of Each Receipt this Period **250.00**
contribution

B. Dr. Jerry Pallares
Full Name (Last, First, Middle Initial)
Mailing Address 24399 Dillworth Road
City Harlingen State TX Zip Code 78552
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **2100.00**

Date of Receipt **07 / 15 / 2011**
Transaction ID : SA11AI.15482
Amount of Each Receipt this Period **300.00**
contribution

C. Dr. Jerry Pallares
Full Name (Last, First, Middle Initial)
Mailing Address 24399 Dillworth Road
City Harlingen State TX Zip Code 78552
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **2400.00**

Date of Receipt **08 / 18 / 2011**
Transaction ID : SA11AI.15697
Amount of Each Receipt this Period **300.00**
contribution

SUBTOTAL of Receipts This Page (optional)..... **850.00**
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: (check only one)	PAGE 286 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Dr. Jerry Pallares
Full Name (Last, First, Middle Initial)

Mailing Address 24399 Dillworth Road

City Harlingen State TX Zip Code 78552

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.15917

Amount of Each Receipt this Period
 300.00
 contribution

B. Dr. Jerry Pallares
Full Name (Last, First, Middle Initial)

Mailing Address 24399 Dillworth Road

City Harlingen State TX Zip Code 78552

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.16135

Amount of Each Receipt this Period
 300.00
 contribution

C. Dr. Jerry Pallares
Full Name (Last, First, Middle Initial)

Mailing Address 24399 Dillworth Road

City Harlingen State TX Zip Code 78552

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11AI.16356

Amount of Each Receipt this Period
 250.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00

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: (check only one)	PAGE 287 OF 435
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Dr. Jerry Pallares
 Full Name (Last, First, Middle Initial)
 Mailing Address 24399 Dillworth Road
 City Harlingen State TX Zip Code 78552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.16589
 Amount of Each Receipt this Period
 250.00
 contribution

B. Dr. Guillermo Pechero
 Full Name (Last, First, Middle Initial)
 Mailing Address 2312 La Condesa
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : SA11AI.15483
 Amount of Each Receipt this Period
 400.00
 contribution

C. Dr. Guillermo Pechero
 Full Name (Last, First, Middle Initial)
 Mailing Address 2312 La Condesa
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2011
Transaction ID : SA11AI.15698
 Amount of Each Receipt this Period
 400.00
 contribution

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
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 288 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Guillermo Pechero
 Full Name (Last, First, Middle Initial)
 Mailing Address 2312 La Condesa
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.15918
 Amount of Each Receipt this Period
 400.00
 contribution

B. Dr. Guillermo Pechero
 Full Name (Last, First, Middle Initial)
 Mailing Address 2312 La Condesa
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.16136
 Amount of Each Receipt this Period
 400.00
 contribution

C. Dr. Guillermo Pechero
 Full Name (Last, First, Middle Initial)
 Mailing Address 2312 La Condesa
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11AI.16357
 Amount of Each Receipt this Period
 400.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1200.00
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 289 OF 435
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Guillermo Pechero
 Full Name (Last, First, Middle Initial)
 Mailing Address 2312 La Condesa
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **4800.00**

Date of Receipt **12 / 09 / 2011**
Transaction ID : SA11AI.16590
 Amount of Each Receipt this Period **400.00**
 contribution

B. Eduardo Peguero
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O.Box 5959
 City McAllen State TX Zip Code 78502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1050.00**

Date of Receipt **07 / 15 / 2011**
Transaction ID : SA11AI.15484
 Amount of Each Receipt this Period **150.00**
 contribution

C. Eduardo Peguero
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O.Box 5959
 City McAllen State TX Zip Code 78502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1200.00**

Date of Receipt **08 / 18 / 2011**
Transaction ID : SA11AI.15699
 Amount of Each Receipt this Period **150.00**
 contribution

SUBTOTAL of Receipts This Page (optional).....	700.00
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: (check only one)	PAGE 290 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Eduardo Peguero
Full Name (Last, First, Middle Initial)

Mailing Address P.O.Box 5959

City McAllen State TX Zip Code 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11Al.15919

Amount of Each Receipt this Period
150.00
 contribution

B. Eduardo Peguero
Full Name (Last, First, Middle Initial)

Mailing Address P.O.Box 5959

City McAllen State TX Zip Code 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11Al.16137

Amount of Each Receipt this Period
150.00
 contribution

C. Eduardo Peguero
Full Name (Last, First, Middle Initial)

Mailing Address P.O.Box 5959

City McAllen State TX Zip Code 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11Al.16358

Amount of Each Receipt this Period
150.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ **450.00**

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: (check only one)	PAGE 291 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Eduardo Peguero
Full Name (Last, First, Middle Initial)

Mailing Address P.O.Box 5959

City McAllen State TX Zip Code 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11Al.16591

Amount of Each Receipt this Period
150.00
 contribution

B. Dr. Alberto Pena
Full Name (Last, First, Middle Initial)

Mailing Address 3716 Tigris

City Edinburg State TX Zip Code 78539

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11Al.15485

Amount of Each Receipt this Period
50.00
 contribution

C. Dr. Alberto Pena
Full Name (Last, First, Middle Initial)

Mailing Address 3716 Tigris

City Edinburg State TX Zip Code 78539

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11Al.15700

Amount of Each Receipt this Period
50.00
 contribution

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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: (check only one)	PAGE 292 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Dr. Alberto Pena
Full Name (Last, First, Middle Initial)
Mailing Address 3716 Tigris

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation doctor
-----------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2011

Transaction ID : SA11Al.15920

Amount of Each Receipt this Period

50.00

contribution

B. Dr. Alberto Pena
Full Name (Last, First, Middle Initial)
Mailing Address 3716 Tigris

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation doctor
-----------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

Transaction ID : SA11Al.16138

Amount of Each Receipt this Period

50.00

contribution

C. Dr. Alberto Pena
Full Name (Last, First, Middle Initial)
Mailing Address 3716 Tigris

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation doctor
-----------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

Transaction ID : SA11Al.16360

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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: (check only one)	PAGE 293 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Dr. Alberto Pena
Full Name (Last, First, Middle Initial)
Mailing Address 3716 Tigris

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation doctor
-----------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

Transaction ID : SA11Al.16592

Amount of Each Receipt this Period
50.00
contribution

B. Jose Pena
Full Name (Last, First, Middle Initial)
Mailing Address 100 Bluebird

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2011

Transaction ID : SA11Al.15486

Amount of Each Receipt this Period
400.00
contribution

C. Jose Pena
Full Name (Last, First, Middle Initial)
Mailing Address 100 Bluebird

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2011

Transaction ID : SA11Al.15701

Amount of Each Receipt this Period
400.00
contribution

SUBTOTAL of Receipts This Page (optional).....▶	850.00
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 294 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Jose Pena

Mailing Address 100 Bluebird

City State Zip Code
mcallen TX 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3600.00

Date of Receipt
 / /
 09 / 09 / 2011
Transaction ID : SA11AI.15921

Amount of Each Receipt this Period

 400.00
 contribution

Full Name (Last, First, Middle Initial)
B. Jose Pena

Mailing Address 100 Bluebird

City State Zip Code
mcallen TX 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
 / /
 10 / 14 / 2011
Transaction ID : SA11AI.16139

Amount of Each Receipt this Period

 400.00
 contribution

Full Name (Last, First, Middle Initial)
C. Jose Pena

Mailing Address 100 Bluebird

City State Zip Code
mcallen TX 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4400.00

Date of Receipt
 / /
 11 / 10 / 2011
Transaction ID : SA11AI.16361

Amount of Each Receipt this Period

 400.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1200.00

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 295 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Jose Pena

Mailing Address 100 Bluebird

City State Zip Code
mcallen TX 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.16593

Amount of Each Receipt this Period
 400.00
 contribution

Full Name (Last, First, Middle Initial)
B. Juan Pena

Mailing Address 905 S. Huisache Court

City State Zip Code
pharr TX 78577

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self-employed private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : SA11AI.15487

Amount of Each Receipt this Period
 250.00
 contribution

Full Name (Last, First, Middle Initial)
C. Juan Pena

Mailing Address 905 S. Huisache Court

City State Zip Code
pharr TX 78577

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self-employed private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2011
Transaction ID : SA11AI.15702

Amount of Each Receipt this Period
 250.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00

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: (check only one)	PAGE 296 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Juan Pena
Full Name (Last, First, Middle Initial)

Mailing Address 905 S. Huisache Court

City pharr State TX Zip Code 78577

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.15922

Amount of Each Receipt this Period
 250.00
 contribution

B. Juan Pena
Full Name (Last, First, Middle Initial)

Mailing Address 905 S. Huisache Court

City pharr State TX Zip Code 78577

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.16140

Amount of Each Receipt this Period
 400.00
 contribution

C. Juan Pena
Full Name (Last, First, Middle Initial)

Mailing Address 905 S. Huisache Court

City pharr State TX Zip Code 78577

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3050.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11AI.16362

Amount of Each Receipt this Period
 400.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1050.00

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: (check only one)	PAGE 297 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Juan Pena
Full Name (Last, First, Middle Initial)
Mailing Address 905 S. Huisache Court
City pharr State TX Zip Code 78577
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation private investor
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **3450.00**

Date of Receipt **12 / 09 / 2011**
Transaction ID : SA11AI.16594
Amount of Each Receipt this Period **400.00**
contribution

B. Dr. Nicholas Pereira
Full Name (Last, First, Middle Initial)
Mailing Address 7005 North Cynthia
City McAllen State TX Zip Code 78504
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employee Occupation physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1050.00**

Date of Receipt **07 / 15 / 2011**
Transaction ID : SA11AI.15488
Amount of Each Receipt this Period **150.00**
contribution

C. Dr. Nicholas Pereira
Full Name (Last, First, Middle Initial)
Mailing Address 7005 North Cynthia
City McAllen State TX Zip Code 78504
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employee Occupation physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1200.00**

Date of Receipt **08 / 18 / 2011**
Transaction ID : SA11AI.15703
Amount of Each Receipt this Period **150.00**
contribution

SUBTOTAL of Receipts This Page (optional)..... **700.00**
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: (check only one)	PAGE 298 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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) A. Dr. Nicholas Pereira		Date of Receipt MM / DD / YYYY 09 / 09 / 2011 Transaction ID : SA11AI.15923
Mailing Address 7005 North Cynthia		Amount of Each Receipt this Period 150.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employee	
Occupation physician		Aggregate Year-to-Date ▼ 1350.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Nicholas Pereira		Date of Receipt MM / DD / YYYY 10 / 14 / 2011 Transaction ID : SA11AI.16141
Mailing Address 7005 North Cynthia		Amount of Each Receipt this Period 150.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employee	
Occupation physician		Aggregate Year-to-Date ▼ 1500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Nicholas Pereira		Date of Receipt MM / DD / YYYY 11 / 10 / 2011 Transaction ID : SA11AI.16363
Mailing Address 7005 North Cynthia		Amount of Each Receipt this Period 150.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employee	
Occupation physician		Aggregate Year-to-Date ▼ 1650.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	450.00
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: (check only one)	PAGE 299 OF 435
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Dr. Nicholas Pereira
 Full Name (Last, First, Middle Initial)
 Mailing Address 7005 North Cynthia
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1800.00**

Date of Receipt **12 / 09 / 2011**
Transaction ID : SA11AI.16595
 Amount of Each Receipt this Period **150.00**
 contribution

B. Ernie Perez
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 5360
 City mcallen State TX Zip Code 78502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **563.00**

Date of Receipt **07 / 15 / 2011**
Transaction ID : SA11AI.15489
 Amount of Each Receipt this Period **75.00**
 contribution

C. Ernie Perez
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 5360
 City mcallen State TX Zip Code 78502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **623.00**

Date of Receipt **08 / 18 / 2011**
Transaction ID : SA11AI.15704
 Amount of Each Receipt this Period **60.00**
 contribution

SUBTOTAL of Receipts This Page (optional)..... **285.00**
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 300 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Ernie Perez

Mailing Address P.O. Box 5360

City State Zip Code
mcallen TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self-employed private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
673.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.15764

Amount of Each Receipt this Period
 50.00
 contribution

Full Name (Last, First, Middle Initial)
B. Ernie Perez

Mailing Address P.O. Box 5360

City State Zip Code
mcallen TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self-employed private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
698.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.15982

Amount of Each Receipt this Period
 25.00
 contribution

Full Name (Last, First, Middle Initial)
C. Ernie Perez

Mailing Address P.O. Box 5360

City State Zip Code
mcallen TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self-employed private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
723.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11AI.16364

Amount of Each Receipt this Period
 25.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 100.00

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 301 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Ernie Perez

Mailing Address P.O. Box 5360

City State Zip Code
mcallen TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self-employed private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
748.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.16596

Amount of Each Receipt this Period
 25.00
 contribution

Full Name (Last, First, Middle Initial)
B. Dr. Florencia Perez

Mailing Address 4600 Victoria

City State Zip Code
McAllen TX 78503

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
659.39

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : SA11AI.15490

Amount of Each Receipt this Period
 227.42
 contribution

Full Name (Last, First, Middle Initial)
C. Dr. Florencia Perez

Mailing Address 4600 Victoria

City State Zip Code
McAllen TX 78503

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
844.86

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2011
Transaction ID : SA11AI.15705

Amount of Each Receipt this Period
 185.47
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 437.89

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: (check only one)	PAGE 302 OF 435
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Dr. Florencia Perez
 Full Name (Last, First, Middle Initial)
 Mailing Address 4600 Victoria
 City McAllen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1054.82

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.15924
 Amount of Each Receipt this Period
 209.96
 contribution

B. Dr. Florencia Perez
 Full Name (Last, First, Middle Initial)
 Mailing Address 4600 Victoria
 City McAllen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1219.29

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.16142
 Amount of Each Receipt this Period
 164.47
 contribution

C. Dr. Florencia Perez
 Full Name (Last, First, Middle Initial)
 Mailing Address 4600 Victoria
 City McAllen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1383.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11AI.16365
 Amount of Each Receipt this Period
 164.47
 contribution

SUBTOTAL of Receipts This Page (optional).....▶	538.90
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: (check only one)	PAGE 303 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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) A. Dr. Florencia Perez		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 09 / 2011
Mailing Address 4600 Victoria		Transaction ID : SA11Al.16597
City McAllen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 157.47
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1541.23	

Full Name (Last, First, Middle Initial) B. Claudia Pierson		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 15 / 2011
Mailing Address 6912 N. Peking		Transaction ID : SA11Al.15491
City mcallen	State TX	Zip Code 78501
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1602.92	

Full Name (Last, First, Middle Initial) C. Claudia Pierson		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 18 / 2011
Mailing Address 6912 N. Peking		Transaction ID : SA11Al.15706
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 213.03
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1815.95	

SUBTOTAL of Receipts This Page (optional).....▶	620.50
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: (check only one)	PAGE 304 OF 435
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Claudia Pierson		Date of Receipt MM / DD / YYYY 09 / 09 / 2011 Transaction ID : SA11Al.15925
Mailing Address 6912 N. Peking		Amount of Each Receipt this Period 241.17 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2057.12	

Full Name (Last, First, Middle Initial) B. Claudia Pierson		Date of Receipt MM / DD / YYYY 10 / 14 / 2011 Transaction ID : SA11Al.16143
Mailing Address 6912 N. Peking		Amount of Each Receipt this Period 188.92 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2246.04	

Full Name (Last, First, Middle Initial) C. Claudia Pierson		Date of Receipt MM / DD / YYYY 11 / 10 / 2011 Transaction ID : SA11Al.16366
Mailing Address 6912 N. Peking		Amount of Each Receipt this Period 188.92 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2434.96	

SUBTOTAL of Receipts This Page (optional).....▶	619.01
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: (check only one)	PAGE 305 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)
A. Claudia Pierson

Mailing Address 6912 N. Peking

City mcallen State TX Zip Code 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2615.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11Al.16598

Amount of Each Receipt this Period
 180.88
 contribution

Full Name (Last, First, Middle Initial)
B. Mr. Francisco Pina

Mailing Address 129 E. Jones

City Pharr State TX Zip Code 78577

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11Al.15926

Amount of Each Receipt this Period
 25.00
 contribution

Full Name (Last, First, Middle Initial)
C. Mr. Francisco Pina

Mailing Address 129 E. Jones

City Pharr State TX Zip Code 78577

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11Al.16144

Amount of Each Receipt this Period
 25.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 230.88

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: (check only one)	PAGE 306 OF 435
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Mr. Francisco Pina		Date of Receipt MM / DD / YYYY 11 / 10 / 2011 Transaction ID : SA11AI.16367
Mailing Address 129 E. Jones		Amount of Each Receipt this Period 25.00 contribution
City Pharr	State TX	Zip Code 78577
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) B. Mr. Francisco Pina		Date of Receipt MM / DD / YYYY 12 / 09 / 2011 Transaction ID : SA11AI.16599
Mailing Address 129 E. Jones		Amount of Each Receipt this Period 25.00 contribution
City Pharr	State TX	Zip Code 78577
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Ms Jessica Porras		Date of Receipt MM / DD / YYYY 09 / 09 / 2011 Transaction ID : SA11AI.15927
Mailing Address 5128 North 10th Street		Amount of Each Receipt this Period 25.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employee	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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: (check only one)	PAGE 307 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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) A. Ms Jessica Porras		Date of Receipt
Mailing Address 5128 North 10th Street		<input type="text" value="10"/> / <input type="text" value="14"/> / <input type="text" value="2011"/>
City	State	Zip Code
McAllen	TX	78504
FEC ID number of contributing federal political committee.		Transaction ID : SA11Al.16145
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer		contribution
self-employee	Occupation	
	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ms Jessica Porras		Date of Receipt
Mailing Address 5128 North 10th Street		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
City	State	Zip Code
McAllen	TX	78504
FEC ID number of contributing federal political committee.		Transaction ID : SA11Al.16368
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer		contribution
self-employee	Occupation	
	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="275.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ms Jessica Porras		Date of Receipt
Mailing Address 5128 North 10th Street		<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
City	State	Zip Code
McAllen	TX	78504
FEC ID number of contributing federal political committee.		Transaction ID : SA11Al.16600
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer		contribution
self-employee	Occupation	
	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="75.00"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 308 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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) A. Sergio Preciado		Date of Receipt MM / DD / YYYY 07 / 15 / 2011 Transaction ID : SA11Al.15494
Mailing Address 521 E. Bluebird		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 1748.63	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Sergio Preciado		Date of Receipt MM / DD / YYYY 08 / 18 / 2011 Transaction ID : SA11Al.15709
Mailing Address 521 E. Bluebird		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 1998.63	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Sergio Preciado		Date of Receipt MM / DD / YYYY 09 / 09 / 2011 Transaction ID : SA11Al.15928
Mailing Address 521 E. Bluebird		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 2248.63	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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: (check only one)	PAGE 309 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Sergio Preciado
Full Name (Last, First, Middle Initial)
Mailing Address 521 E. Bluebird

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2498.63

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

Transaction ID : SA11Al.16146

Amount of Each Receipt this Period

250.00

contribution

B. Sergio Preciado
Full Name (Last, First, Middle Initial)
Mailing Address 521 E. Bluebird

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2730.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

Transaction ID : SA11Al.16369

Amount of Each Receipt this Period

232.05

contribution

C. Sergio Preciado
Full Name (Last, First, Middle Initial)
Mailing Address 521 E. Bluebird

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2979.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

Transaction ID : SA11Al.16601

Amount of Each Receipt this Period

248.63

contribution

SUBTOTAL of Receipts This Page (optional).....▶	730.68
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: (check only one)	PAGE 310 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Sergio Ramirez
Full Name (Last, First, Middle Initial)

Mailing Address 1608 Woods Drive

City mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2011

Transaction ID : SA11Al.15495

Amount of Each Receipt this Period

250.00

contribution

B. Sergio Ramirez
Full Name (Last, First, Middle Initial)

Mailing Address 1608 Woods Drive

City mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2011

Transaction ID : SA11Al.15710

Amount of Each Receipt this Period

250.00

contribution

C. Sergio Ramirez
Full Name (Last, First, Middle Initial)

Mailing Address 1608 Woods Drive

City mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2011

Transaction ID : SA11Al.15929

Amount of Each Receipt this Period

250.00

contribution

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: (check only one)	PAGE 311 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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) A. Sergio Ramirez		Date of Receipt 10 / 14 / 2011 Transaction ID : SA11Al.16147
Mailing Address 1608 Woods Drive		Amount of Each Receipt this Period 250.00 contribution
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee.	C	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. Sergio Ramirez		Date of Receipt 11 / 10 / 2011 Transaction ID : SA11Al.16370
Mailing Address 1608 Woods Drive		Amount of Each Receipt this Period 250.00 contribution
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee.	C	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	

Full Name (Last, First, Middle Initial) C. Sergio Ramirez		Date of Receipt 12 / 09 / 2011 Transaction ID : SA11Al.16602
Mailing Address 1608 Woods Drive		Amount of Each Receipt this Period 250.00 contribution
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee.	C	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

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: (check only one)	PAGE 312 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Gustavo Ramos
Full Name (Last, First, Middle Initial)

Mailing Address 1301 S. Perking

City mcallen State TX Zip Code 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physcain

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : SA11Al.15496

Amount of Each Receipt this Period
 400.00
 contribution

B. Gustavo Ramos
Full Name (Last, First, Middle Initial)

Mailing Address 1301 S. Perking

City mcallen State TX Zip Code 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physcain

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2011
Transaction ID : SA11Al.15711

Amount of Each Receipt this Period
 400.00
 contribution

C. Gustavo Ramos
Full Name (Last, First, Middle Initial)

Mailing Address 1301 S. Perking

City mcallen State TX Zip Code 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physcain

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11Al.15930

Amount of Each Receipt this Period
 400.00
 contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
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 313 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Gustavo Ramos

Mailing Address 1301 S. Perking

City State Zip Code
mcallen TX 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physcain

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
 / /
 10 / 14 / 2011
Transaction ID : SA11Al.16148

Amount of Each Receipt this Period

 400.00
 contribution

Full Name (Last, First, Middle Initial)
B. Gustavo Ramos

Mailing Address 1301 S. Perking

City State Zip Code
mcallen TX 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physcain

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4400.00

Date of Receipt
 / /
 11 / 10 / 2011
Transaction ID : SA11Al.16371

Amount of Each Receipt this Period

 400.00
 contribution

Full Name (Last, First, Middle Initial)
C. Gustavo Ramos

Mailing Address 1301 S. Perking

City State Zip Code
mcallen TX 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physcain

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4800.00

Date of Receipt
 / /
 12 / 09 / 2011
Transaction ID : SA11Al.16603

Amount of Each Receipt this Period

 400.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1200.00

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 314 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Mr. Mario Rangel

Mailing Address 3213 Lance Lot Lane

City Edinburg State TX Zip Code 78539

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : SA11AI.15498

Amount of Each Receipt this Period
 50.00
 contribution

Full Name (Last, First, Middle Initial)
B. Mr. Mario Rangel

Mailing Address 3213 Lance Lot Lane

City Edinburg State TX Zip Code 78539

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2011
Transaction ID : SA11AI.15713

Amount of Each Receipt this Period
 50.00
 contribution

Full Name (Last, First, Middle Initial)
c. Mr. Mario Rangel

Mailing Address 3213 Lance Lot Lane

City Edinburg State TX Zip Code 78539

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.15932

Amount of Each Receipt this Period
 50.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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 315 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Mr. Mario Rangel
 Full Name (Last, First, Middle Initial)
 Mailing Address 3213 Lance Lot Lane
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.16150
 Amount of Each Receipt this Period
 50.00
 contribution

B. Mr. Mario Rangel
 Full Name (Last, First, Middle Initial)
 Mailing Address 3213 Lance Lot Lane
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11AI.16373
 Amount of Each Receipt this Period
 50.00
 contribution

C. Mr. Mario Rangel
 Full Name (Last, First, Middle Initial)
 Mailing Address 3213 Lance Lot Lane
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.16605
 Amount of Each Receipt this Period
 50.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00
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: (check only one)	PAGE 316 OF 435
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Ms Soraya Rangel
 Full Name (Last, First, Middle Initial)
 Mailing Address 2010 S. Cynthia Ste 110
 City McAllen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11Al.15933
 Amount of Each Receipt this Period
 25.00
 contribution

B. Ms Soraya Rangel
 Full Name (Last, First, Middle Initial)
 Mailing Address 2010 S. Cynthia Ste 110
 City McAllen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11Al.16151
 Amount of Each Receipt this Period
 25.00
 contribution

C. Ms Soraya Rangel
 Full Name (Last, First, Middle Initial)
 Mailing Address 2010 S. Cynthia Ste 110
 City McAllen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11Al.16374
 Amount of Each Receipt this Period
 25.00
 contribution

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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: (check only one)	PAGE 317 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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) A. Ms Soraya Rangel		Date of Receipt
Mailing Address 2010 S. Cynthia Ste 110		<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
City	State	Zip Code
McAllen	TX	78503
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11Al.16606
selfemployed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	<input type="text" value="25.00"/>
<input type="checkbox"/> Other (specify) ▼		contribution

Full Name (Last, First, Middle Initial) B. R.V. Reddy		Date of Receipt
Mailing Address 1500 Southland Drive		<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
City	State	Zip Code
weslaco	TX	78596
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11Al.15500
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="875.00"/>	<input type="text" value="125.00"/>
<input type="checkbox"/> Other (specify) ▼		contribution

Full Name (Last, First, Middle Initial) C. R.V. Reddy		Date of Receipt
Mailing Address 1500 Southland Drive		<input type="text" value="08"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
City	State	Zip Code
weslaco	TX	78596
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11Al.15715
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	<input type="text" value="125.00"/>
<input type="checkbox"/> Other (specify) ▼		contribution

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="275.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 318 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. R.V. Reddy
Full Name (Last, First, Middle Initial)

Mailing Address 1500 Southland Drive

City weslaco State TX Zip Code 78596

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1125.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11AI.15934

Amount of Each Receipt this Period
125.00
 contribution

B. R.V. Reddy
Full Name (Last, First, Middle Initial)

Mailing Address 1500 Southland Drive

City weslaco State TX Zip Code 78596

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11AI.16152

Amount of Each Receipt this Period
125.00
 contribution

C. R.V. Reddy
Full Name (Last, First, Middle Initial)

Mailing Address 1500 Southland Drive

City weslaco State TX Zip Code 78596

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11AI.16375

Amount of Each Receipt this Period
125.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ **375.00**

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: (check only one)	PAGE 319 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. R.V. Reddy
Full Name (Last, First, Middle Initial)

Mailing Address 1500 Southland Drive

City weslaco State TX Zip Code 78596

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11Al.16607

Amount of Each Receipt this Period
 125.00
 contribution

B. Dr. Manuel Reinoso
Full Name (Last, First, Middle Initial)

Mailing Address 1400 E Ridge suite 7

City McAllen State TX Zip Code 78503

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11Al.15935

Amount of Each Receipt this Period
 25.00
 contribution

C. Dr. Manuel Reinoso
Full Name (Last, First, Middle Initial)

Mailing Address 1400 E Ridge suite 7

City McAllen State TX Zip Code 78503

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11Al.16153

Amount of Each Receipt this Period
 25.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 175.00

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: (check only one)	PAGE 320 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Dr. Manuel Reinoso
 Full Name (Last, First, Middle Initial)
 Mailing Address 1400 E Ridge suite 7
 City McAllen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **275.00**

Date of Receipt **11 / 10 / 2011**
Transaction ID : SA11Al.16376
 Amount of Each Receipt this Period **25.00**
 contribution

B. Dr. Manuel Reinoso
 Full Name (Last, First, Middle Initial)
 Mailing Address 1400 E Ridge suite 7
 City McAllen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **12 / 09 / 2011**
Transaction ID : SA11Al.16608
 Amount of Each Receipt this Period **25.00**
 contribution

C. William Restrepo
 Full Name (Last, First, Middle Initial)
 Mailing Address 1117 S. Cynthia
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1750.00**

Date of Receipt **07 / 15 / 2011**
Transaction ID : SA11Al.15502
 Amount of Each Receipt this Period **250.00**
 contribution

SUBTOTAL of Receipts This Page (optional).....	300.00
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: (check only one)	PAGE 321 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. William Restrepo
Full Name (Last, First, Middle Initial)
Mailing Address 1117 S. Cynthia

City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Date of Receipt
08 / 18 / 2011
Transaction ID : SA11Al.15717

Amount of Each Receipt this Period
250.00
contribution

B. William Restrepo
Full Name (Last, First, Middle Initial)
Mailing Address 1117 S. Cynthia

City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	

Date of Receipt
09 / 09 / 2011
Transaction ID : SA11Al.15936

Amount of Each Receipt this Period
250.00
contribution

C. William Restrepo
Full Name (Last, First, Middle Initial)
Mailing Address 1117 S. Cynthia

City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Date of Receipt
10 / 14 / 2011
Transaction ID : SA11Al.16154

Amount of Each Receipt this Period
250.00
contribution

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: (check only one)	PAGE 322 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. William Restrepo
Full Name (Last, First, Middle Initial)

Mailing Address 1117 S. Cynthia

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011

Transaction ID : SA11Al.16377

Amount of Each Receipt this Period
 250.00

contribution

B. William Restrepo
Full Name (Last, First, Middle Initial)

Mailing Address 1117 S. Cynthia

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : SA11Al.16609

Amount of Each Receipt this Period
 250.00

contribution

C. Ms Maria J. Rios
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 3606

City McAllen State TX Zip Code 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011

Transaction ID : SA11Al.15937

Amount of Each Receipt this Period
 25.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 525.00

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: (check only one)	PAGE 323 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Ms Maria J. Rios
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 3606

City McAllen	State TX	Zip Code 78502
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

Transaction ID : SA11Al.16155

Amount of Each Receipt this Period

25.00

contribution

B. Ms Maria J. Rios
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 3606

City McAllen	State TX	Zip Code 78502
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

Transaction ID : SA11Al.16378

Amount of Each Receipt this Period

25.00

contribution

C. Ms Maria J. Rios
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 3606

City McAllen	State TX	Zip Code 78502
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

Transaction ID : SA11Al.16610

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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: (check only one)	PAGE 324 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Homero Rivas
Full Name (Last, First, Middle Initial)
Mailing Address 100 E. Houston

City mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2011

Transaction ID : SA11Al.15504

Amount of Each Receipt this Period

250.00

contribution

B. Homero Rivas
Full Name (Last, First, Middle Initial)
Mailing Address 100 E. Houston

City mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2011

Transaction ID : SA11Al.15719

Amount of Each Receipt this Period

250.00

contribution

C. Homero Rivas
Full Name (Last, First, Middle Initial)
Mailing Address 100 E. Houston

City mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2011

Transaction ID : SA11Al.15938

Amount of Each Receipt this Period

250.00

contribution

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 325 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Homero Rivas
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 E. Houston
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.16156
 Amount of Each Receipt this Period
 250.00
 contribution

B. Homero Rivas
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 E. Houston
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11AI.16379
 Amount of Each Receipt this Period
 250.00
 contribution

C. Homero Rivas
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 E. Houston
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.16611
 Amount of Each Receipt this Period
 250.00
 contribution

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: (check only one)	PAGE 326 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Benjamin Robalino
Full Name (Last, First, Middle Initial)
Mailing Address 1217 S. Cynthia

City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	

Date of Receipt
07 / 15 / 2011
Transaction ID : SA11Al.15505

Amount of Each Receipt this Period
250.00
contribution

B. Benjamin Robalino
Full Name (Last, First, Middle Initial)
Mailing Address 1217 S. Cynthia

City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Date of Receipt
08 / 18 / 2011
Transaction ID : SA11Al.15720

Amount of Each Receipt this Period
250.00
contribution

C. Benjamin Robalino
Full Name (Last, First, Middle Initial)
Mailing Address 1217 S. Cynthia

City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	

Date of Receipt
09 / 09 / 2011
Transaction ID : SA11Al.15939

Amount of Each Receipt this Period
250.00
contribution

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: (check only one)	PAGE 327 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Benjamin Robalino
Full Name (Last, First, Middle Initial)
Mailing Address 1217 S. Cynthia

City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Date of Receipt
10 / 14 / 2011
Transaction ID : SA11AI.16157

Amount of Each Receipt this Period
250.00
contribution

B. Benjamin Robalino
Full Name (Last, First, Middle Initial)
Mailing Address 1217 S. Cynthia

City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	

Date of Receipt
11 / 10 / 2011
Transaction ID : SA11AI.16380

Amount of Each Receipt this Period
250.00
contribution

C. Benjamin Robalino
Full Name (Last, First, Middle Initial)
Mailing Address 1217 S. Cynthia

City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Date of Receipt
12 / 09 / 2011
Transaction ID : SA11AI.16612

Amount of Each Receipt this Period
250.00
contribution

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 328 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Mr. Martin Rocha

Mailing Address P.O. Box 662

City State Zip Code
Santa Rosa TX 78593

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : SA11AI.15506

Amount of Each Receipt this Period
 50.00
 contribution

Full Name (Last, First, Middle Initial)
B. Mr. Martin Rocha

Mailing Address P.O. Box 662

City State Zip Code
Santa Rosa TX 78593

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2011
Transaction ID : SA11AI.15721

Amount of Each Receipt this Period
 50.00
 contribution

Full Name (Last, First, Middle Initial)
C. Mr. Martin Rocha

Mailing Address P.O. Box 662

City State Zip Code
Santa Rosa TX 78593

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.15940

Amount of Each Receipt this Period
 50.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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 329 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Mr. Martin Rocha

Mailing Address P.O. Box 662

City State Zip Code
Santa Rosa TX 78593

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 / /
Transaction ID : SA11Al.16158

Amount of Each Receipt this Period

 contribution

Full Name (Last, First, Middle Initial)
B. Mr. Martin Rocha

Mailing Address P.O. Box 662

City State Zip Code
Santa Rosa TX 78593

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
 / /
Transaction ID : SA11Al.16381

Amount of Each Receipt this Period

 contribution

Full Name (Last, First, Middle Initial)
C. Mr. Martin Rocha

Mailing Address P.O. Box 662

City State Zip Code
Santa Rosa TX 78593

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 / /
Transaction ID : SA11Al.16613

Amount of Each Receipt this Period

 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶

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: (check only one)	PAGE 330 OF 435
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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) A. Paulette Saca		Date of Receipt MM / DD / YYYY 07 / 15 / 2011 Transaction ID : SA11AI.15507
Mailing Address 109 Condor		Amount of Each Receipt this Period 75.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 525.00	
Name of Employer self-employed	Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Paulette Saca		Date of Receipt MM / DD / YYYY 08 / 18 / 2011 Transaction ID : SA11AI.15722
Mailing Address 109 Condor		Amount of Each Receipt this Period 75.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 600.00	
Name of Employer self-employed	Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Paulette Saca		Date of Receipt MM / DD / YYYY 09 / 09 / 2011 Transaction ID : SA11AI.15941
Mailing Address 109 Condor		Amount of Each Receipt this Period 75.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 675.00	
Name of Employer self-employed	Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	225.00
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: (check only one)	PAGE 331 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Paulette Saca
Full Name (Last, First, Middle Initial)
Mailing Address 109 Condor

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation private investor
-----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

Transaction ID : SA11Al.16159

Amount of Each Receipt this Period

750.00

contribution

B. Paulette Saca
Full Name (Last, First, Middle Initial)
Mailing Address 109 Condor

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation private investor
-----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
825.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

Transaction ID : SA11Al.16382

Amount of Each Receipt this Period

75.00

contribution

C. Paulette Saca
Full Name (Last, First, Middle Initial)
Mailing Address 109 Condor

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation private investor
-----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

Transaction ID : SA11Al.16614

Amount of Each Receipt this Period

75.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	225.00
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: (check only one)	PAGE 332 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Javier Saenz
Full Name (Last, First, Middle Initial)

Mailing Address 2308 Monaco Drive

City mission State TX Zip Code 78574

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : SA11AI.15508

Amount of Each Receipt this Period
 400.00
 contribution

B. Javier Saenz
Full Name (Last, First, Middle Initial)

Mailing Address 2308 Monaco Drive

City mission State TX Zip Code 78574

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2011
Transaction ID : SA11AI.15723

Amount of Each Receipt this Period
 400.00
 contribution

C. Javier Saenz
Full Name (Last, First, Middle Initial)

Mailing Address 2308 Monaco Drive

City mission State TX Zip Code 78574

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.15942

Amount of Each Receipt this Period
 400.00
 contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
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: (check only one)	PAGE 333 OF 435
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Javier Saenz			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2011 Transaction ID : SA11AI.16160
Mailing Address 2308 Monaco Drive			Amount of Each Receipt this Period 400.00 contribution
City mission	State TX	Zip Code 78574	
FEC ID number of contributing federal political committee. C			
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00		

Full Name (Last, First, Middle Initial) B. Javier Saenz			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2011 Transaction ID : SA11AI.16383
Mailing Address 2308 Monaco Drive			Amount of Each Receipt this Period 400.00 contribution
City mission	State TX	Zip Code 78574	
FEC ID number of contributing federal political committee. C			
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4400.00		

Full Name (Last, First, Middle Initial) C. Javier Saenz			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 09 / 2011 Transaction ID : SA11AI.16615
Mailing Address 2308 Monaco Drive			Amount of Each Receipt this Period 400.00 contribution
City mission	State TX	Zip Code 78574	
FEC ID number of contributing federal political committee. C			
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4800.00		

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
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 334 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. JJ Saenz
 Full Name (Last, First, Middle Initial)
 Mailing Address 2400 S.E. Augusta Square
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : SA11AI.15509
 Amount of Each Receipt this Period
 250.00
 contribution

B. JJ Saenz
 Full Name (Last, First, Middle Initial)
 Mailing Address 2400 S.E. Augusta Square
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2011
Transaction ID : SA11AI.15724
 Amount of Each Receipt this Period
 250.00
 contribution

C. JJ Saenz
 Full Name (Last, First, Middle Initial)
 Mailing Address 2400 S.E. Augusta Square
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.15943
 Amount of Each Receipt this Period
 250.00
 contribution

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 335 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. JJ Saenz
 Full Name (Last, First, Middle Initial)
 Mailing Address 2400 S.E. Augusta Square
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.16161
 Amount of Each Receipt this Period
 250.00
 contribution

B. JJ Saenz
 Full Name (Last, First, Middle Initial)
 Mailing Address 2400 S.E. Augusta Square
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11AI.16384
 Amount of Each Receipt this Period
 250.00
 contribution

C. JJ Saenz
 Full Name (Last, First, Middle Initial)
 Mailing Address 2400 S.E. Augusta Square
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.16616
 Amount of Each Receipt this Period
 250.00
 contribution

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: (check only one)	PAGE 336 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Larry Safir
Full Name (Last, First, Middle Initial)

Mailing Address 3300 S. 2nd
suite 10

City mcallen State TX Zip Code 78503

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt
07 / 15 / 2011
Transaction ID : SA11AI.15510

Amount of Each Receipt this Period
250.00
contribution

B. Larry Safir
Full Name (Last, First, Middle Initial)

Mailing Address 3300 S. 2nd
suite 10

City mcallen State TX Zip Code 78503

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
08 / 18 / 2011
Transaction ID : SA11AI.15725

Amount of Each Receipt this Period
250.00
contribution

C. Larry Safir
Full Name (Last, First, Middle Initial)

Mailing Address 3300 S. 2nd
suite 10

City mcallen State TX Zip Code 78503

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt
09 / 09 / 2011
Transaction ID : SA11AI.15944

Amount of Each Receipt this Period
250.00
contribution

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: (check only one)	PAGE 337 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Larry Safir
Full Name (Last, First, Middle Initial)

Mailing Address 3300 S. 2nd
suite 10

City mcallen State TX Zip Code 78503

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
10 / 14 / 2011
Transaction ID : SA11AI.16162

Amount of Each Receipt this Period
250.00
contribution

B. Larry Safir
Full Name (Last, First, Middle Initial)

Mailing Address 3300 S. 2nd
suite 10

City mcallen State TX Zip Code 78503

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2900.00

Date of Receipt
11 / 10 / 2011
Transaction ID : SA11AI.16385

Amount of Each Receipt this Period
400.00
contribution

C. Larry Safir
Full Name (Last, First, Middle Initial)

Mailing Address 3300 S. 2nd
suite 10

City mcallen State TX Zip Code 78503

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3300.00

Date of Receipt
12 / 09 / 2011
Transaction ID : SA11AI.16617

Amount of Each Receipt this Period
400.00
contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1050.00

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: (check only one)	PAGE 338 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Juan Salazar
Full Name (Last, First, Middle Initial)

Mailing Address 801 E Nolana Loop

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2011

Transaction ID : SA11AI.15511

Amount of Each Receipt this Period

250.00

contribution

B. Juan Salazar
Full Name (Last, First, Middle Initial)

Mailing Address 801 E Nolana Loop

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2011

Transaction ID : SA11AI.15726

Amount of Each Receipt this Period

250.00

contribution

C. Juan Salazar
Full Name (Last, First, Middle Initial)

Mailing Address 801 E Nolana Loop

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2011

Transaction ID : SA11AI.15945

Amount of Each Receipt this Period

250.00

contribution

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: (check only one)	PAGE 339 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Juan Salazar
Full Name (Last, First, Middle Initial)

Mailing Address 801 E Nolana Loop

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

Transaction ID : SA11Al.16163

Amount of Each Receipt this Period

250.00

contribution

B. Juan Salazar
Full Name (Last, First, Middle Initial)

Mailing Address 801 E Nolana Loop

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

Transaction ID : SA11Al.16386

Amount of Each Receipt this Period

250.00

contribution

C. Juan Salazar
Full Name (Last, First, Middle Initial)

Mailing Address 801 E Nolana Loop

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

Transaction ID : SA11Al.16618

Amount of Each Receipt this Period

250.00

contribution

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: (check only one)	PAGE 340 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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) A. Elisa Garza Sanchez		Date of Receipt MM / DD / YYYY 07 / 15 / 2011 Transaction ID : SA11AI.15512
Mailing Address 3509 N. Glasscock		Amount of Each Receipt this Period 125.00 contribution
City Mission	State TX Zip Code 78574	
FEC ID number of contributing federal political committee.	C	
Name of Employer Self employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00	

Full Name (Last, First, Middle Initial) B. Elisa Garza Sanchez		Date of Receipt MM / DD / YYYY 08 / 18 / 2011 Transaction ID : SA11AI.15727
Mailing Address 3509 N. Glasscock		Amount of Each Receipt this Period 125.00 contribution
City Mission	State TX Zip Code 78574	
FEC ID number of contributing federal political committee.	C	
Name of Employer Self employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Elisa Garza Sanchez		Date of Receipt MM / DD / YYYY 09 / 09 / 2011 Transaction ID : SA11AI.15946
Mailing Address 3509 N. Glasscock		Amount of Each Receipt this Period 125.00 contribution
City Mission	State TX Zip Code 78574	
FEC ID number of contributing federal political committee.	C	
Name of Employer Self employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1125.00	

SUBTOTAL of Receipts This Page (optional).....▶	375.00
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: (check only one)	PAGE 341 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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) A. Elisa Garza Sanchez		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2011 Transaction ID : SA11AI.16164
Mailing Address 3509 N. Glasscock		Amount of Each Receipt this Period 125.00 contribution
City Mission	State TX	Zip Code 78574
FEC ID number of contributing federal political committee. C		
Name of Employer Self employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) B. Elisa Garza Sanchez		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2011 Transaction ID : SA11AI.16387
Mailing Address 3509 N. Glasscock		Amount of Each Receipt this Period 125.00 contribution
City Mission	State TX	Zip Code 78574
FEC ID number of contributing federal political committee. C		
Name of Employer Self employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1375.00	

Full Name (Last, First, Middle Initial) C. Elisa Garza Sanchez		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 09 / 2011 Transaction ID : SA11AI.16619
Mailing Address 3509 N. Glasscock		Amount of Each Receipt this Period 125.00 contribution
City Mission	State TX	Zip Code 78574
FEC ID number of contributing federal political committee. C		
Name of Employer Self employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional).....▶	375.00
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: (check only one)	PAGE 342 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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) A. Mr. Victor Sanchez		Date of Receipt MM / DD / YYYY 07 / 15 / 2011 Transaction ID : SA11AI.15513
Mailing Address P.O. Box 1868		Amount of Each Receipt this Period 250.00 contribution
City McAllen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	

Full Name (Last, First, Middle Initial) B. Mr. Victor Sanchez		Date of Receipt MM / DD / YYYY 08 / 18 / 2011 Transaction ID : SA11AI.15728
Mailing Address P.O. Box 1868		Amount of Each Receipt this Period 250.00 contribution
City McAllen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Mr. Victor Sanchez		Date of Receipt MM / DD / YYYY 09 / 09 / 2011 Transaction ID : SA11AI.15947
Mailing Address P.O. Box 1868		Amount of Each Receipt this Period 250.00 contribution
City McAllen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	

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: (check only one)	PAGE 343 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Mr. Victor Sanchez
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 1868

City McAllen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Date of Receipt
10 / 14 / 2011
Transaction ID : SA11Al.16165

Amount of Each Receipt this Period
250.00
contribution

B. Mr. Victor Sanchez
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 1868

City McAllen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	

Date of Receipt
11 / 10 / 2011
Transaction ID : SA11Al.16388

Amount of Each Receipt this Period
250.00
contribution

C. Mr. Victor Sanchez
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 1868

City McAllen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Date of Receipt
12 / 09 / 2011
Transaction ID : SA11Al.16620

Amount of Each Receipt this Period
250.00
contribution

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: (check only one)	PAGE 344 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Luis San Miguel
Full Name (Last, First, Middle Initial)

Mailing Address 1912 Fair Oak

City Mission	State TX	Zip Code 78574
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2011

Transaction ID : SA11Al.15514

Amount of Each Receipt this Period

100.00

contribution

B. Luis San Miguel
Full Name (Last, First, Middle Initial)

Mailing Address 1912 Fair Oak

City Mission	State TX	Zip Code 78574
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2011

Transaction ID : SA11Al.15729

Amount of Each Receipt this Period

100.00

contribution

C. Luis San Miguel
Full Name (Last, First, Middle Initial)

Mailing Address 1912 Fair Oak

City Mission	State TX	Zip Code 78574
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2011

Transaction ID : SA11Al.15948

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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: (check only one)	PAGE 345 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Luis San Miguel
Full Name (Last, First, Middle Initial)

Mailing Address 1912 Fair Oak

City Mission	State TX	Zip Code 78574
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

Transaction ID : SA11Al.16166

Amount of Each Receipt this Period

100.00

contribution

B. Luis San Miguel
Full Name (Last, First, Middle Initial)

Mailing Address 1912 Fair Oak

City Mission	State TX	Zip Code 78574
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

Transaction ID : SA11Al.16389

Amount of Each Receipt this Period

100.00

contribution

C. Luis San Miguel
Full Name (Last, First, Middle Initial)

Mailing Address 1912 Fair Oak

City Mission	State TX	Zip Code 78574
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

Transaction ID : SA11Al.16621

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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: (check only one)	PAGE 346 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Dr. Manuel Seas
Full Name (Last, First, Middle Initial)
Mailing Address 5714 N. 6th Street

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2011

Transaction ID : SA11Al.15515

Amount of Each Receipt this Period

30.00

contribution

B. Dr. Manuel Seas
Full Name (Last, First, Middle Initial)
Mailing Address 5714 N. 6th Street

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2011

Transaction ID : SA11Al.15730

Amount of Each Receipt this Period

30.00

contribution

C. Dr. Manuel Seas
Full Name (Last, First, Middle Initial)
Mailing Address 5714 N. 6th Street

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2011

Transaction ID : SA11Al.15949

Amount of Each Receipt this Period

30.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	90.00
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: (check only one)	PAGE 347 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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) A. Dr. Manuel Seas		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2011
Mailing Address 5714 N. 6th Street		Transaction ID : SA11Al.16167
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00	
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Manuel Seas		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2011
Mailing Address 5714 N. 6th Street		Transaction ID : SA11Al.16390
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00	
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) C. Dr. Manuel Seas		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 09 / 2011
Mailing Address 5714 N. 6th Street		Transaction ID : SA11Al.16622
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00	
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional).....▶	90.00
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: (check only one)	PAGE 348 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)
A. Michael Seiba

Mailing Address P. O. Box 4556

City State Zip Code
mcallen TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 14 / 2011
Transaction ID : SA11AI.15992

Amount of Each Receipt this Period
250.00
contribution

Full Name (Last, First, Middle Initial)
B. Michael Seiba

Mailing Address P. O. Box 4556

City State Zip Code
mcallen TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 10 / 2011
Transaction ID : SA11AI.16391

Amount of Each Receipt this Period
250.00
contribution

Full Name (Last, First, Middle Initial)
C. Michael Seiba

Mailing Address P. O. Box 4556

City State Zip Code
mcallen TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2011
Transaction ID : SA11AI.16623

Amount of Each Receipt this Period
250.00
contribution

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: (check only one)	PAGE 349 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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) A. Dr. Samuel Serna		Date of Receipt MM / DD / YYYY 07 / 15 / 2011 Transaction ID : SA11Al.15516
Mailing Address 125 E. Cornell		Amount of Each Receipt this Period 100.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employee	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) B. Dr. Samuel Serna		Date of Receipt MM / DD / YYYY 08 / 18 / 2011 Transaction ID : SA11Al.15731
Mailing Address 125 E. Cornell		Amount of Each Receipt this Period 100.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employee	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) C. Dr. Samuel Serna		Date of Receipt MM / DD / YYYY 09 / 09 / 2011 Transaction ID : SA11Al.15950
Mailing Address 125 E. Cornell		Amount of Each Receipt this Period 100.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employee	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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: (check only one)	PAGE 350 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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) A. Dr. Samuel Serna		Date of Receipt M M / D D / Y Y Y Y Y 10 / 14 / 2011 Transaction ID : SA11Al.16168
Mailing Address 125 E. Cornell		Amount of Each Receipt this Period 100.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employee	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Samuel Serna		Date of Receipt M M / D D / Y Y Y Y Y 11 / 10 / 2011 Transaction ID : SA11Al.16392
Mailing Address 125 E. Cornell		Amount of Each Receipt this Period 100.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employee	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) C. Dr. Samuel Serna		Date of Receipt M M / D D / Y Y Y Y Y 12 / 09 / 2011 Transaction ID : SA11Al.16624
Mailing Address 125 E. Cornell		Amount of Each Receipt this Period 100.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employee	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 351 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Tawhid Shuaib
 Full Name (Last, First, Middle Initial)
 Mailing Address 4000 Burns Drive
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : SA11AI.15517
 Amount of Each Receipt this Period
 400.00
 contribution

B. Tawhid Shuaib
 Full Name (Last, First, Middle Initial)
 Mailing Address 4000 Burns Drive
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2011
Transaction ID : SA11AI.15732
 Amount of Each Receipt this Period
 400.00
 contribution

C. Tawhid Shuaib
 Full Name (Last, First, Middle Initial)
 Mailing Address 4000 Burns Drive
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.15951
 Amount of Each Receipt this Period
 400.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1200.00
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: (check only one)	PAGE 352 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Tawhid Shuaib
Full Name (Last, First, Middle Initial)
Mailing Address 4000 Burns Drive

City mcallen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

Transaction ID : SA11Al.16169

Amount of Each Receipt this Period

400.00

contribution

B. Tawhid Shuaib
Full Name (Last, First, Middle Initial)
Mailing Address 4000 Burns Drive

City mcallen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

Transaction ID : SA11Al.16393

Amount of Each Receipt this Period

400.00

contribution

C. Tawhid Shuaib
Full Name (Last, First, Middle Initial)
Mailing Address 4000 Burns Drive

City mcallen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

Transaction ID : SA11Al.16625

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
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: (check only one)	PAGE 353 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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) A. Ms Pamela Sifuentes		Date of Receipt
Mailing Address 1801 Conch Key		<input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
City	State	Zip Code
Weslaco	TX	78596
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.15952
self-employed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="225.00"/>	<input type="text" value="25.00"/>
<input type="checkbox"/> Other (specify) ▼		contribution

Full Name (Last, First, Middle Initial) B. Ms Pamela Sifuentes		Date of Receipt
Mailing Address 1801 Conch Key		<input type="text" value="10"/> / <input type="text" value="14"/> / <input type="text" value="2011"/>
City	State	Zip Code
Weslaco	TX	78596
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.16170
self-employed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	<input type="text" value="25.00"/>
<input type="checkbox"/> Other (specify) ▼		contribution

Full Name (Last, First, Middle Initial) C. Dennis Slavin		Date of Receipt
Mailing Address 1501 S. Oklahoma		<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
City	State	Zip Code
weslaco	TX	78596
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.15519
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="350.00"/>	<input type="text" value="50.00"/>
<input type="checkbox"/> Other (specify) ▼		contribution

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="100.00"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 356 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Hilda Solis

Mailing Address P.O.Box 3302

City State Zip Code
McAllen TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self employed private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 / /
 10 / 14 / 2011
Transaction ID : SA11Al.16172

Amount of Each Receipt this Period
 25.00
 contribution

Full Name (Last, First, Middle Initial)
B. Hilda Solis

Mailing Address P.O.Box 3302

City State Zip Code
McAllen TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self employed private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
 / /
 11 / 10 / 2011
Transaction ID : SA11Al.16396

Amount of Each Receipt this Period
 25.00
 contribution

Full Name (Last, First, Middle Initial)
C. Hilda Solis

Mailing Address P.O.Box 3302

City State Zip Code
McAllen TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self employed private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 / /
 12 / 09 / 2011
Transaction ID : SA11Al.16627

Amount of Each Receipt this Period
 25.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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 357 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Joel Solis

Mailing Address 405 E. Avocet

City Mcallen State TX Zip Code 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **959.93**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15521

Amount of Each Receipt this Period
159.35

contribution

Full Name (Last, First, Middle Initial)
B. Joel Solis

Mailing Address 405 E. Avocet

City Mcallen State TX Zip Code 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1089.89**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15736

Amount of Each Receipt this Period
129.96

contribution

Full Name (Last, First, Middle Initial)
C. Joel Solis

Mailing Address 405 E. Avocet

City Mcallen State TX Zip Code 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1237.01**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11AI.15955

Amount of Each Receipt this Period
147.12

contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ **436.43**

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: (check only one)	PAGE 358 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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) A. Joel Solis		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2011 Transaction ID : SA11Al.16173
Mailing Address 405 E. Avocet		Amount of Each Receipt this Period 115.24 contribution
City Mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee.	C	
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1352.25	

Full Name (Last, First, Middle Initial) B. Joel Solis		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2011 Transaction ID : SA11Al.16397
Mailing Address 405 E. Avocet		Amount of Each Receipt this Period 102.98 contribution
City Mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee.	C	
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1455.23	

Full Name (Last, First, Middle Initial) C. Joel Solis		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 09 / 2011 Transaction ID : SA11Al.16628
Mailing Address 405 E. Avocet		Amount of Each Receipt this Period 110.34 contribution
City Mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee.	C	
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1565.57	

SUBTOTAL of Receipts This Page (optional).....▶	328.56
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: (check only one)	PAGE 359 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Dr. Hector Soto
Full Name (Last, First, Middle Initial)
Mailing Address 101 South Greenbriar

City McAllen	State TX	Zip Code 78502
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2011

Transaction ID : SA11Al.15522

Amount of Each Receipt this Period

400.00

contribution

B. Dr. Hector Soto
Full Name (Last, First, Middle Initial)
Mailing Address 101 South Greenbriar

City McAllen	State TX	Zip Code 78502
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2011

Transaction ID : SA11Al.15737

Amount of Each Receipt this Period

400.00

contribution

C. Dr. Hector Soto
Full Name (Last, First, Middle Initial)
Mailing Address 101 South Greenbriar

City McAllen	State TX	Zip Code 78502
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2011

Transaction ID : SA11Al.15956

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
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 360 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Hector Soto
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 South Greenbriar
 City State Zip Code
 McAllen TX 78502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self-employee physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.16174
 Amount of Each Receipt this Period
 400.00
 contribution

B. Dr. Hector Soto
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 South Greenbriar
 City State Zip Code
 McAllen TX 78502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self-employee physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 4400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11AI.16398
 Amount of Each Receipt this Period
 400.00
 contribution

C. Dr. Hector Soto
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 South Greenbriar
 City State Zip Code
 McAllen TX 78502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self-employee physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 4800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.16629
 Amount of Each Receipt this Period
 400.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1200.00
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: (check only one)	PAGE 361 OF 435
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Dr. Nelson Spinetti
 Full Name (Last, First, Middle Initial)
 Mailing Address 2707 Cornerstone Blvd
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation self-employee physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11AI.16399
 Amount of Each Receipt this Period
 20.00
 contribution

B. Dr. Nelson Spinetti
 Full Name (Last, First, Middle Initial)
 Mailing Address 2707 Cornerstone Blvd
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation self-employee physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.16630
 Amount of Each Receipt this Period
 20.00
 contribution

C. Mr. Raul Sustaita
 Full Name (Last, First, Middle Initial)
 Mailing Address 1602 Scobey
 City Donna State TX Zip Code 78537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.15958
 Amount of Each Receipt this Period
 25.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 65.00
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 362 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Mr. Raul Sustaita

Mailing Address 1602 Scobey

City Donna State TX Zip Code 78537

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.16176

Amount of Each Receipt this Period
 25.00
 contribution

Full Name (Last, First, Middle Initial)
B. Mr. Raul Sustaita

Mailing Address 1602 Scobey

City Donna State TX Zip Code 78537

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11AI.16400

Amount of Each Receipt this Period
 25.00
 contribution

Full Name (Last, First, Middle Initial)
C. Mr. Raul Sustaita

Mailing Address 1602 Scobey

City Donna State TX Zip Code 78537

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.16631

Amount of Each Receipt this Period
 25.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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: (check only one)	PAGE 363 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Alejandro Tey
Full Name (Last, First, Middle Initial)

Mailing Address 3012 Laurie Lane

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt
07 / 15 / 2011
Transaction ID : SA11Al.15525

Amount of Each Receipt this Period
250.00
contribution

B. Alejandro Tey
Full Name (Last, First, Middle Initial)

Mailing Address 3012 Laurie Lane

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
08 / 18 / 2011
Transaction ID : SA11Al.15740

Amount of Each Receipt this Period
250.00
contribution

C. Alejandro Tey
Full Name (Last, First, Middle Initial)

Mailing Address 3012 Laurie Lane

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt
09 / 09 / 2011
Transaction ID : SA11Al.15959

Amount of Each Receipt this Period
250.00
contribution

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: (check only one)	PAGE 364 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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) A. Alejandro Tey		Date of Receipt
Mailing Address 3012 Laurie Lane		<input type="text" value="10"/> / <input type="text" value="14"/> / <input type="text" value="2011"/>
City	State	Zip Code
Edinburg	TX	78539
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11Al.16177
Name of Employer	Occupation	Amount of Each Receipt this Period
Self employed	physician	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Alejandro Tey		Date of Receipt
Mailing Address 3012 Laurie Lane		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
City	State	Zip Code
Edinburg	TX	78539
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11Al.16401
Name of Employer	Occupation	Amount of Each Receipt this Period
Self employed	physician	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2750.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Alejandro Tey		Date of Receipt
Mailing Address 3012 Laurie Lane		<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
City	State	Zip Code
Edinburg	TX	78539
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11Al.16632
Name of Employer	Occupation	Amount of Each Receipt this Period
Self employed	physician	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="3000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 365 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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) A. Jose Trejo		Date of Receipt MM / DD / YYYY 07 / 15 / 2011 Transaction ID : SA11AI.15526
Mailing Address 112 S. Broadway		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	

Full Name (Last, First, Middle Initial) B. Jose Trejo		Date of Receipt MM / DD / YYYY 08 / 18 / 2011 Transaction ID : SA11AI.15741
Mailing Address 112 S. Broadway		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Jose Trejo		Date of Receipt MM / DD / YYYY 09 / 09 / 2011 Transaction ID : SA11AI.15960
Mailing Address 112 S. Broadway		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	

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 366 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Jose Trejo
 Full Name (Last, First, Middle Initial)
 Mailing Address 112 S. Broadway
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.16178
 Amount of Each Receipt this Period
 250.00
 contribution

B. Jose Trejo
 Full Name (Last, First, Middle Initial)
 Mailing Address 112 S. Broadway
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11AI.16402
 Amount of Each Receipt this Period
 250.00
 contribution

C. Jose Trejo
 Full Name (Last, First, Middle Initial)
 Mailing Address 112 S. Broadway
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.16633
 Amount of Each Receipt this Period
 250.00
 contribution

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 367 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Dr. Krishna Turlapati

Mailing Address 9123 1st Street

City State Zip Code
McAllen TX 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : SA11AI.15528

Amount of Each Receipt this Period
 100.00
 contribution

Full Name (Last, First, Middle Initial)
B. Dr. Krishna Turlapati

Mailing Address 9123 1st Street

City State Zip Code
McAllen TX 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2011
Transaction ID : SA11AI.15743

Amount of Each Receipt this Period
 100.00
 contribution

Full Name (Last, First, Middle Initial)
C. Dr. Krishna Turlapati

Mailing Address 9123 1st Street

City State Zip Code
McAllen TX 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.15962

Amount of Each Receipt this Period
 100.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00

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: (check only one)	PAGE 368 OF 435
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Krishna Turlapati
 Full Name (Last, First, Middle Initial)
 Mailing Address 9123 1st Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.16180
 Amount of Each Receipt this Period
 100.00
 contribution

B. Dr. Krishna Turlapati
 Full Name (Last, First, Middle Initial)
 Mailing Address 9123 1st Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11AI.16404
 Amount of Each Receipt this Period
 100.00
 contribution

C. Dr. Krishna Turlapati
 Full Name (Last, First, Middle Initial)
 Mailing Address 9123 1st Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.16635
 Amount of Each Receipt this Period
 100.00
 contribution

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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: (check only one)	PAGE 369 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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) A. Susan Turley		Date of Receipt MM / DD / YYYY 07 / 15 / 2011 Transaction ID : SA11AI.15529
Mailing Address 312 Thunderbird		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	

Full Name (Last, First, Middle Initial) B. Susan Turley		Date of Receipt MM / DD / YYYY 08 / 18 / 2011 Transaction ID : SA11AI.15744
Mailing Address 312 Thunderbird		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Susan Turley		Date of Receipt MM / DD / YYYY 09 / 09 / 2011 Transaction ID : SA11AI.15963
Mailing Address 312 Thunderbird		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	

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: (check only one)	PAGE 370 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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) A. Susan Turley		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2011
Mailing Address 312 Thunderbird		Transaction ID : SA11Al.16181
City mcallen	State TX	Zip Code 78504
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. Susan Turley		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2011
Mailing Address 312 Thunderbird		Transaction ID : SA11Al.16405
City mcallen	State TX	Zip Code 78504
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	

Full Name (Last, First, Middle Initial) C. Susan Turley		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 09 / 2011
Mailing Address 312 Thunderbird		Transaction ID : SA11Al.16636
City mcallen	State TX	Zip Code 78504
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

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: (check only one)	PAGE 371 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Marcel Twahirwa
Full Name (Last, First, Middle Initial)

Mailing Address 2403 El Encino Drive

City mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011

Transaction ID : SA11AI.15530

Amount of Each Receipt this Period
 250.00

contribution

B. Marcel Twahirwa
Full Name (Last, First, Middle Initial)

Mailing Address 2403 El Encino Drive

City mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2011

Transaction ID : SA11AI.15745

Amount of Each Receipt this Period
 250.00

contribution

C. Marcel Twahirwa
Full Name (Last, First, Middle Initial)

Mailing Address 2403 El Encino Drive

City mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011

Transaction ID : SA11AI.15964

Amount of Each Receipt this Period
 250.00

contribution

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: (check only one)	PAGE 372 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Marcel Twahirwa
Full Name (Last, First, Middle Initial)

Mailing Address 2403 El Encino Drive

City mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.16182

Amount of Each Receipt this Period
 250.00
 contribution

B. Marcel Twahirwa
Full Name (Last, First, Middle Initial)

Mailing Address 2403 El Encino Drive

City mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11AI.16406

Amount of Each Receipt this Period
 250.00
 contribution

C. Marcel Twahirwa
Full Name (Last, First, Middle Initial)

Mailing Address 2403 El Encino Drive

City mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.16637

Amount of Each Receipt this Period
 250.00
 contribution

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: (check only one)	PAGE 373 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Dr. Theresa Valladares
Full Name (Last, First, Middle Initial)

Mailing Address 2302 Red River Drive

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2011

Transaction ID : SA11AI.15531

Amount of Each Receipt this Period

100.00

contribution

B. Dr. Theresa Valladares
Full Name (Last, First, Middle Initial)

Mailing Address 2302 Red River Drive

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2011

Transaction ID : SA11AI.15746

Amount of Each Receipt this Period

100.00

contribution

C. Dr. Theresa Valladares
Full Name (Last, First, Middle Initial)

Mailing Address 2302 Red River Drive

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2011

Transaction ID : SA11AI.15965

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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: (check only one)	PAGE 374 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Dr. Theresa Valladares

Full Name (Last, First, Middle Initial)
Mailing Address 2302 Red River Drive

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer
selfemployed

Occupation
physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

Transaction ID : SA11Al.16183

Amount of Each Receipt this Period

100.00

contribution

B. Dr. Theresa Valladares

Full Name (Last, First, Middle Initial)
Mailing Address 2302 Red River Drive

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer
selfemployed

Occupation
physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

Transaction ID : SA11Al.16407

Amount of Each Receipt this Period

100.00

contribution

C. Dr. Theresa Valladares

Full Name (Last, First, Middle Initial)
Mailing Address 2302 Red River Drive

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer
selfemployed

Occupation
physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

Transaction ID : SA11Al.16638

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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: (check only one)	PAGE 375 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Jose Vasquez
Full Name (Last, First, Middle Initial)

Mailing Address 2548 Palm Circle

City State Zip Code
rio grande city TX 78582

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2011
Transaction ID : SA11AI.15439

Amount of Each Receipt this Period
250.00
contribution

B. Jose Vasquez
Full Name (Last, First, Middle Initial)

Mailing Address 2548 Palm Circle

City State Zip Code
rio grande city TX 78582

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
08 / 18 / 2011
Transaction ID : SA11AI.15747

Amount of Each Receipt this Period
250.00
contribution

C. Jose Vasquez
Full Name (Last, First, Middle Initial)

Mailing Address 2548 Palm Circle

City State Zip Code
rio grande city TX 78582

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt
MM / DD / YYYY
09 / 09 / 2011
Transaction ID : SA11AI.15966

Amount of Each Receipt this Period
250.00
contribution

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: (check only one)	PAGE 376 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Jose Vasquez
Full Name (Last, First, Middle Initial)

Mailing Address 2548 Palm Circle

City State Zip Code
rio grande city TX 78582

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 14 / 2011
Transaction ID : SA11AI.16184

Amount of Each Receipt this Period
250.00
contribution

B. Jose Vasquez
Full Name (Last, First, Middle Initial)

Mailing Address 2548 Palm Circle

City State Zip Code
rio grande city TX 78582

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2750.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 10 / 2011
Transaction ID : SA11AI.16408

Amount of Each Receipt this Period
250.00
contribution

C. Jose Vasquez
Full Name (Last, First, Middle Initial)

Mailing Address 2548 Palm Circle

City State Zip Code
rio grande city TX 78582

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2011
Transaction ID : SA11AI.16639

Amount of Each Receipt this Period
250.00
contribution

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: (check only one)	PAGE 377 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Dr. Efraim Vela
Full Name (Last, First, Middle Initial)
Mailing Address 100 E. Ridge Road #B
City McAllen State TX Zip Code 78503
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1750.00**

Date of Receipt **07 / 15 / 2011**
Transaction ID : SA11AI.15532
Amount of Each Receipt this Period **250.00**
contribution

B. Dr. Efraim Vela
Full Name (Last, First, Middle Initial)
Mailing Address 100 E. Ridge Road #B
City McAllen State TX Zip Code 78503
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **2000.00**

Date of Receipt **08 / 18 / 2011**
Transaction ID : SA11AI.15748
Amount of Each Receipt this Period **250.00**
contribution

C. Dr. Efraim Vela
Full Name (Last, First, Middle Initial)
Mailing Address 100 E. Ridge Road #B
City McAllen State TX Zip Code 78503
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **2250.00**

Date of Receipt **09 / 09 / 2011**
Transaction ID : SA11AI.15967
Amount of Each Receipt this Period **250.00**
contribution

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: (check only one)	PAGE 378 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Dr. Efraim Vela
Full Name (Last, First, Middle Initial)
Mailing Address 100 E. Ridge Road #B
City McAllen State TX Zip Code 78503
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **2500.00**

Date of Receipt **10 / 14 / 2011**
Transaction ID : SA11AI.16185
Amount of Each Receipt this Period **250.00**
contribution

B. Dr. Efraim Vela
Full Name (Last, First, Middle Initial)
Mailing Address 100 E. Ridge Road #B
City McAllen State TX Zip Code 78503
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **2750.00**

Date of Receipt **11 / 10 / 2011**
Transaction ID : SA11AI.16409
Amount of Each Receipt this Period **250.00**
contribution

C. Dr. Efraim Vela
Full Name (Last, First, Middle Initial)
Mailing Address 100 E. Ridge Road #B
City McAllen State TX Zip Code 78503
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **3000.00**

Date of Receipt **12 / 09 / 2011**
Transaction ID : SA11AI.16640
Amount of Each Receipt this Period **250.00**
contribution

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: (check only one)	PAGE 379 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Mr. Rolando Velazquez
Full Name (Last, First, Middle Initial)

Mailing Address Rt 2 Box 658

City Raymondville	State TX	Zip Code 78580
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2011

Transaction ID : SA11AI.15533

Amount of Each Receipt this Period

50.00

contribution

B. Mr. Rolando Velazquez
Full Name (Last, First, Middle Initial)

Mailing Address Rt 2 Box 658

City Raymondville	State TX	Zip Code 78580
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2011

Transaction ID : SA11AI.15749

Amount of Each Receipt this Period

50.00

contribution

C. Mr. Rolando Velazquez
Full Name (Last, First, Middle Initial)

Mailing Address Rt 2 Box 658

City Raymondville	State TX	Zip Code 78580
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2011

Transaction ID : SA11AI.15968

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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 380 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Mr. Rolando Velazquez
 Full Name (Last, First, Middle Initial)
 Mailing Address Rt 2 Box 658
 City Raymondville State TX Zip Code 78580
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11Al.16186
 Amount of Each Receipt this Period
 50.00
 contribution

B. Mr. Rolando Velazquez
 Full Name (Last, First, Middle Initial)
 Mailing Address Rt 2 Box 658
 City Raymondville State TX Zip Code 78580
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11Al.16410
 Amount of Each Receipt this Period
 50.00
 contribution

C. Mr. Rolando Velazquez
 Full Name (Last, First, Middle Initial)
 Mailing Address Rt 2 Box 658
 City Raymondville State TX Zip Code 78580
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11Al.16641
 Amount of Each Receipt this Period
 50.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00
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: (check only one)	PAGE 381 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Ramiro Verdoreen
Full Name (Last, First, Middle Initial)

Mailing Address 301 E. Newport

City mcallen State TX Zip Code 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : SA11Al.15534

Amount of Each Receipt this Period
 400.00
 contribution

B. Ramiro Verdoreen
Full Name (Last, First, Middle Initial)

Mailing Address 301 E. Newport

City mcallen State TX Zip Code 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2011
Transaction ID : SA11Al.15750

Amount of Each Receipt this Period
 400.00
 contribution

C. Ramiro Verdoreen
Full Name (Last, First, Middle Initial)

Mailing Address 301 E. Newport

City mcallen State TX Zip Code 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11Al.15969

Amount of Each Receipt this Period
 400.00
 contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
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: (check only one)	PAGE 382 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Ramiro Verdoreen
Full Name (Last, First, Middle Initial)

Mailing Address 301 E. Newport

City mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

Transaction ID : SA11Al.16187

Amount of Each Receipt this Period

400.00

contribution

B. Ramiro Verdoreen
Full Name (Last, First, Middle Initial)

Mailing Address 301 E. Newport

City mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

Transaction ID : SA11Al.16411

Amount of Each Receipt this Period

400.00

contribution

C. Ramiro Verdoreen
Full Name (Last, First, Middle Initial)

Mailing Address 301 E. Newport

City mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

Transaction ID : SA11Al.16642

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
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: (check only one)	PAGE 383 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Carlos Villalta
Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 1632

City mission State TX Zip Code 78573

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **875.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15535

Amount of Each Receipt this Period
125.00

contribution

B. Carlos Villalta
Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 1632

City mission State TX Zip Code 78573

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15751

Amount of Each Receipt this Period
125.00

contribution

C. Carlos Villalta
Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 1632

City mission State TX Zip Code 78573

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1125.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11AI.15970

Amount of Each Receipt this Period
125.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ **375.00**

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: (check only one)	PAGE 384 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Carlos Villalta
Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 1632

City mission State TX Zip Code 78573

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11Al.16188

Amount of Each Receipt this Period
 125.00
 contribution

B. Carlos Villalta
Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 1632

City mission State TX Zip Code 78573

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11Al.16412

Amount of Each Receipt this Period
 125.00
 contribution

C. Carlos Villalta
Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 1632

City mission State TX Zip Code 78573

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11Al.16643

Amount of Each Receipt this Period
 125.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 375.00

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: (check only one)	PAGE 385 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Rita Villanueva
Full Name (Last, First, Middle Initial)

Mailing Address 801 E. Nolana
Suite 4

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
962.38

Date of Receipt
07 / 15 / 2011
Transaction ID : SA11Al.15536

Amount of Each Receipt this Period
159.76
contribution

B. Rita Villanueva
Full Name (Last, First, Middle Initial)

Mailing Address 801 E. Nolana
Suite 4

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1092.67

Date of Receipt
08 / 18 / 2011
Transaction ID : SA11Al.15752

Amount of Each Receipt this Period
130.29
contribution

C. Rita Villanueva
Full Name (Last, First, Middle Initial)

Mailing Address 801 E. Nolana
Suite 4

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1240.17

Date of Receipt
09 / 09 / 2011
Transaction ID : SA11Al.15971

Amount of Each Receipt this Period
147.50
contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 437.55

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: (check only one)	PAGE 386 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Rita Villanueva
Full Name (Last, First, Middle Initial)

Mailing Address 801 E. Nolana
Suite 4

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1355.71

Date of Receipt
10 / 14 / 2011
Transaction ID : SA11Al.16189

Amount of Each Receipt this Period
115.54
contribution

B. Rita Villanueva
Full Name (Last, First, Middle Initial)

Mailing Address 801 E. Nolana
Suite 4

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1458.96

Date of Receipt
11 / 10 / 2011
Transaction ID : SA11Al.16413

Amount of Each Receipt this Period
103.25
contribution

C. Rita Villanueva
Full Name (Last, First, Middle Initial)

Mailing Address 801 E. Nolana
Suite 4

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1569.58

Date of Receipt
12 / 09 / 2011
Transaction ID : SA11Al.16644

Amount of Each Receipt this Period
110.62
contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 329.41

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: (check only one)	PAGE 387 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Victor Villarreal
Full Name (Last, First, Middle Initial)

Mailing Address 901 W. Moore

City pharr	State TX	Zip Code 78577
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
786.79

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2011

Transaction ID : SA11Al.15537

Amount of Each Receipt this Period

130.61

contribution

B. Victor Villarreal
Full Name (Last, First, Middle Initial)

Mailing Address 901 W. Moore

City pharr	State TX	Zip Code 78577
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
893.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2011

Transaction ID : SA11Al.15753

Amount of Each Receipt this Period

106.52

contribution

C. Victor Villarreal
Full Name (Last, First, Middle Initial)

Mailing Address 901 W. Moore

City pharr	State TX	Zip Code 78577
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1013.89

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2011

Transaction ID : SA11Al.15792

Amount of Each Receipt this Period

120.58

contribution

SUBTOTAL of Receipts This Page (optional).....▶	357.71
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: (check only one)	PAGE 388 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Victor Villarreal
Full Name (Last, First, Middle Initial)

Mailing Address 901 W. Moore

City pharr State TX Zip Code 78577

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1108.35**

Date of Receipt
 / /
10 / 14 / 2011

Transaction ID : SA11Al.16190

Amount of Each Receipt this Period
 94.46

contribution

B. Victor Villarreal
Full Name (Last, First, Middle Initial)

Mailing Address 901 W. Moore

City pharr State TX Zip Code 78577

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1192.76**

Date of Receipt
 / /
11 / 10 / 2011

Transaction ID : SA11Al.16414

Amount of Each Receipt this Period
 84.41

contribution

C. Victor Villarreal
Full Name (Last, First, Middle Initial)

Mailing Address 901 W. Moore

City pharr State TX Zip Code 78577

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1283.20**

Date of Receipt
 / /
12 / 09 / 2011

Transaction ID : SA11Al.16645

Amount of Each Receipt this Period
 90.44

contribution

SUBTOTAL of Receipts This Page (optional).....▶	269.31
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: (check only one)	PAGE 389 OF 435
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Roger Vitko		Date of Receipt MM / DD / YYYY 07 / 15 / 2011 Transaction ID : SA11AI.15538
Mailing Address 1017 south 1st		Amount of Each Receipt this Period 150.00 contribution
City mcallen	State TX	Zip Code 78502
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 1050.00	
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Roger Vitko		Date of Receipt MM / DD / YYYY 08 / 18 / 2011 Transaction ID : SA11AI.15754
Mailing Address 1017 south 1st		Amount of Each Receipt this Period 150.00 contribution
City mcallen	State TX	Zip Code 78502
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 1200.00	
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Roger Vitko		Date of Receipt MM / DD / YYYY 09 / 09 / 2011 Transaction ID : SA11AI.15973
Mailing Address 1017 south 1st		Amount of Each Receipt this Period 150.00 contribution
City mcallen	State TX	Zip Code 78502
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 1350.00	
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	450.00
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: (check only one)	PAGE 390 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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) A. Roger Vitko		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2011
Mailing Address 1017 south 1st		Transaction ID : SA11Al.16191
City mcallen	State TX	Zip Code 78502
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer self-employed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. Roger Vitko		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2011
Mailing Address 1017 south 1st		Transaction ID : SA11Al.16415
City mcallen	State TX	Zip Code 78502
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer self-employed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00	

Full Name (Last, First, Middle Initial) C. Roger Vitko		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 09 / 2011
Mailing Address 1017 south 1st		Transaction ID : SA11Al.16646
City mcallen	State TX	Zip Code 78502
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer self-employed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

SUBTOTAL of Receipts This Page (optional).....▶	450.00
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: (check only one)	PAGE 391 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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) A. Raymond Walker		Date of Receipt
Mailing Address 1117 Shallow apt 4		<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.15539
Name of Employer self-employed	Occupation private investor	Amount of Each Receipt this Period <input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1750.00"/>	contribution

Full Name (Last, First, Middle Initial) B. Raymond Walker		Date of Receipt
Mailing Address 1117 Shallow apt 4		<input type="text" value="08"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.15755
Name of Employer self-employed	Occupation private investor	Amount of Each Receipt this Period <input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2000.00"/>	contribution

Full Name (Last, First, Middle Initial) C. Raymond Walker		Date of Receipt
Mailing Address 1117 Shallow apt 4		<input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.15974
Name of Employer self-employed	Occupation private investor	Amount of Each Receipt this Period <input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2250.00"/>	contribution

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 392 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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) A. Raymond Walker		Date of Receipt
Mailing Address 1117 Shallow apt 4		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.16192
Name of Employer self-employed		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Occupation private investor		contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2500.00"/>	

Full Name (Last, First, Middle Initial) B. Raymond Walker		Date of Receipt
Mailing Address 1117 Shallow apt 4		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.16416
Name of Employer self-employed		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Occupation private investor		contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2750.00"/>	

Full Name (Last, First, Middle Initial) C. Raymond Walker		Date of Receipt
Mailing Address 1117 Shallow apt 4		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.16647
Name of Employer self-employed		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Occupation private investor		contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="3000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 393 OF 435
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. James Webb		Date of Receipt MM / DD / YYYY 07 / 15 / 2011 Transaction ID : SA11AI.15540
Mailing Address 312 Redbud		Amount of Each Receipt this Period 144.36 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	
Occupation private investor		Aggregate Year-to-Date ▼ 869.62
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. James Webb		Date of Receipt MM / DD / YYYY 08 / 18 / 2011 Transaction ID : SA11AI.15756
Mailing Address 312 Redbud		Amount of Each Receipt this Period 117.73 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	
Occupation private investor		Aggregate Year-to-Date ▼ 987.35
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. James Webb		Date of Receipt MM / DD / YYYY 09 / 09 / 2011 Transaction ID : SA11AI.15975
Mailing Address 312 Redbud		Amount of Each Receipt this Period 133.28 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	
Occupation private investor		Aggregate Year-to-Date ▼ 1120.63
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	395.37
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: (check only one)	PAGE 394 OF 435
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. James Webb		Date of Receipt 10 / 14 / 2011 Transaction ID : SA11Al.16193
Mailing Address 312 Redbud		Amount of Each Receipt this Period 104.40 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1225.03	

Full Name (Last, First, Middle Initial) B. James Webb		Date of Receipt 11 / 10 / 2011 Transaction ID : SA11Al.16417
Mailing Address 312 Redbud		Amount of Each Receipt this Period 93.30 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1318.33	

Full Name (Last, First, Middle Initial) C. James Webb		Date of Receipt 12 / 09 / 2011 Transaction ID : SA11Al.16648
Mailing Address 312 Redbud		Amount of Each Receipt this Period 99.96 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1418.29	

SUBTOTAL of Receipts This Page (optional).....▶	297.66
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 395 OF 435
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Patrick Wilcox

Mailing Address 111 Rio Grande

City mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2011

Transaction ID : SA11Al.15541

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)
B. Patrick Wilcox

Mailing Address 111 Rio Grande

City mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2011

Transaction ID : SA11Al.15757

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)
C. Patrick Wilcox

Mailing Address 111 Rio Grande

City mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2011

Transaction ID : SA11Al.15976

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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: (check only one)	PAGE 396 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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) A. Patrick Wilcox		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2011 Transaction ID : SA11Al.16194
Mailing Address 111 Rio Grande		Amount of Each Receipt this Period 100.00 contribution
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee.	C	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Patrick Wilcox		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2011 Transaction ID : SA11Al.16418
Mailing Address 111 Rio Grande		Amount of Each Receipt this Period 100.00 contribution
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee.	C	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) C. Patrick Wilcox		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 09 / 2011 Transaction ID : SA11Al.16649
Mailing Address 111 Rio Grande		Amount of Each Receipt this Period 100.00 contribution
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee.	C	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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: (check only one)	PAGE 397 OF 435
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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) A. Subbarao Yarra		Date of Receipt MM / DD / YYYY 09 / 09 / 2011
Mailing Address 6905 N. Cynthia		Transaction ID : SA11AI.15977
City McAllen	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Self-employed		contribution
Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00

Full Name (Last, First, Middle Initial) B. Subbarao Yarra		Date of Receipt MM / DD / YYYY 10 / 14 / 2011
Mailing Address 6905 N. Cynthia		Transaction ID : SA11AI.16195
City McAllen	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Self-employed		contribution
Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00

Full Name (Last, First, Middle Initial) C. Subbarao Yarra		Date of Receipt MM / DD / YYYY 11 / 10 / 2011
Mailing Address 6905 N. Cynthia		Transaction ID : SA11AI.16419
City McAllen	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Self-employed		contribution
Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 800.00

SUBTOTAL of Receipts This Page (optional).....▶	600.00
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: (check only one)	PAGE 398 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Subbarao Yarra
 Full Name (Last, First, Middle Initial)
 Mailing Address 6905 N. Cynthia
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **12 / 09 / 2011**
Transaction ID : SA11AI.16650
 Amount of Each Receipt this Period **200.00**
 contribution

B. Dr. Christopher Zaleski
 Full Name (Last, First, Middle Initial)
 Mailing Address 6804 N. 1st
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1750.00**

Date of Receipt **07 / 15 / 2011**
Transaction ID : SA11AI.15542
 Amount of Each Receipt this Period **250.00**
 contribution

c. Dr. Christopher Zaleski
 Full Name (Last, First, Middle Initial)
 Mailing Address 6804 N. 1st
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt **08 / 18 / 2011**
Transaction ID : SA11AI.15758
 Amount of Each Receipt this Period **250.00**
 contribution

SUBTOTAL of Receipts This Page (optional)..... **700.00**
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: (check only one)	PAGE 399 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Dr. Christopher Zaleski
Full Name (Last, First, Middle Initial)

Mailing Address 6804 N. 1st

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011

Transaction ID : SA11AI.15978

Amount of Each Receipt this Period
 250.00

contribution

B. Dr. Christopher Zaleski
Full Name (Last, First, Middle Initial)

Mailing Address 6804 N. 1st

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011

Transaction ID : SA11AI.16196

Amount of Each Receipt this Period
 250.00

contribution

C. Dr. Christopher Zaleski
Full Name (Last, First, Middle Initial)

Mailing Address 6804 N. 1st

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011

Transaction ID : SA11AI.16420

Amount of Each Receipt this Period
 250.00

contribution

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: (check only one)	PAGE 400 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Dr. Christopher Zaleski
Full Name (Last, First, Middle Initial)

Mailing Address 6804 N. 1st

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.16651

Amount of Each Receipt this Period
 250.00
 contribution

B. Hugo Zapata
Full Name (Last, First, Middle Initial)

Mailing Address 316 Xenops

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : SA11AI.15543

Amount of Each Receipt this Period
 400.00
 contribution

c. Hugo Zapata
Full Name (Last, First, Middle Initial)

Mailing Address 316 Xenops

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2011
Transaction ID : SA11AI.15759

Amount of Each Receipt this Period
 400.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1050.00

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: (check only one)	PAGE 401 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Hugo Zapata
Full Name (Last, First, Middle Initial)

Mailing Address 316 Xenops

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11Al.15979

Amount of Each Receipt this Period
 400.00
 contribution

B. Hugo Zapata
Full Name (Last, First, Middle Initial)

Mailing Address 316 Xenops

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11Al.16197

Amount of Each Receipt this Period
 400.00
 contribution

C. Hugo Zapata
Full Name (Last, First, Middle Initial)

Mailing Address 316 Xenops

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11Al.16421

Amount of Each Receipt this Period
 400.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1200.00

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: (check only one)	PAGE 402 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)
A. Hugo Zapata

Mailing Address 316 Xenops

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.16652

Amount of Each Receipt this Period
 400.00
 contribution

Full Name (Last, First, Middle Initial)
B. Dr. Livia Zavala-Spinetti

Mailing Address 109 E Cornell

City McAllen State TX Zip Code 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation self-employee physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.15980

Amount of Each Receipt this Period
 25.00
 contribution

Full Name (Last, First, Middle Initial)
C. Dr. Livia Zavala-Spinetti

Mailing Address 109 E Cornell

City McAllen State TX Zip Code 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation self-employee physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.16198

Amount of Each Receipt this Period
 25.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00

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: (check only one)	PAGE 403 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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) A. Dr. Livania Zavala-Spinetti		Date of Receipt
Mailing Address 109 E Cornell		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
City	State	Zip Code
McAllen	TX	78502
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11Al.16422
Name of Employer	Occupation	Amount of Each Receipt this Period
selfemployed	self-employee physician	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="275.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Livania Zavala-Spinetti		Date of Receipt
Mailing Address 109 E Cornell		<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
City	State	Zip Code
McAllen	TX	78502
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11Al.16653
Name of Employer	Occupation	Amount of Each Receipt this Period
selfemployed	self-employee physician	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Fuad Zayed		Date of Receipt
Mailing Address 1425 Sweet Lane		<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
City	State	Zip Code
Edinburg	TX	78539
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11Al.15545
Name of Employer	Occupation	Amount of Each Receipt this Period
selfemployed	physician	<input type="text" value="75.00"/>
Receipt For:	Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="525.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="125.00"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 404 OF 435
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Dr. Fuad Zayed
Full Name (Last, First, Middle Initial)

Mailing Address 1425 Sweet Lane

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2011

Transaction ID : SA11Al.15761

Amount of Each Receipt this Period

75.00

contribution

B. Dr. Fuad Zayed
Full Name (Last, First, Middle Initial)

Mailing Address 1425 Sweet Lane

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
675.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2011

Transaction ID : SA11Al.15981

Amount of Each Receipt this Period

75.00

contribution

C. Dr. Fuad Zayed
Full Name (Last, First, Middle Initial)

Mailing Address 1425 Sweet Lane

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

Transaction ID : SA11Al.16199

Amount of Each Receipt this Period

75.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	225.00
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 405 OF 435
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Fuad Zayed
 Full Name (Last, First, Middle Initial)
 Mailing Address 1425 Sweet Lane
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : SA11AI.16423
 Amount of Each Receipt this Period
 75.00
 contribution

B. Dr. Fuad Zayed
 Full Name (Last, First, Middle Initial)
 Mailing Address 1425 Sweet Lane
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.16654
 Amount of Each Receipt this Period
 75.00
 contribution

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	222996.32

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 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)

A. Ms Eliza Alvardo

Mailing Address 1303 W. Kiwi #4

City Pharr State TX Zip Code 78577

Purpose of Disbursement
contract services - salary expenditure

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.16659

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Ms Eliza Alvardo

Mailing Address 1303 W. Kiwi #4

City Pharr State TX Zip Code 78577

Purpose of Disbursement
phone/IT services

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.16660

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Ms Eliza Alvardo

Mailing Address 1303 W. Kiwi #4

City Pharr State TX Zip Code 78577

Purpose of Disbursement
contract services - salary expenditure

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.16664

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 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)

A. Ms Eliza Alvardo

Mailing Address 1303 W. Kiwi #4

City Pharr State TX Zip Code 78577

Purpose of Disbursement
contract services - salary expenditure

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.16674

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Ms Eliza Alvardo

Mailing Address 1303 W. Kiwi #4

City Pharr State TX Zip Code 78577

Purpose of Disbursement
contract services - salary expenditure

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.16689

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Ms Eliza Alvardo

Mailing Address 1303 W. Kiwi #4

City Pharr State TX Zip Code 78577

Purpose of Disbursement
phone/IT services

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.16694

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 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)

A. Ms Eliza Alvardo

Mailing Address 1303 W. Kiwi #4

City Pharr State TX Zip Code 78577

Purpose of Disbursement
contract services - salary expenditure

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.16696

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Ms Eliza Alvardo

Mailing Address 1303 W. Kiwi #4

City Pharr State TX Zip Code 78577

Purpose of Disbursement
contract services - salary expenditure

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.16706

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Ms Eliza Alvardo

Mailing Address 1303 W. Kiwi #4

City Pharr State TX Zip Code 78577

Purpose of Disbursement
contract services - salary expenditure

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.16712

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 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)

A. Ms Eliza Alvarado

Mailing Address 1303 W. Kiwi #4

City Pharr State TX Zip Code 78577

Purpose of Disbursement
contract services - salary expenditure

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.16724

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Ms Eliza Alvarado

Mailing Address 1303 W. Kiwi #4

City Pharr State TX Zip Code 78577

Purpose of Disbursement
contract services - salary expenditure

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.16732

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Ms Eliza Alvarado

Mailing Address 1303 W. Kiwi #4

City Pharr State TX Zip Code 78577

Purpose of Disbursement
contract services - salary expenditure

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.16744

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 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)

A. Ms Eliza Alvarado

Mailing Address 1303 W. Kiwi #4

City Pharr State TX Zip Code 78577

Purpose of Disbursement
contract services - salary expenditure

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.16747

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. ATT

Mailing Address P.O. Box 930170

City Dallas State TX Zip Code 75393

Purpose of Disbursement
telephone land lines expenditure

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.16710

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. ATT

Mailing Address P.O. Box 930170

City Dallas State TX Zip Code 75393

Purpose of Disbursement
telephone land lines expenditure

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.16725

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 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)

A. Cameo Parking Systems Inc

Mailing Address 1311 E. Hackberry Avenue

City McAllen State TX Zip Code 78501

Purpose of Disbursement
In-Kind contribution - dewhurst - senate

003

Candidate Name
DAVID H DEWHURST

Category/
Type

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: TX District: 00

Date of Disbursement

MM / DD / YYYY
12 / 16 / 2011

Transaction ID : **SB21B.16739**

Amount of Each Disbursement this Period

774.53

Full Name (Last, First, Middle Initial)

B. CopyPlus

Mailing Address 4500 N. 10th suite 240

City McAllen State TX Zip Code 78504

Purpose of Disbursement
offices supplies & furniture/fixtures

001

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2011

Transaction ID : **SB21B.16693**

Amount of Each Disbursement this Period

195.44

Full Name (Last, First, Middle Initial)

C. Ms Sandra Escamilla

Mailing Address 1418 Quince

City McAllen State TX Zip Code 78504

Purpose of Disbursement
contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2011

Transaction ID : **SB21B.16658**

Amount of Each Disbursement this Period

1375.72

SUBTOTAL of Disbursements This Page (optional)..... ▶

2345.69

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 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)

A. Ms Sandra Escamilla

Mailing Address 1418 Quince

City McAllen State TX Zip Code 78504

Purpose of Disbursement
contract services - salary expenditure

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.16666

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Ms Sandra Escamilla

Mailing Address 1418 Quince

City McAllen State TX Zip Code 78504

Purpose of Disbursement
contract services - salary expenditure

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.16673

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Ms Sandra Escamilla

Mailing Address 1418 Quince

City McAllen State TX Zip Code 78504

Purpose of Disbursement
mileage expenditure

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.16679

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 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)

A. Ms Sandra Escamilla

Mailing Address 1418 Quince

City McAllen State TX Zip Code 78504

Purpose of Disbursement
contract services - salary expenditure

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.16691

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Ms Sandra Escamilla

Mailing Address 1418 Quince

City McAllen State TX Zip Code 78504

Purpose of Disbursement
contract services - salary expenditure

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.16698

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Ms Sandra Escamilla

Mailing Address 1418 Quince

City McAllen State TX Zip Code 78504

Purpose of Disbursement
contract services - salary expenditure

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.16708

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 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)

A. Ms Sandra Escamilla

Mailing Address 1418 Quince

City McAllen State TX Zip Code 78504

Purpose of Disbursement
contract services - salary expenditure

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.16713

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Ms Sandra Escamilla

Mailing Address 1418 Quince

City McAllen State TX Zip Code 78504

Purpose of Disbursement
contract services - salary expenditure

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.16722

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Ms Sandra Escamilla

Mailing Address 1418 Quince

City McAllen State TX Zip Code 78504

Purpose of Disbursement
contract services - salary expenditure

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.16726

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 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)

A. Ms Sandra Escamilla

Mailing Address 1418 Quince

City McAllen State TX Zip Code 78504

Purpose of Disbursement
contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2				0	2		2	0	1	1		

Transaction ID : SB21B.16742

Amount of Each Disbursement this Period

1	3	7	5	.	9	6
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Ms Sandra Escamilla

Mailing Address 1418 Quince

City McAllen State TX Zip Code 78504

Purpose of Disbursement
contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2				1	6		2	0	1	1		

Transaction ID : SB21B.16745

Amount of Each Disbursement this Period

7	2	3	.	5	6
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Ms Sandra Escamilla

Mailing Address 1418 Quince

City McAllen State TX Zip Code 78504

Purpose of Disbursement
contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2				3	0		2	0	1	1		

Transaction ID : SB21B.16750

Amount of Each Disbursement this Period

7	8	8	.	3	0
---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

2	8	8	.	3	0
---	---	---	---	---	---

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

2	8	8	.	3	0
---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 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)

A. Girls Scouts of Greater South Texas

Mailing Address 1109 W. Nolana #202

City McAllen State TX Zip Code 78501

Purpose of Disbursement donation

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.16678

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Hope Family Health Center Clinic

Mailing Address 2332 Jordan

City McAllen State TX Zip Code 78503

Purpose of Disbursement donation

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.16684

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Internal Revenue Services

Mailing Address 324 25th Street

City Odgen State UT Zip Code 84401

Purpose of Disbursement quarterly tax deposit - IRS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.16667

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 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)

A. Internal Revenue Services

Mailing Address 324 25th Street

City Odgen State UT Zip Code 84401

Purpose of Disbursement
quarterly tax deposit - IRS

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 29 / 2011

Transaction ID : SB21B.16668

Amount of Each Disbursement this Period

57.71

Full Name (Last, First, Middle Initial)

B. Internal Revenue Services

Mailing Address 324 25th Street

City Odgen State UT Zip Code 84401

Purpose of Disbursement
quarterly tax deposit - IRS

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2011

Transaction ID : SB21B.16692

Amount of Each Disbursement this Period

6978.91

Full Name (Last, First, Middle Initial)

C. Internal Revenue Services

Mailing Address 324 25th Street

City Odgen State UT Zip Code 84401

Purpose of Disbursement
quarterly tax deposit - IRS

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2011

Transaction ID : SB21B.16702

Amount of Each Disbursement this Period

7395.97

SUBTOTAL of Disbursements This Page (optional)..... ▶

14432.59

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 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)

A. Internal Revenue Services

Mailing Address 324 25th Street

City Odgen State UT Zip Code 84401

Purpose of Disbursement
quarterly tax deposit - IRS

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 21 / 2011

Transaction ID : SB21B.16715

Amount of Each Disbursement this Period

7268.48

Full Name (Last, First, Middle Initial)

B. Internal Revenue Services

Mailing Address 324 25th Street

City Odgen State UT Zip Code 84401

Purpose of Disbursement
quarterly tax deposit - IRS

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2011

Transaction ID : SB21B.16728

Amount of Each Disbursement this Period

6978.27

Full Name (Last, First, Middle Initial)

C. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City McAllen State TX Zip Code 78502

Purpose of Disbursement
contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SB21B.16657

Amount of Each Disbursement this Period

2322.18

SUBTOTAL of Disbursements This Page (optional)..... ▶

16568.93

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 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)

A. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City McAllen State TX Zip Code 78502

Purpose of Disbursement
contract services - salary expenditure

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.16665

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City McAllen State TX Zip Code 78502

Purpose of Disbursement
contract services - salary expenditure

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.16675

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City McAllen State TX Zip Code 78502

Purpose of Disbursement
contract services - salary expenditure

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.16681

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 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)

A. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City McAllen State TX Zip Code 78502

Purpose of Disbursement
contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 26 / 2011

Transaction ID : SB21B.16690

Amount of Each Disbursement this Period

1263.13

Full Name (Last, First, Middle Initial)

B. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City McAllen State TX Zip Code 78502

Purpose of Disbursement
contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SB21B.16697

Amount of Each Disbursement this Period

1523.28

Full Name (Last, First, Middle Initial)

C. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City McAllen State TX Zip Code 78502

Purpose of Disbursement
contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2011

Transaction ID : SB21B.16707

Amount of Each Disbursement this Period

1583.26

SUBTOTAL of Disbursements This Page (optional)..... ▶

4369.67

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 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)

A. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City McAllen State TX Zip Code 78502

Purpose of Disbursement
contract services - salary expenditure

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.16714

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City McAllen State TX Zip Code 78502

Purpose of Disbursement
contract services - salary expenditure

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.16723

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City McAllen State TX Zip Code 78502

Purpose of Disbursement
contract services - salary expenditure

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.16727

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 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)

A. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City McAllen State TX Zip Code 78502

Purpose of Disbursement
contract services - salary expenditure

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.16743

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City McAllen State TX Zip Code 78502

Purpose of Disbursement
contract services - salary expenditure

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.16746

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City McAllen State TX Zip Code 78502

Purpose of Disbursement
contract services - salary expenditure

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.16751

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 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)

A. Just Energy

Mailing Address P.O. Box 650518

City State Zip Code
Dallas TX 78265

Purpose of Disbursement
office electricity expenditure

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	7		2	0	1	1

Transaction ID : SB21B.16709

Amount of Each Disbursement this Period

1	7	0	2	4
---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Just Energy

Mailing Address P.O. Box 650518

City State Zip Code
Dallas TX 78265

Purpose of Disbursement
office electricity expenditure

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	1

Transaction ID : SB21B.16719

Amount of Each Disbursement this Period

1	5	4	8	5
---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Just Energy

Mailing Address P.O. Box 650518

City State Zip Code
Dallas TX 78265

Purpose of Disbursement
office electricity expenditure

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	9		2	0	1	1

Transaction ID : SB21B.16733

Amount of Each Disbursement this Period

1	2	1	7	4
---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

4	4	6	8	3
---	---	---	---	---

--	--	--	--	--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 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)

A. Ramiro Leal

Mailing Address 601 Tulip

City mcallen State TX Zip Code 78504

Purpose of Disbursement
refund of donation/contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

012
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.16701

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Long Chilton LLP

Mailing Address 4100 N. 23rd

City McAllen State TX Zip Code 78504

Purpose of Disbursement
paysmart payroll services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.16703

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Long Chilton LLP

Mailing Address 4100 N. 23rd

City McAllen State TX Zip Code 78504

Purpose of Disbursement
paysmart payroll services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.16717

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 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)

A. Long Chilton LLP

Mailing Address 4100 N. 23rd

City McAllen State TX Zip Code 78504

Purpose of Disbursement
paysmart payroll services

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	8		2	0	1	1

Transaction ID : SB21B.16729

Amount of Each Disbursement this Period

3	3	.	5	6
---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Long Chilton LLP

Mailing Address 4100 N. 23rd

City McAllen State TX Zip Code 78504

Purpose of Disbursement
paysmart payroll services

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	1		2	0	1	1

Transaction ID : SB21B.16749

Amount of Each Disbursement this Period

3	3	.	5	6
---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Peppers

Mailing Address 4620 North 10th Street

City McAllen State TX Zip Code 78504

Purpose of Disbursement
In-kind contribution for nominee dewhurst - u.s. senate

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		3	0		2	0	1	1

Transaction ID : SB21B.16762

Amount of Each Disbursement this Period

1	7	2	9	.	4	7
---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

1	7	9	6	.	5	9
---	---	---	---	---	---	---

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

1	7	9	6	.	5	9
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 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)

A. Perkins Coie

Mailing Address 607 Fourteenth Street N.W.

City Washington State DC Zip Code 20005

Purpose of Disbursement
legal fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.16754

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Perkins Coie

Mailing Address 607 Fourteenth Street N.W.

City Washington State DC Zip Code 20005

Purpose of Disbursement
legal fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.16756

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Perkins Coie

Mailing Address 607 Fourteenth Street N.W.

City Washington State DC Zip Code 20005

Purpose of Disbursement
legal fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.16757

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 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)

A. Perkins Coie

Mailing Address 607 Fourteenth Street N.W.

City Washington State DC Zip Code 20005

Purpose of Disbursement
legal fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.16758

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Sprint

Mailing Address P.O. Box 8077

City London State KY Zip Code 40742

Purpose of Disbursement
phone service expenditure

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.16716

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Texas State Technical College

Mailing Address 1902 North Loop 499

City Harlingen State TX Zip Code 78550

Purpose of Disbursement
donation

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.16753

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 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)

A. Texas Workforce Commission

Mailing Address P.O. Box 149037

City Austin State TX Zip Code 78714

Purpose of Disbursement
quarterly tax assessment - TWC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.16699

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Texas Workforce Commission

Mailing Address P.O. Box 149037

City Austin State TX Zip Code 78714

Purpose of Disbursement
quarterly tax assessment - TWC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.16721

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Valley Alliance of Mentors for Opportunities

Mailing Address 5221 N McColl Rd

City McAllen State TX Zip Code 78502

Purpose of Disbursement
donation

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

012
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.16685

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 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)

A. Valley Alliance of Mentors for Opportunities

Mailing Address 5221 N McColl Rd

City McAllen State TX Zip Code 78502

Purpose of Disbursement donation

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.16700

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Valley Alliance of Mentors for Opportunities

Mailing Address 5221 N McColl Rd

City McAllen State TX Zip Code 78502

Purpose of Disbursement donation

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.16711

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Water Tower Village

Mailing Address 52211 N. McColl Road

City McAllen State TX Zip Code 78504

Purpose of Disbursement office lease expenditure

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.16656

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 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)

A. Water Tower Village

Mailing Address 52211 N. McColl Road

City McAllen State TX Zip Code 78504

Purpose of Disbursement
office lease expenditure

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.16705

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 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)

A. JOHN BARRASSO

Mailing Address 6896 CASPER MOUNTAIN ROAD

City State Zip Code
CASPER WY 82601

Purpose of Disbursement
contribution

012

Candidate Name

JOHN BARRASSO

Category/
Type

Office Sought: House
 Senate
 President
State: WY District: 00

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2011

Transaction ID : SB23.16663

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. MICHAEL C. DR. BURGESS

Mailing Address PO BOX 2334

City State Zip Code
DENTON TX 76202

Purpose of Disbursement
contribution

011

Candidate Name

MICHAEL C. DR. BURGESS

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 26

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 22 / 2011

Transaction ID : SB23.16731

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. DAVID H DEWHURST

Mailing Address 1210 SAN ANTONIO STREET SUITE 700

City State Zip Code
AUSTIN TX 78767

Purpose of Disbursement
contribution

011

Candidate Name

DAVID H DEWHURST

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 00

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 21 / 2011

Transaction ID : SB23.16741

Amount of Each Disbursement this Period

2309.81

SUBTOTAL of Disbursements This Page (optional)..... ▶

12309.81

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 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)

A. DAVID H DEWHURST

Mailing Address 1210 SAN ANTONIO STREET SUITE 700

City AUSTIN State TX Zip Code 78767

Purpose of Disbursement contribution

011

Candidate Name

DAVID H DEWHURST

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 00

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 21 / 2011

Transaction ID : SB23.16748

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. LUIS V GUTIERREZ

Mailing Address 3210 W CULLOM ST

City CHICAGO State IL Zip Code 60641

Purpose of Disbursement contribution

011

Candidate Name

LUIS V GUTIERREZ

Category/
Type

Office Sought: House
 Senate
 President
State: IL District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2011

Transaction ID : SB23.16776

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. RUBEN E HINOJOSA

Mailing Address 1404 South Illinois

City Mercedes State TX Zip Code 78570

Purpose of Disbursement contribution

011

Candidate Name

RUBEN E HINOJOSA

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 15

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 25 / 2011

Transaction ID : SB23.16687

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

15000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 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)

A. RUBEN E HINOJOSA

Mailing Address 1404 South Illinois

City Mercedes State TX Zip Code 78570

Purpose of Disbursement contribution

011

Candidate Name

RUBEN E HINOJOSA

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 15

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 25 / 2011

Transaction ID : SB23.16688

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. NEW JERSEY DEMOCRATIC STATE COMMITTEE

Mailing Address 196 WEST STATE STREET

City TRENTON State NJ Zip Code 08608

Purpose of Disbursement contribution

011

Candidate Name

NEW JERSEY DEMOCRATIC STATE COMMITTEE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2011
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 27 / 2011

Transaction ID : SB23.18361

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

15000.00

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

42309.81

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 434 OF 435
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor AC Rentals	Nature of Debt (Purpose): rental space
Mailing Address PO Box 2673	
City State Zip Code McAllen TX 78502	

Outstanding Balance Beginning This Period 900.00	Transaction ID : SD10.9553	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 900.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor AC Rentals	Nature of Debt (Purpose): rental space
Mailing Address PO Box 2673	
City State Zip Code McAllen TX 78502	

Outstanding Balance Beginning This Period 900.00	Transaction ID : SD10.10053	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 900.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶	1800.00
2) TOTALS This Period (last page this line number only)..... ▶	1800.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	1800.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.9553

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

Form/Schedule: SD10

Transaction ID: SD10.10053

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