Image# 12952834383			_	PAGE 1 / 435
FEC AI	EPORT OF RE ND DISBURSE Other Than An Authoriz	EMENTS	o	ffice Use Only
1. NAME OF <b>TYF</b> COMMITTEE (in full)		Example: If typing, type over the lines.	12FE4M5	
ADDRESS (number and street)	12 W. Nolana Suite 340			
Check if different				
the music viewely	McAllen			78504
2. FEC IDENTIFICATION NUME	BER ▼ CITY ▲		STATE 🔺	ZIP CODE
C C00415752	3. IS TH REPO		DR X AMEN (A)	NDED
<ul> <li><b>4. TYPE OF REPORT</b> (Choose One)</li> <li>(a) Quarterly Reports:</li> </ul>	(b) Monthly Report Due On: Mar 20 (l	//3) Jun 20 (	M6) Sep 20	(M9) Dec 20 (M12) (Non-Election (Non-Election Year Only)
April 15 Quarterly Report (Q1)	(C) 12-Day	14) Jul 20 (N Primary (12P)	A7) Oct 20 General (12)	
July 15 Quarterly Report (Q2) October 15	PRE-Election Report for the:	Convention (12C)	Special (125	6)
Quarterly Report (Q3) X January 31 Year-End Report (YE)	Election on	M M / D D		in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day <b>POST</b> -Election Report for the:	General (30G)	Runoff (30R	) Special (30S)
Termination Report (TER)	Election on	M = M / D = D		in the State of
5. Covering Period 07	/ D D / Y Y Y Y 01 2011	through 1:	2 D D / 31	2011
I certify that I have examined this R	eport and to the best of my l	nowledge and belief it	is true, correct and co	omplete.
Type or Print Name of Treasurer	Ernie Perez			
Signature of Treasurer	ez	[Electronically Filed]	Date 08	/ D D / Y Y Y Y 22 2012
NOTE: Submission of false, erroneous	s, or incomplete information may	subject the person sign	ing this Report to the p	penalties of 2 U.S.C. §437g.
Office Use Only				FEC FORM 3X Rev. 12/2004

08/22/2012 17 : 30

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# SUMMARY PAGE

OF R FEC Form 3X (Rev. 02/2003)	RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
Write or Type Committee Name		
BORDER HEALTH FEDERAL PAC		
Report Covering the Period: From: 07	/ 01 / Y Y Y Y 01 2011 To:	M M / D D / Y Y Y Y 12 31 2011
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
. (a) Cash on Hand January 1, 2011		907854.08
(b) Cash on Hand at Beginning of Reporting Period	1004225.00	
(c) Total Receipts (from Line 19)	225475.12	456508.92
<ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>	1229700.12	1364363.00
. Total Disbursements (from Line 31)	223466.60	358129.48
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1006233.52	1006233.52
Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0. Debts and Obligations Owed <b>BY</b> 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

DET	AILED SUMMARY PAGE of Receipts	I
FEC Form 3X (Rev. 06/2004)		Page <b>3</b>
Write or Type Committee Name		
BORDER HEALTH FEDERAL PAC		
Report Covering the Period: From: 07	/ D D / Y Y Y Y 01 2011 To:	12 / D D / Y Y Y Y 12 31 2011
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ul> <li>11. Contributions (other than loans) From:</li> <li>(a) Individuals/Persons Other</li> <li>Than Political Committees</li> <li>(i) Itemized (use Schedule A)</li> </ul>	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
<ul><li>(c) Other Political Committees</li><li>(such as PACs)</li><li>(d) Total Contributions (add Lines</li></ul>	0.00	0.00
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
<ol> <li>Loan Repayments Received</li> <li>Offsets To Operating Expenditures</li> <li>(Refunde Rebetter etc.)</li> </ol>	0.00	0.00
<ul> <li>(Refunds, Rebates, etc.)</li> <li>(Carry Totals to Line 37, page 5)</li> <li>16. Refunds of Contributions Made</li> <li>to Federal Candidates and Other</li> </ul>	0.00	0.00
Political Committees	0.00	5000.00
<ul> <li>(Dividends, Interest, etc.)</li> <li>18. Transfers from Non-Federal and Levin Funds <ul> <li>(a) Non-Federal Account</li> </ul> </li> </ul>	0.00	0.00
(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)	of Disbursements	Page 4			
II. Disbursements	COLUMN A Total This Period	COLUMN B			
. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date			
(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	181156.79	300819.67			
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party					
Committees Contributions to	0.00	0.00			
Federal Candidates/Committees and Other Political Committees	42309.81	57309.81			
Independent Expenditures (use Schedule E) Coordinated Party Expenditures	0.00	0.00			
Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00			
Loan Repayments Made	0.00	0.00			
Loans Made	0.00	0.00			
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00			
	0.00	0.00			
<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>					
(such as PACs)	0.00	0.00			
<ul><li>(d) Total Contribution Refunds</li><li>(add Lines 28(a), (b), and (c))</li></ul>	0.00	0.00			
Other Disbursements	0.00	0.00			
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity (from Schedule H6)					
(i) Federal Share	0.00	0.00			
<ul><li>(ii) "Levin" Share</li><li>(b) Federal Election Activity Paid Entirely</li></ul>	0.00	0.00			
With Federal Funds	0.00	0.00			
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ►	0.00	0.00			
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	223466.60	358129.4			
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)	000.000	250400 40			
from Line 31)	223466.60	358129.48			

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# DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ol> <li>Total Contributions (other than loans) (from Line 11(d), page 3)</li> </ol>	225475.12	451508.92
<ol> <li>Total Contribution Refunds (from Line 28(d))</li> </ol>	0.00	0.00
<ol> <li>Net Contributions (other than loans) (subtract Line 34 from Line 33)</li> </ol>	225475.12	451508.92
<ol> <li>Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))</li> </ol>	181156.79	300819.67
<ol> <li>Offsets to Operating Expenditures (from Line 15, page 3)</li> </ol>	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	181156.79	300819.67

# :97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`=H9A=N5 H=CB

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 REC	EIPTS	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	RECEIPIS		for each category of the Detailed Summary Page		11a		11b	11c		12			
Any information	conied from such Reports	and Statements ma	y not be sold or used by any p	erson	13 for the		14	15		16 tributi	17		
			ddress of any political committee										
	OMMITTEE (In Full) R HEALTH FEDER	AL PAC											
A. Mr. Riad A	ast, First, Middle Initial) Aboujamous				Date o	f R	eceipt						
	ess 1217 Fullerton	Ctata	Zin Code		09 09 / Y Y Y Y Y Y Y								
City McAllen		State TX	Zip Code 78504					: SA11AI Receipt th					
FEC ID numb federal politic	ber of contributing al committee.	С					7		_	25.	00		
Name of Emp selfemployed		Occupation private inve		c	ontribu	itior	ו						
Receipt For: Primary Other (s	/ General specify) ▼	Aggregate	Year-to-Date ▼ 225.00	]									
Full Name (Last, First, Middle Initi B. Mr. Riad Aboujamous	Aboujamous				Date o	f R	eceipt						
Mailing Addre	Mailing Address 1217 Fullerton						/ 14		_201	Y 11	Y		
City		State	Zip Code	Transaction ID : SA11AI.15983									
McAllen		ТХ	78504		Amoun	t of	f Each	Receipt th	nis Pe	əriod			
FEC ID numb federal politic	ber of contributing al committee.	С	25.00										
Name of Emp selfemployed		Occupation private inve		C(	contribution								
Receipt For: Primary Other (s	/ General specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]									
Full Name (La C. Mr. Riad	ast, First, Middle Initial) Aboujamous				Date o	of R	eceipt						
Mailing Addre	ess 1217 Fullerton				M M		/ D 1(		201	ү 11	Y		
City McAllen		State TX						: SA11AI Receipt th					
FEC ID numb federal politic	ber of contributing al committee.	C			ontribu		7		_	25.			
Name of Emp	ployer	Occupation			Unindu	lliOi	I						
selfemployed		private inve	stor										
Receipt For:		Aggregate	Year-to-Date ▼										
Other (s	y General specify) ▼		275.00	]									
SUBTOTAL of	Receipts This Page (option	al)				Ţ	 			75.0	00		

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		-		11b	11c		12	<b></b>	
Any information copied from such Report or for commercial purposes, other than u								ing cont			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDE	-										
Full Name (Last, First, Middle Initial)         A.       Mr. Riad Aboujamous         Mailing Address 1217 Fullerton         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation private inve Aggregate				sac:	tion ID	9 9 : <b>SA11</b> Receipt	20 <sup>-</sup> Al.1643	3 eriod	ч .00	
B. Full Name (Last, First, Middle Initial) Mailing Address 1619 hertiage lane				Date o	of R	/ D	5	Y Y _ 201		Y	
City	State TX	Zip Code 78572		Transaction ID : SA11AI.15330							
mission FEC ID number of contributing federal political committee. Name of Employer	Occupation			_ Amount of Each Re _ contribution				this Pe	250.	00	
self-employee Receipt For: Primary General Other (specify) ▼	physician Aggregate	Year-to-Date ▼ 1750.00	]								
Full Name (Last, First, Middle Initial) C. Charity Abreu				Date o	f R	eceipt					
Mailing Address 1619 hertiage lane				M N 08		a second second	8	201		Y	
City mission	State TX	Zip Code 78572					D : SA11/ Receipt				
FEC ID number of contributing federal political committee.	С					3	7		250		
Name of Employer self-employee	Occupation physician		C	contribu	Itior	1					
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 2000.00	]								
SUBTOTAL of Receipts This Page (opti	onal)	······			1	7			525.	00	

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

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FEC ID number of contributing

federal political committee.

Other (specify)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate sched for each category of Detailed Summary F	
		by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
A. Charity Abreu Mailing Address 1619 hertiage lane		Date of Receipt
City	State Zip Code	09 09 2011 Transaction ID : SA11AI.15765
mission FEC ID number of contributing	TX 78572	Amount of Each Receipt this Period
federal political committee.	C	250.00 contribution
Name of Employer	Occupation	

	FEC ID number of contributing federal political committee.	С							
	Name of Employer	Occupation		contribution					
	self-employee	physician							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2250.00						
Full Name (Last, First, Middle Initial) B. Charity Abreu		·		Date of Re	ceipt				
	Mailing Address 1619 hertiage lane			M M /	D D / 14	2011			
	City	State	Zip Code	Transacti	on ID : SA11/	AI.15984			
	mission	ТХ	78572	Amount of	Fach Receipt	this Per			

С

A	Amount	t of	Each	Receipt	this	Period	
						250.00	

2011

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	Name of Employer self-employee Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 2500.00	contribution
с.	Full Name (Last, First, Middle Initial) Charity Abreu		Date of Receipt
	Mailing Address 1619 hertiage lane		M = M         /         D = D         /         Y = Y = Y         Y           11         10         2011
	City	State Zip Code	Transaction ID : SA11AI.16202
	mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer	Occupation	contribution
	self-employee	physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General		

SUBTOTAL of Receipts This Page (optional)		1		7	75	50.00	)	]
TOTAL This Period (last page this line number only)		7		7				

2750.00

SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

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

FOR LINE NUMBER:

(check only one)

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TIEWIZED RECEIPTS	Detailed Summary Page	
		any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC	
A. Charity Abreu Mailing Address 1619 hertiage lane	State Zip Code	Date of Receipt
mission FEC ID number of contributing federal political committee.	TX 78572	Amount of Each Receipt this Period
Name of Employer self-employee Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 3000.0	0 contribution
B. Full Name (Last, First, Middle Initial) Mailing Address 200 E. Xenops City McAllen	State Zip Code TX 78504	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify)	C Occupation physician Aggregate Year-to-Date ▼ 1050.0	contribution
C. Full Name (Last, First, Middle Initial) Mailing Address 200 E. Xenops City McAllen	State Zip Code TX 78504	Date of Receipt 08 / 18 / 2011 Transaction ID : SA11AI.15548
McAllen         FEC ID number of contributing federal political committee.         Name of Employer         Self employed         Receipt For:         Primary       General         Other (specify)	C Occupation physician Aggregate Year-to-Date ▼ 1200.0	Amount of Each Receipt this Period  150.00  contribution

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC		
Full Name (Last, First, Middle Initial)         Ricardo Abreu         Mailing Address 200         E. Xenops         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer         Self employed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 1350.00	Date of Receipt
Full Name (Last, First, Middle Initial)         B. Ricardo Abreu         Mailing Address 200         E. Xenops         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer         Self employed         Receipt For:         Primary       General         Other (specify)	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 1500.00	Date of Receipt
Full Name (Last, First, Middle Initial)         Ricardo Abreu         Mailing Address 200         E. Xenops         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer         Self employed         Receipt For:         Primary       General         Other (specify)	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 1650.00	Date of Receipt 11 10 2011 Transaction ID : SA11AI.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 REC	EIPTS	5	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13	11b	11c	12	17
Any information copied from such Reports or for commercial purposes, other than usi				or the	purpose	of soliciting	g contribu	itions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC							
Full Name (Last, First, Middle Initial)         A.         Ricardo Abreu         Mailing Address 200         E. Xenops         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer         Self employed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 1800.00		12 Trans	saction IE t of Each		nis Period	
B. Ruben Abreu Mailing Address 104 augusta square			Date of Receipt					Y
City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: ☐ Primary ☐ General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78503 Year-to-Date ▼ 1750.00			t of Each	: SA11AI. Receipt th		_
Full Name (Last, First, Middle Initial) <b>Ruben Abreu</b> Mailing Address 104 augusta square         City         mcallen         FEC ID number of contributing         federal political committee.         Name of Employer         self-employee         Receipt For:         Primary       General         Other (specify)	State TX C Occupation physician Aggregate	Zip Code 78503 Year-to-Date ▼ 2000.00		08 Trans	saction IE t of Each		nis Period	0.00
SUBTOTAL of Receipts This Page (option	nal)				7	7	650	.00

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s)		
Ar	y information copied from such Reports and St for commercial purposes, other than using the	13     14     15     16     17       erson for the purpose of soliciting contributions       to collicit contributions		
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P			
Α.	Full Name (Last, First, Middle Initial) Ruben Abreu			Date of Receipt
	Mailing Address 104 augusta square			09 09 2011
	City mcallen	State TX	Zip Code 78503	Transaction ID : SA11AI.15766 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer	Occupation	1	
	self-employee	physician		
	Receipt For:	Aggregate	Year-to-Date ▼ 2250.00	
В.	Full Name (Last, First, Middle Initial) Ruben Abreu Mailing Address 104 augusta square			Date of Receipt
		<u> </u>	7.0.1	10 14 2011
	City	State TX	Zip Code	Transaction ID : SA11AI.15986
	mcallen FEC ID number of contributing	C	78503	Amount of Each Receipt this Period
	federal political committee. Name of Employer	Occupation		- contribution
	self-employee	physician		
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		2500.00	
C.	Full Name (Last, First, Middle Initial) Ruben Abreu			Date of Receipt
	Mailing Address 104 augusta square			M M / D D / Y Y Y Y 11 10 2011
	City mcallen	State TX	Zip Code 78503	Transaction ID : SA11AI.16204 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer	Occupation	I	contribution
	self-employee	physician		
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		2750.00	

SUBTOTAL of Receipts This Page (optional)				7		7		50.00	0
TOTAL This Period (last page this line number only)						7			

	190# 12002004000			
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s)		
Aror	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	name and a	ay not be sold or used by any p ddress of any political committee	13     14     15     16     17       erson for the purpose of soliciting contributions       e to solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial)         Ruben Abreu         Mailing Address 104 augusta square         City         mcallen         FEC ID number of contributing federal political committee.         Name of Employer         self-employee         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician	Zip Code 78503 Year-to-Date ▼ 3000.00	Date of Receipt
В.	Full Name (Last, First, Middle Initial)         Juan Aguilera         Mailing Address 807 North Cage         City         Pharr         FEC ID number of contributing federal political committee.         Name of Employer selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78577 Year-to-Date ▼ 1750.00	Date of Receipt 07 15 2011 Transaction ID : SA11AI.15333 Amount of Each Receipt this Period 250.00 contribution
С.	Full Name (Last, First, Middle Initial)         Juan Aguilera         Mailing Address 807 North Cage         City         Pharr         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78577 Year-to-Date ▼ 2000.00	Date of Receipt 08 / 18 / 2011 Transaction ID : SA11AI.15550 Amount of Each Receipt this Period 250.00 contribution

CURTOTAL of Descripto This Dags (optional)					-	75	50.00	)
SUBTOTAL of Receipts This Page (optional)		_	7		- 7	_		_
TOTAL This Period (last page this line number only)	▶		 	 		 		

Im	age# 12952834397			
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         15         OF         435           (check only one)
Ar	ny information copied from such Reports and for commercial purposes, other than using the	Statements m	ay not be sold or used by any p address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Α.	Full Name (Last, First, Middle Initial) Juan Aguilera			Date of Receipt
	Mailing Address 807 North Cage			M = M / D = D / Y = Y = Y = Y 09 09 _ 2011 _
	City Pharr	State TX	Zip Code 78577	Transaction ID : SA11AI.15771 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer	Occupation	n	contribution
	selfemployed Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2250.00	]
В.	Full Name (Last, First, Middle Initial) Juan Aguilera Mailing Address 807 North Cage	·		Date of Receipt
	City Pharr	State TX	Zip Code 78577	Transaction ID : SA11AI.15987 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer selfemployed	Occupation physician	n	contribution
	Receipt For: Primary General Other (specify) ▼	1	e Year-to-Date ▼ 2500.00	]
c.	Full Name (Last, First, Middle Initial) Juan Aguilera	·		Date of Receipt
	Mailing Address 807 North Cage			M M / D D / Y Y Y Y Y 11 10 2011
	City Pharr	State TX	Zip Code 78577	Transaction ID : SA11AI.16205 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer	Occupation	n	
	selfemployed Receipt For: Primary General Other (specify) ▼	physician Aggregate	e Year-to-Date ▼ 2750.00	

SUBTOTAL of Receipts This Page (optional)			,		7	750	.00	
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	
or for commercial purposes, other than using t	Statements may not be sold or used by a he name and address of any political comm	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) A. Juan Aguilera		Date of Receipt
Mailing Address 807 North Cage		12 09 2011
City Pharr	StateZip CodeTX78577	Transaction ID : SA11AI.16437           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	contribution
Primary General Other (specify) ▼	3000.00	D
Full Name (Last, First, Middle Initial) B. Ms Sahar Alizy Mailing Address 1609 Martin		Date of Receipt
City	State Zip Code	Transaction ID : SA11AI.15772
McAllen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For: Primary General Other (specify) v	Aggregate Year-to-Date ▼ 225.00	
C. Full Name (Last, First, Middle Initial) Mailing Address 1609 Martin		Date of Receipt
City	State Zip Code TX 78504	10         14         2011           Transaction ID : SA11AI.15988
McAllen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For:	Aggregate Year-to-Date ▼	

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250.00

Primary

Other (specify)

General

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SCHEDULE A (FEC Form 3 TEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         17         OF         4           (check only one)         I1a         11b         11c         12           13         14         15         16         I6
	and Statements may not be sold or used by any ng the name and address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC	
Full Name (Last, First, Middle Initial) Ms Sahar Alizy Mailing Address 1609 Martin		Date of Receipt
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.16206 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For:	Aggregate Year-to-Date ▼	

Mailing Address 1609 Martin		M M / D D / Y Y Y Y Y 11 10 2011
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.16206 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25.00
Name of Employer	Occupation	- contribution
selfemployed Receipt For: Primary General Other (specify) ▼	private investor       Aggregate Year-to-Date ▼       275.00	-
Full Name (Last, First, Middle Initial) 3. Ms Sahar Alizy		Date of Receipt
Mailing Address 1609 Martin		12 09 2011
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.16438 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer selfemployed	Occupation private investor	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	-
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 5505 N. 4th		07 15 _2011
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.15335 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	_ contribution
self-employed	private investor	
Receipt For: Primary General	Aggregate Year-to-Date ▼	

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>〈</b> 11a		11b	11c	12	_
_			, ,		13		14	15	16	17
	ny information copied from such Reports an for commercial purposes, other than using									
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC								
Α.					Date o	f R	eceipt			
	Mailing Address 5505 N. 4th		7.0.1		08		/ 18	3	у у 2011	Y
	City mcallen	State TX	Zip Code 78501	-				: SA11AI.		
		17	70001		Amoun	t o	Each I	Receipt th	iis Perio	d
	FEC ID number of contributing federal political committee.	С			contribu	tion	7		25	0.00
	Name of Employer	Occupation					1			
	self-employed	private inve	stor							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		2000.00	11.						
			1	4						
в.	Full Name (Last, First, Middle Initial) Michael Alleyn				Date o	f R	eceipt			
	Mailing Address 5505 N. 4th				м м 09	1	09		2011	Y
	City	State	Zip Code		Trans	sac	tion ID :	: SA11AI.	15767	
	mcallen	ТХ	78501		Amoun	t o	f Each I	Receipt th	nis Perio	d
	FEC ID number of contributing federal political committee.	С							25	0.00
	Name of Employer	Occupation		c	ontribu	tion	l			
	self-employed	private inve	stor							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		2250.00	]						
<u>с</u> .	Full Name (Last, First, Middle Initial) Michael Alleyn				Date o	fR	eceipt			
	Mailing Address 5505 N. 4th				10		/ D 14		2011	Y
	City	State	Zip Code		Trans	sac	tion ID	: SA11AI	15989	
	mcallen	TX	78501		Amoun	t of	f Each I	Receipt th	nis Perio	d
	FEC ID number of contributing federal political committee.	С					3			50.00
	Name of Employer	Occupation		- '	contribu	itior	า			
	self-employed	private inve	stor							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General									
	Other (specify)		2500.00							
	UBTOTAL of Receipts This Page (optional	)			· ·	-			75	0.00
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TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
	person for the purpose of soliciting contributions
State       Zip Code         TX       78501         C       Occupation         private investor       Aggregate Year-to-Date ▼         Aggregate Year-to-Date ▼       2750.00	Date of Receipt
State Zip Code	Date of Receipt
TX     78501       C     Occupation       private investor       Aggregate Year-to-Date ▼       3000.00	Amount of Each Receipt this Period 250.00 contribution
State     Zip Code       TX     78552       C       Occupation       private investor       Aggregate Year-to-Date ▼       225.00	Date of Receipt
	Detailed Summary Page         s and Statements may not be sold or used by any p         sing the name and address of any political committee         RAL PAC         State       Zip Code         TX       78501         C       Occupation         private investor       Aggregate Year-to-Date ▼         Aggregate Year-to-Date       ▼         Occupation       private investor         Aggregate Year-to-Date       ▼         Occupation       000,00         State       Zip Code         TX       78501         C       3000,00         State       Zip Code         TX       7852         C       3000,00

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

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

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

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TIEMIZED RECEIPTS	Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	and Statements may not be sold or used by any ing the name and address of any political committ	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDEF	RAL PAC	
Full Name (Last, First, Middle Initial) <b>A</b> . Ms Alex Ambriz		Date of Receipt
Mailing Address 15253 Heather		10 14 2011
City	State Zip Code	Transaction ID : SA11AI.15990
Harlingen	TX 78552	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	contribution
self-employed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify)	250.00	_
Full Name (Last, First, Middle Initial) B. Ms Alex Ambriz		Date of Receipt
Mailing Address 15253 Heather		
<u></u>	7:0.1	11 10 2011
City	State Zip Code TX 78552	Transaction ID : SA11AI.16208
Harlingen	TX 78552	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25.00
Name of Employer	Occupation	contribution
self-employed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		-
Other (specify)	275.00	
Full Name (Last, First, Middle Initial) C. Ms Alex Ambriz		Date of Receipt
Mailing Address 15253 Heather		12 09 2011
City	State Zip Code	Transaction ID : SA11AI.16440
Harlingen	TX 78552	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	contribution
self-employed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	—
Primary General		
Other (specify)	300.00	
SUBTOTAL of Receipts This Page (option	nal)	75.00

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	nd Statements may not be sold or used by any point of the name and address of any political committee	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) A. Michael Amyx Mailing Address 2108 Mynah City	State Zip Code	Date of Receipt
mcallen FEC ID number of contributing federal political committee. Name of Employer	TX 78501 C Occupation	Amount of Each Receipt this Period 250.00 contribution
self-employed Receipt For: Primary General Other (specify) ▼	private investor Aggregate Year-to-Date ▼ 1750.00	]
B. Hull Name (Last, First, Middle Initial) Michael Amyx Mailing Address 2108 Mynah	·	Date of Receipt
City mcallen FEC ID number of contributing	State Zip Code TX 78501	Transaction ID : SA11AI.15554 Amount of Each Receipt this Period
federal political committee. Name of Employer self-employed	Occupation private investor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	]
Full Name (Last, First, Middle Initial) Michael Amyx Mailing Address 2108 Mynah		Date of Receipt
City mcallen	State Zip Code TX 78501	09       09       2011         Transaction ID : SA11AI.15768         Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 2250.00	
		750.00

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

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

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

(check only one)

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ITEMIZED RECEIPTS			Detailed Summary Page		<b>&lt;</b> 11a 13		11b 14	11c	12		17
Any information or for comr	ation copied from such Reports a nercial purposes, other than using	nd Statements may the name and a	I ay not be sold or used by any p ddress of any political committed	erson e to so	for the	e purp	ose o	15 of soliciting from suc	g contrik ch comm	butio	ons
	DF COMMITTEE (In Full) DER HEALTH FEDERA	AL PAC									
	ne (Last, First, Middle Initial) el Amyx				Date o	of Re	ceint				
	Address 2108 Mynah				M N	И /	14		2011		Y
City		State	Zip Code			sacti		: SA11AI			
mcallen		ТХ	78501		Amour	nt of	Each	Receipt th	his Peric	bc	
	number of contributing political committee.	С					7		2	50.0	00
Name of	f Employer	Occupation	l	- (	contribu	ution					
self-emp	loyed	private inve	stor								
Receipt	For:	Aggregate	Year-to-Date ▼								
	imary General			11							
Ot	her (specify) <b>v</b>		2500.00	4							
Full Nan B. Micha	ne (Last, First, Middle Initial)				Date o	of Re	ceint				
	Address 2108 Mynah							D ( Y	V V		V
Maining /					11	// /	10		2011		Ŷ
City		State	Zip Code			sacti		, : SA11AI.			
mcallen		ТХ	78501					Receipt th		od	
	number of contributing political committee.	С					,			50.0	)0
Name of	f Employer	Occupation	1	— c	contribu	ution					
self-emp		private inve									
Receipt	For:	!·	Year-to-Date ▼								
	imary General	Aggregate		11							
Ot	her (specify) ▼		, 2750.00								
Full Nan C. Micha	ne (Last, First, Middle Initial) ael Amvx				Date of	of Re	ceint				
	Address 2108 Mynah				M 12		09		_ 2011		Y
City		State	Zip Code			sacti		- : SA11AI			
mcallen		ТХ	78501					Receipt th		od	
	number of contributing political committee.	С								50.0	00
				(	contrib	ution	7	- 7		-	
	f Employer	Occupation									
self-emp		private inve	estor								
Receipt		Aggregate	Year-to-Date ▼								
	imary General		3000.00	1							
	her (specify)		3000.00								
SUBTOTA	L of Receipts This Page (optiona	I)					7	- 7	75	50.0	0

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TTEMIZED RECEIPTS			for each category of the Detailed Summary Page		11a 13		1b 4	11c	12	17
	information copied from such Reports an or commercial purposes, other than using				or the	purpo	se o	f soliciting	g contribu	itions
	AME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC								
<b>A</b>	ull Name (Last, First, Middle Initial) Dr. Edwardo Aquino failing Address 112 E. Xenops				Date o		eipt	D / Y	YYY	Y
	tity	State	Zip Code		07 Trans	actio	15 n ID :	; : SA11AI.	2011 . <b>15338</b>	
_	Mcallen	ТХ	78504	/	Amoun	t of Ea	ach F	Receipt th	nis Period	ł
	EC ID number of contributing ederal political committee.	С			ontribu	tion			125	5.00
S	lame of Employer elfemployed	Occupation physician			JIIIIDU	uon				
R	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 875.00	]						
В. <u></u>	ull Name (Last, First, Middle Initial) Dr. Edwardo Aquino				Date o	f Rece	eipt			
_	lailing Address 112 E. Xenops				м м 08	/	D 18		2011	Y
	ity ∕Icallen	State TX	Zip Code 78504					SA11AI.		
F	EC ID number of contributing ederal political committee.	С	76504		Amoun	t of Ea	ach I	Receipt th		5.00
	lame of Employer elfemployed	Occupation physician		cc	ontribut	tion				
R	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	]						
	ull Name (Last, First, Middle Initial) Dr. Edwardo Aquino				Date o	f Rece	eipt			
N	lailing Address 112 E. Xenops				м м	/	D 09		2011	Y
	ity Mcallen	State TX	Zip Code 78504	#				<b>: SA11AI</b> Receipt th		1
	EC ID number of contributing ederal political committee.	С							12	5.00
N	lame of Employer	Occupation		C(	ontribu	tion				
	elfemployed	physician								
н	Receipt For: Primary General	Aggregate	Year-to-Date ▼							
	Other (specify)		1125.00							
su	BTOTAL of Receipts This Page (optional)								375	.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	tor each category of the Detailed Summary Page	
		any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
	AL PAC	
Full Name (Last, First, Middle Initial) Dr. Edwardo Aquino Mailing Address 112 E. Xenops		Date of Receipt
City	State Zip Code	10 14 2011 Transaction ID : SA11AI.15993
Mcallen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 1250.0	00 contribution
Full Name (Last, First, Middle Initial) Dr. Edwardo Aquino Mailing Address 112 E. Xenops		Date of Receipt
City	State Zip Code	11         10         2011           Transaction ID : SA11AI.16211
Mcallen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1375.0	00
Full Name (Last, First, Middle Initial) C. Dr. Edwardo Aquino		Date of Receipt
Mailing Address 112 E. Xenops		12 09 2011
City Mcallen	StateZip CodeTX78504	Transaction ID : SA11AI.16442 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	contribution

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b	11c	12	<u> </u>
Any information copied from such Reports a									
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	-	aress of any political committee				utions	from such	1 commit	
Full Name (Last, First, Middle Initial)         A.       Dario Arango         Mailing Address 7004	State TX C Occupation physician Aggregate Y	Zip Code 78504 ear-to-Date ▼ 1750.00			sacti t of	15 ion ID :		nis Perioc	
Full Name (Last, First, Middle Initial) B. Dario Arango Mailing Address 7004 N. Cynthia City mcallen	State TX	Zip Code 78504			/ sacti	18 0n ID :			Ý
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	C Occupation physician Aggregate Y	ear-to-Date ▼ 2000.00	cr	ontribut	tion	5		250	0.00
Full Name (Last, First, Middle Initial)         C.       Dario Arango         Mailing Address 7004	State TX C Occupation physician Aggregate Y	Zip Code 78504 ear-to-Date ▼ 2250.00			/ sacti t of	09 ion ID :		nis Perioc	t 0.00
SUBTOTAL of Receipts This Page (option	al)					,		750	0.00

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12	17		
Any information copied from such Reports and or for commercial purposes, other than using t							f soliciting	g contrib	utions		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC										
Full Name (Last, First, Middle Initial)         A.       Dario Arango         Mailing Address 7004         N. Cynthia         City         mcallen         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify)	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 2500.00	Date of Receipt Date of Receipt 10 14 2011 Transaction ID : SA11AI.15994 Amount of Each Receipt this Period 250.00 contribution 00								
Full Name (Last, First, Middle Initial)         B. Dario Arango         Mailing Address 7004         N. Cynthia         City         mcallen         FEC ID number of contributing federal political committee.         Name of Employer selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 2750.00	A		r <b>acti</b> t of	10 0n ID :	SA11AI. Receipt th	his Perio	d 0.00		
Full Name (Last, First, Middle Initial)         C.       Dario Arango         Mailing Address 7004         N. Cynthia         City         mcallen         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify)	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 3000.00			sacti t of	09 ion ID :		his Perio	d i0.00		
SUBTOTAL of Receipts This Page (optional).						7	- 7	75(	0.00		

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         27         OF           (check only one)         X         11a         11b         11c         12           13         14         15         16         16							
	ig the name and a		person for the purpose of soliciting contributio ee to solicit contributions from such committee							
Full Name (Last, First, Middle Initial)         A.         Daisy Arce         Mailing Address 129 Bluebird         City         Mcallen         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 350.00	Date of Receipt							
Full Name (Last, First, Middle Initial) <b>Daisy Arce</b> Mailing Address 129 Bluebird			Date of Receipt							

Prima Other		Aggregate Year-to-Date ▼ 350.00	
B. Daisy A	(Last, First, Middle Initial) rCe dress 129 Bluebird	Date of Receipt	
City		08 18 2011 Transaction ID : SA11AI.15557	
Mcallen		TX 78504	Amount of Each Receipt this Period
	mber of contributing tical committee.	C	50.00
Name of E		Occupation	contribution
selfemploye		physician	
Receipt Fo Prima Other		Aggregate Year-to-Date ▼ 400.00	
C. Daisy A	(Last, First, Middle Initial) ArCE dress 129 Bluebird		Date of Receipt
			09 09 2011
City		State Zip Code	Transaction ID : SA11AI.15776
Mcallen		TX 78504	Amount of Each Receipt this Period
	mber of contributing tical committee.	C	50.00
Name of E	mployer	Occupation	contribution
selfemploy		physician	
Receipt Fo		Aggregate Year-to-Date ▼ 450.00	
		)	150.00

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC		
Full Name (Last, First, Middle Initial)         Daisy Arce         Mailing Address 129 Bluebird         City         Mcallen         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 500.00	Date of Receipt
B. Full Name (Last, First, Middle Initial) Mailing Address 129 Bluebird	State	Zip Code	Date of Receipt
Mcallen         FEC ID number of contributing federal political committee.         Name of Employer selfemployed         Receipt For:         Primary       General         Other (specify) ▼	TX C Occupation physician	78504	Transaction ID : SA11AI.16213         Amount of Each Receipt this Period         50.00         contribution
Full Name (Last, First, Middle Initial)         C.       Daisy Arce         Mailing Address 129 Bluebird         City         Mcallen         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 600.00	Date of Receipt
SUBTOTAL of Receipts This Page (option	nal)		150.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TEMIZED RECEIPTS		ed Summary Page	×		11b	11c	12	
Any information copied from such Reports and S or for commercial purposes, other than using the				purp				
Full Name (Last, First, Middle Initial)         Alejandro Arizmendi         Mailing Address 307 N 'D' Salinas Blvd         City         Donna         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State Zip TX 785 C Occupation physician Aggregate Year-to-I		A	r saction t of E	09 09	SA11AI.	nis Period	
Full Name (Last, First, Middle Initial)         Alejandro Arizmendi         Mailing Address 307 N 'D' Salinas Blvd         City         Donna         FEC ID number of contributing federal political committee.         Name of Employer selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State Zip TX 785 C Occupation physician Aggregate Year-to-I		A	actic	14	SA11AI.	nis Period	Y 1 5.00
Full Name (Last, First, Middle Initial)         Alejandro Arizmendi         Mailing Address 307 N 'D' Salinas Blvd         City         Donna         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State Zip TX 785 C Occupation physician Aggregate Year-to-I		A	/ saction t of E	10 on ID :	SA11AI.	nis Period	
SUBTOTAL of Receipts This Page (optional)					,		75	.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         16	17									
			person for the purpose of soliciting contributions e to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	-												
Full Name (Last, First, Middle Initial) A. Alejandro Arizmendi			Date of Receipt										
Mailing Address 307 N 'D' Salinas Blvd			12 09 2011										
City Donna	State TX	Zip Code 78537	Transaction ID : SA11AI.16445										
		10551	Amount of Each Receipt this Period	_									
FEC ID number of contributing federal political committee.	C		25.00										
Name of Employer	Occupation												
selfemployed Receipt For:	physician												
Primary General	Aggregate	Year-to-Date ▼	1										
Other (specify)		300.00	1										
Full Name (Last, First, Middle Initial) B. Dr. Felipe Avila	Date of Receipt												
Mailing Address 104 W. 20th Street	Mailing Address 104 W. 20th Street												
City	State	Zip Code	07 15 2011 Transaction ID : SA11AI.15342										
Weslaco	ТХ	78596	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.			125.00										
Name of Employer self-employed	Occupation doctor		contribution										
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify)		, 875.00	]										
Full Name (Last, First, Middle Initial) C. Dr. Felipe Avila			Date of Receipt										
Mailing Address 104 W. 20th Street			08 18 2011										
City	State	Zip Code	Transaction ID : SA11AI.15559										
Weslaco	ТХ	78596	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	ů – Elektrik – Elektri												
Name of Employer	Occupation		contribution										
self-employed	doctor												
	Aggregate	Year-to-Date ▼											
Other (specify)		1000.00	]										
SUBTOTAL of Receipts This Page (option	al)		275.00	٦									

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

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

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

(check only one)

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435

	EMIZED RECEIPIS		Detailed Summary Page		-		11b	11c		12	_					
		·			13		14	15		16	17					
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any pe ddress of any political committee	erson e to so	tor the blicit cor	purp ntrib	oose o utions	t soliciting from suc	g co h cc	ntribut ommitte	ions ee.					
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC														
A.	Full Name (Last, First, Middle Initial) Dr. Felipe Avila				Date of	f Re	ceipt									
	Mailing Address 104 W. 20th Street				м м 09	/	09			011	Y					
	City	State	Zip Code			acti		: SA11AI								
	Weslaco	ТХ	78596		Amount	t of	Each I	Receipt th	nis F	eriod						
	FEC ID number of contributing federal political committee.	С					7		_	125.	00					
	Name of Employer	Occupation		contribution												
	self-employed	doctor														
	Receipt For:	Aggregate	Year-to-Date 🔻													
	Primary General Other (specify) ▼		1125.00													
B.	Full Name (Last, First, Middle Initial) Dr. Felipe Avila				Date of	F Do	opint									
D.	Mailing Address 104 W. 20th Street								v	v	V					
	Walling Address 104 W. 20th Street						10 14 2011									
	City	State	Zip Code		97											
	Weslaco	ΤX	78596		Amount	t of	Each I	Receipt th	nis F	'eriod						
	FEC ID number of contributing federal political committee.	С					7			125.	00					
	Name of Employer	Occupation		c	ontribut	ion										
	self-employed	doctor														
	Receipt For:	Aggregate	Year-to-Date 🔻													
	Primary General Other (specify) ▼		1250.00													
с.	Full Name (Last, First, Middle Initial)				Date of	f Re	ceipt									
	Mailing Address 104 W. 20th Street				M M	/	D 10			у 011	Y					
	City	State	Zip Code		Trans	acti	ion ID	: SA11AI	.162	15						
	Weslaco	ТХ	78596	_	Amount	t of	Each I	Receipt th	nis F	'eriod						
	FEC ID number of contributing federal political committee.	С			contribu	tion	7	3	_	125	.00					
	Name of Employer	Occupation			Jonanda	uon										
	self-employed	doctor														
	Receipt For:	Aggregate	Year-to-Date ▼													
	Other (specify) V		, 1375.00													
s	UBTOTAL of Receipts This Page (optional)		••••••	<u> </u>			7			375.	00					
									-	1000						

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

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

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

(check only one)

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ITEMIZED RECEIPTS		Detailed Summary Page		< 11a 13		11b 14	11c	12	17
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements ma the name and a	ay not be sold or used by any p ddress of any political committee	erson e to s	for the	purpo	ose of	15 f soliciting from suc	g contribu h commi	utions ttee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC								
Full Name (Last, First, Middle Initial) <b>Dr. Felipe Avila</b>				Date o	of Rec	eipt			
Mailing Address 104 W. 20th Street				<sup>M</sup> M	/	D 09		у у 2011	Y
City Weslaco	State TX	Zip Code 78596				-	: SA11AI. Receipt th		d
FEC ID number of contributing federal political committee.	С				,	,			5.00
Name of Employer	Occupation doctor			contribu	ition				
self-employed Receipt For:			_						
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1500.00	]						
Full Name (Last, First, Middle Initial) B. Murphy Badiga				Date o	of Bec	oint			
Mailing Address 1503 S. Airport				07	/	15		2011	Y
City	State	Zip Code		Trans	sactio	n ID :	SA11AI.	15343	
weslaco	ТХ	78596		Amoun	nt of E	Each F	Receipt th	nis Perio	Ł
FEC ID number of contributing federal political committee.	С				.,		7	400	0.00
Name of Employer self-employed	Occupation		- 0	contribu	tion				
Receipt For:	physician		_						
Primary General	Aggregate	Year-to-Date ▼	_						
Other (specify) V		2800.00							
Full Name (Last, First, Middle Initial) C. Murphy Badiga				Date o	of Rec	eipt			
Mailing Address 1503 S. Airport suite 6				м м 08	/	D 18		2011	Y
City weslaco	State TX	Zip Code 78596					<b>: SA11AI</b> Receipt th		
FEC ID number of contributing federal political committee.	С				. ,				0.00
Name of Employer	Occupation		-	contribu	ution				
self-employed	physician								
Receipt For:		Year-to-Date ▼							
Primary     General       Other (specify) ▼		3200.00	]						
SUBTOTAL of Receipts This Page (optional	)		 ►		. ,	,		925	5.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC		
Full Name (Last, First, Middle Initial)         Murphy Badiga         Mailing Address 1503 S. Airport	State TX C Occupation physician Aggregate	Zip Code 78596 Year-to-Date ▼ 3600.00	Date of Receipt
Full Name (Last, First, Middle Initial)         B. Murphy Badiga         Mailing Address 1503 S. Airport	State TX C Occupation physician Aggregate	Zip Code 78596 Year-to-Date ▼ 4000.00	Date of Receipt
Full Name (Last, First, Middle Initial)         Murphy Badiga         Mailing Address 1503 S. Airport	State TX C Occupation physician Aggregate	Zip Code 78596 Year-to-Date ▼ 4400.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional	)		1200.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using			berson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAI	L PAC		
Full Name (Last, First, Middle Initial)         Murphy Badiga         Mailing Address 1503 S. Airport	State TX C Occupation physician Aggregate	Zip Code 78596 Year-to-Date ▼ 4800.00	Date of Receipt
Full Name (Last, First, Middle Initial)         B.       Ms Susan Bajus         Mailing Address 5705 North 4th         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation private inve Aggregate		Date of Receipt
Full Name (Last, First, Middle Initial)         C.       Ms Susan Bajus         Mailing Address 5705 North 4th         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify)	State TX C Occupation private inve		Date of Receipt          Mark       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).....

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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			for each category of the Detailed Summary Page		<b>〈</b> 11a		11b	11c	12		
					13		14	15	16		17
	y information copied from such Reports an for commercial purposes, other than using										
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC									
Α.	Full Name (Last, First, Middle Initial) Ms Susan Bajus				Date o	of R	eceipt				
	Mailing Address 5705 North 4th				09		/ 09		y y 2011	Y	
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.15780							
		IX	70504	_	Amoun	t o	f Each	Receipt th	is Perio	d	
	FEC ID number of contributing federal political committee.	С			contribu	tio.	7		5	50.0	0
	Name of Employer	Occupation			contribu	itior	1				
	selfemployed	private inve	stor								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		450.00	11							
	Other (specify)		1 1 1								
в.	Full Name (Last, First, Middle Initial) Ms Susan Bajus	·			Date o	of R	eceipt				
	Mailing Address 5705 North 4th				M M		/ 14		у у 2011	Y	1
	City	State	Zip Code		Trans	sac	tion ID :	: SA11AI.	15999		
	McAllen	ТХ	78504		Amoun	t o	f Each I	Receipt th	nis Perio	d	
	FEC ID number of contributing federal political committee.	С				50.00					
	Name of Employer	Occupation		contribution							
	selfemployed	private inve	stor								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]							
— c	Full Name (Last, First, Middle Initial) Ms Susan Bajus				Date o	f R	eceipt				
	Mailing Address 5705 North 4th				M M		/ 10		2011	Y	7
	City	State	Zip Code		Trans	sac	tion ID	: SA11AI	.16217		
	McAllen	ТХ	78504		Amoun	t o	f Each I	Receipt th	nis Perio	d	
	FEC ID number of contributing federal political committee.	С				7	50.00				
	Name of Employer	Occupation		- '	contribu	Itioi	n				
	selfemployed	private inve	stor								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General			11							
	Other (specify)		550.00								
s	UBTOTAL of Receipts This Page (optional)	)		•		l	3		15	0.00	C

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

FEC Schedule A (Form 3X) Rev. 02/2003

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

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

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS	Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	and Statements may not be sold or used by any p sing the name and address of any political committe	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDEF	RAL PAC	
Full Name (Last, First, Middle Initial) A. Ms Susan Bajus		Date of Receipt
Mailing Address 5705 North 4th		12 09 2011
City	State Zip Code	Transaction ID : SA11AI.16448
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
selfemployed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify)	600.00	
Full Name (Last, First, Middle Initial) B. Cayetano Barrera		Date of Receipt
Mailing Address 501 Mockingbird Lane		
		07 15 _2011 _
City	State Zip Code	Transaction ID : SA11AI.15345
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	—
Primary General		-
Other (specify)	350.00	
Full Name (Last, First, Middle Initial) C. Cayetano Barrera		Date of Receipt
Mailing Address 501 Mockingbird Lane		08 18 _2011 _
City	State Zip Code	Transaction ID : SA11AI.15562
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	—
Primary General		-
Other (specify)	400.00	
SUBTOTAL of Receipts This Page (optic	nal)	▶ 150.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	RECEIPTS		for each category of the Detailed Summary Page		11a 13	11b	11c	12	17
			L ay not be sold or used by any p ddress of any political committee	erson for	the p	ourpose o	of soliciting	contribu	itions
	COMMITTEE (In Full) ER HEALTH FEDER	AL PAC							
A. Cayetar	(Last, First, Middle Initial) To Barrera dress 501 Mockingbird Lane				ate of	Receipt	D / Y	YY	Y
					09	09	9	2011	
City		State	Zip Code	Т	Transa	ction ID	: SA11AI.	15781	
mcallen		ТХ	78501	An	nount	of Each	Receipt th	is Period	I
	umber of contributing itical committee.	C				7	7	50	0.00
Name of E	Employer	Occupation		con	ntributio	on			
self-emplog		physician							
Receipt Fo		Aggregate	Year-to-Date <b>V</b>						
Prim			450.00	1					
	er (specify) 🔻		430.00						
Full Name B. Cayetar	(Last, First, Middle Initial) no Barrera			Da	ate of	Receipt			
Mailing Ad	dress 501 Mockingbird Lane			M	10	/ 0		2011	Y
City		State	Zip Code	Т	ransa	ction ID	: SA11AI.		
mcallen		ТХ	78501	Am	nount	of Each	Receipt th	is Period	
	umber of contributing itical committee.	С						50	0.00
Name of E		Occupation		- cont	tributio	on			
self-employ		physician							
Receipt Fo		Aggregate	Year-to-Date ▼ 500.00	]					
	(Last, First, Middle Initial)			Da	ate of	Receipt			
Mailing Ad	dress 501 Mockingbird Lane			IV	11	/		үчү 2011	Y
City		State	Zip Code	Т	Fransa	action ID	: SA11AI.	16218	
mcallen		ТХ	78501	Am	nount	of Each	Receipt th	is Period	
	Imber of contributing itical committee.	С				7		50	0.00
Name of E	Employer	Occupation	I	con	ntributi	on			
self-emplo		physician							
Receipt Fo		Aggregate	Year-to-Date ▼						
Prim			550.00	11					
Othe	er (specify) 🔻		550.00	1					
SUBTOTAL	of Receipts This Page (option	al)				-	- 7	150	.00

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a 13	11b	11c	12	17
Any information copied from such Reports a or for commercial purposes, other than using				or the	purpose	of solicitin	ig contribu	itions
	AL PAC							
Full Name (Last, First, Middle Initial)         Cayetano Barrera         Mailing Address 501 Mockingbird Lane         City         mcallen         FEC ID number of contributing         federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78501 Year-to-Date ▼ 600.00	A	12 Trans	action I	t 09 D : SA11AI n Receipt t	his Period	
Full Name (Last, First, Middle Initial) B. Mr. Marcos Barrera Mailing Address 3000 Yellowhammer City	State	Zip Code	[	07 Trans	action II	15 D : SA11AI		Ý
mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed	TX C Occupation private invest	78504		ntributi		n Receipt t		5.00
Receipt For: Primary General Other (specify) ▼	!'	Year-to-Date ▼ 875.00	]					
C. Mr. Marcos Barrera Mailing Address 3000 Yellowhammer	State	Zip Code		м м 08		18 / 1	2011	Y
mcallen         FEC ID number of contributing federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	TX C Occupation private inve	78504			t of Each	D : SA11A	his Period	1 5.00
SUBTOTAL of Receipts This Page (optiona	ll)						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

FOR LINE NUMBER:

(check only one)

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		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17	
				erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC		
Α.	Full Name (Last, First, Middle Initial) Mr. Marcos Barrera Mailing Address 3000 Yellowhammer			Date of Receipt
	City	State	Zip Code	Transaction ID : SA11AI.15782
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		125.00
	Name of Employer	Occupation	1	
	self-employed	private inve	estor	
	Receipt For:	Aggregate	Year-to-Date <b>V</b>	
	Primary General		1125.00	1
	Other (specify) ▼		1125.00	1
в.	Full Name (Last, First, Middle Initial) Mr. Marcos Barrera			Date of Receipt
	Mailing Address 3000 Yellowhammer			10 14 2011
	City	State	Zip Code	Transaction ID : SA11AI.16001
	mcallen	ТХ	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		125.00
	Name of Employer	Occupation	1	contribution
	self-employed	private inve	stor	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1250.00	]
с.	Full Name (Last, First, Middle Initial) Mr. Marcos Barrera			Date of Receipt
	Mailing Address 3000 Yellowhammer			M M / D D / Y Y Y Y 11 10 2011
	City	State	Zip Code	Transaction ID : SA11AI.16219
	mcallen	ТХ	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		125.00
	Name of Employer	Occupation	1	contribution
	self-employed	private inve	estor	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1375.00	1
s	<b>UBTOTAL</b> of Receipts This Page (optional).			375.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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Any information copied from such Reports and Statements may not be sold or used by any person for the purposes of soliciting contributions from such committee to solicit contributions from such committee.         Full Name (Last, First, Middle Initial)       Date of Receipt         B. Ricardo Barrera       C         Mailing Address 420 Fire       Occupation         Full Name (Last, First, Middle Initial)       C         B. Ricardo Barrera       Date of Receipt         Mailing Address 420 Fire       C         City       Tix 78572         Feel ID number of contributing federal political committee.       C         C. Ricard	TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
BORDER HEALTH FEDERAL PAC         A. Mi. Marcos Barrera         Mailing Address 3000 Yellowhammer         City       State       Zip Code         mealen       TX       78504         FEC ID number of contributing federal political committee.       Occupation       125         Name of Employer       Occupation       1500.00         Full Name (Last, First, Middle Initial)       Aggregate Year-to-Date ▼       Oate of Receipt         Receipt For:       Obter (specify) ▼       1500.00       Date of Receipt         B. Ricardo Barrera       Mailing Address 420 Frio       0       2011         City       State       Zip Code       15       2011         Receipt For:       Occupation       Physician       7X       78572         FEC ID number of contributing federal political committee.       Occupation       Physician       250         Name of Employer       Occupation       Physician       250       Contribution         Bell employed       Physician       78572       Edit of Receipt       250         Name of Employer       Occupation       Physician       250       Contribution       250         Name of Employed       Physician       78572       Edit Acceipt His Period       250				erson for the purpose of soliciting contributions
A. Mr. Marcos Barrera       Date of Receipt         Mailing Address 3000 Yellowhammer       C         City       State       Zip Code         mcallan       TX       78504         FEC ID number of contributing federal political committee.       C       125         Name of Employer       Occupation       125         saft-employed       private investor       125         Receipt For:       Other (specify) ▼       1500.00         Full Name (Last, First, Middle Initial)       B. Ricardo Barrera       Date of Receipt His Period         Mailing Address 420 Fio       C       1500.00         Full Name (Last, First, Middle Initial)       B. Ricardo Barrera       Date of Receipt His Period         Mailing Address 420 Fio       C       1500.00       15       2011         City       State       Zip Code       Transaction D: SATIALISA37       Tansout of Each Receipt His Period         Receipt For:       Occupation       physician       250       Contribution         Receipt For:       Occupation       Physician       250       Contribution         City       State       Zip Code       18       2011         Transaction D: SATIALISSE4       Aggregate Year-to-Date ▼       18       2011		AL PAC		
minimized model       TX       78504         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer self-employed       Occupation private investor       1500.00         Full Name (Last, First, Middle Initial)       B. Ricardo Barrera Mailing Address 420 Frio       Date of Receipt 0 / 0 / 0 / 0 / 0 / 0 / 0 / 0 / 0 / 0 /	A. Mr. Marcos Barrera Mailing Address 3000 Yellowhammer			M = M / D = D / Y = Y = Y
FEC. D number of contributing federal political committee.       C       125         Name of Employer self-employed mesotor       Occupation private investor       125         Receipt For: Other (specify) ▼       Aggregate Year-to-Date ▼       Date of Receipt         B. Ricardo Barrera Mating Address 420 Frio       TX       78572         FEL D number of contributing federal political committee.       C       Tamoant of Each Receipt His Period         Name of Employer self-employed       C       C       Tamoant of Each Receipt His Period         Receipt For: Primary       General Other (specify) ▼       Occupation physician       Date of Receipt         Receipt For: Primary       General Other (specify) ▼       Occupation physician       Date of Receipt         C. Ricardo Barrera       Aggregate Year-to-Date ▼       Occupation physician       Date of Receipt         City       State       Zip Code       T       Tamaatt of Each Receipt His Period         City       State       Zip Code       T       Tamaatt of Each Receipt His Period         City       State       Zip Code       T       Tamaatt of Each Receipt His Period         Receipt For:       Occupation physician       T       Zip Code       T         Mailing Address 420 Frio       C       C       Receipt For:       Zip Code				
rederal political committee.       U			70504	Amount of Each Receipt this Period
Name of Employed       Docupation         self-employed       private investor         Aggregate Year-to-Date ▼       1500.00         Full Name (Last, Frist, Middle Initial)       B. Ricardo Barrera         Maling Address 420 Frio       1500.00         City       State       Zip Code         mission       TX       78572         FEC ID number of contributing federal political committee.       Occupation         Receipt For:       Occupation         Primary       General         Other (specify) ▼       Occupation         Receipt For:       Occupation         Primary       General         Other (specify) ▼       Aggregate Year-to-Date ▼         Coccupation       Integret this Period         Physician       Aggregate Year-to-Date ▼         Receipt For:       Aggregate Year-to-Date ▼         City       State       Zip Code         Mailing Address 420 Frio       TX       78572         City       State       Zip Code         mission       TX       78572         FEC ID number of contributing federal political committee.       Occupation         Name of Employer       Occupation         Receipt For:       Aggregate Year-to-Date ▼		С		125.00
Receipt For:       Aggregate Year-to-Date ▼         Cither (specify) ▼       Isson.00         Full Name (Last, First, Middle Initial)       B. Ricardo Barrera         Mailing Address 420 Fito       Date of Receipt         City       State       Zip Code         mission       TX       78572         FEC ID number of contributing       C       250         receipt For:       Occupation       250         Primary       General       Occupation         Physician       Aggregate Year-to-Date ▼       Date of Receipt         Full Name (Last, First, Middle Initial)       C       Cocupation         Receipt For:       General       Occupation       1750.00         Full Name (Last, First, Middle Initial)       C       0       250         City       State       Zip Code       1750.00       08       2011         Transaction ID : SA11AL15347       Cocupation       1750.00       08       18       2011         City       State       Zip Code       1750.00       08       18       2011         Transaction ID : SA11AL15564       Mailing Address 420 Fito       0       18       2011       17         City       State       Zip Code       78572 <td>Name of Employer</td> <td>Occupation</td> <td></td> <td> contribution</td>	Name of Employer	Occupation		contribution
Primary       General       Prigregate real-to-Date ▼         Other (specify)       Isson.00         Full Name (Last, First, Middle Initial)       Date of Receipt         Ricardo Barrera       Date of Receipt         Mailing Address 420 Frio       TX         City       State       Zip Code         mission       TX       78572         FEC ID number of contributing       C       250         Name of Employer       Occupation         physician       Aggregate Year-to-Date ▼         Primary       General       Oggregate Year-to-Date ▼         City       State       Zip Code         Mailing Address 420 Frio       Aggregate Year-to-Date ▼       Date of Receipt         City       State       Zip Code       TX         Mailing Address 420 Frio       C       1750.00       Date of Receipt         City       State       Zip Code       TX       78572         FEC ID number of contributing       C       200       18       2011         Transaction ID : SA11AL1S564       Amount of Each Receipt the Period       250       Contribution         Self-employed       Physician       Aggregate Year-to-Date ▼       2000.00       Contribution         Primary <td></td> <td>private inve</td> <td>stor</td> <td></td>		private inve	stor	
Other (specify)       1500.00         Full Name (Last, First, Middle Initial)       B. Ricardo Barrera         Mailing Address 420 Frio       07         City       TX         mission       TX         FEC ID number of contributing federal political committee.       C         Name of Employer self-employed       Occupation physician         Receipt For:       Qeneral Other (specify)         City       1750.00         Full Name (Last, First, Middle Initial)       Aggregate Year-to-Date ▼         City       1750.00         Full Name (Last, First, Middle Initial)       Date of Receipt         City       State       Zip Code TX         Mailing Address 420 Frio       08       18         City       State       Zip Code TX       78572         FEC ID number of contributing federal political committee.       C       08       18       2011         Transaction ID : SA11AL15864       Amount of Each Receipt this Period       08       18       2011         Transaction ID : SA11AL15864       Amount of Each Receipt this Period       08       18       2011         Transaction ID : SA11AL15864       Amount of Each Receipt this Period       250       00       00       18       2011 <td< td=""><td></td><td>Aggregate</td><td>Year-to-Date 🔻</td><td></td></td<>		Aggregate	Year-to-Date 🔻	
B. Ricardo Barrera       Date of Receipt         Mailing Address 420 Frio       City       State       Zip Code         TX       78572       Transaction ID : SA11AL15347       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C			1500.00	]
City       State       Zip Code         mission       TX       78572         FEC ID number of contributing federal political committee.       C       Anount of Each Receipt this Period         Name of Employer self-employed       Occupation physician       250         Receipt For:       Aggregate Year-to-Date ▼       Ortifution         City       State       Zip Code         Mailing Address 420 Frio       1750.00       Date of Receipt         City       State       Zip Code         mission       TX       78572         FEC ID number of contributing federal political committee.       C       2011         City       State       Zip Code         mission       TX       78572         FEC ID number of contributing federal political committee.       C         Name of Employed       physician         Receipt For:       Occupation physician       250         Contribution       250				Date of Receipt
mission       TX       78572       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       250.         Name of Employer self-employed       Occupation physician       C       contribution         Receipt For:       Occupation physician       Aggregate Year-to-Date ▼       contribution         Primary       General       1750.00       Date of Receipt         Clty       State       Zip Code       Transaction ID: SA11AL15564         Amount of Each Receipt For:       Occupation       Date of Receipt         Mailing Address 420 Frio       C       18       2011         Transaction ID: SA11AL15564       Amount of Each Receipt this Period       250         FEC ID number of contributing federal political committee.       C       250         Name of Employed       Physician       250         Name of Employed       Physician       250         Receipt For:       Occupation physician       250         Name of Employed       Aggregate Year-to-Date ▼       250         Other (specify) ▼       Aggregate Year-to-Date ▼       2000.00	Mailing Address 420 Frio			
FEC ID number of contributing federal political committee.       C       250         Name of Employer self-employed       Occupation physician       contribution         Receipt For: Primary       General Other (specify) ▼       Aggregate Year-to-Date ▼       contribution         Full Name (Last, First, Middle Initial)       C       Receipt For: Name of Employer       Date of Receipt         City       State       Zip Code       Zip Code         Tx       78572       Transaction ID : SA11AL.15564         Amount of Each Receipt For: Primary       Occupation physician       C         Receipt For: Primary       C       C         Name of Employer self-employed       Occupation physician       C         Name of Employer       Occupation physician       C         Mailing Address       4ggregate Year-to-Date ▼       C         Primary       General       Other (specify) ▼       C	City			Transaction ID : SA11AI.15347
federal political committee.       250.         Name of Employer self-employed       Occupation physician         Receipt For: Primary       General Other (specify) ▼       Occupation is an ison         Full Name (Last, First, Middle Initial)       Tx       750.00         C. Ricardo Barrera Mailing Address 420 Frio       Date of Receipt         City       State       Zip Code         mission       TX       78572         FEC ID number of contributing federal political committee.       Occupation physician       Aggregate Year-to-Date ▼         Name of Employed       physician       Aggregate Year-to-Date ▼       Contribution         Receipt For: Primary       General       Occupation       250         Other (specify) ▼       Occupation       Aggregate Year-to-Date ▼       Contribution	mission	ТХ	78572	Amount of Each Receipt this Period
Name of Employed       physician         Beceipt For:       Aggregate Year-to-Date ▼         Other (specify) ▼       Aggregate Year-to-Date ▼         Full Name (Last, First, Middle Initial)       Date of Receipt         City       State       Zip Code         mission       TX       78572         FEC ID number of contributing       C       Aggregate Year-to-Date ▼         PEC ID number of contributing       C       250         Name of Employed       physician         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       Aggregate Year-to-Date ▼		С		250.00
Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       1750.00         Full Name (Last, First, Middle Initial)       Date of Receipt         C. Ricardo Barrera       Date of Receipt         Mailing Address 420 Frio       08         City       State       Zip Code         mission       TX       78572         FEC ID number of contributing federal political committee.       C         Name of Employed       physician         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       2000.00	Name of Employer	Occupation		contribution
Primary       General         Other (specify)       Initial)         C.       Ricardo Barrera         Mailing Address 420 Frio       Date of Receipt         City       State       Zip Code         mission       TX       78572         FEC ID number of contributing federal political committee.       C         Name of Employed       physician         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       2000.00	self-employed	physician		
C. Ricardo Barrera       Date of Receipt         Mailing Address 420 Frio       Image: City       State       Zip Code         City       State       Zip Code       Transaction ID : SA11AL.15564         Mission       TX       78572       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       250         Name of Employer       Occupation physician       250         Receipt For:       Aggregate Year-to-Date ▼       2000.00         Primary       General       2000.00	Primary General	Aggregate		]
City       State       Zip Code         mission       TX       78572         FEC ID number of contributing       C       250         receipt For:       Occupation         Primary       General         Other (specify) ▼       Aggregate Year-to-Date ▼         2000.00       2000.00				Date of Receipt
mission       TX       78572         FEC ID number of contributing federal political committee.       C       250         Name of Employer       Occupation       physician         self-employed       physician       Aggregate Year-to-Date ▼       C         Primary       General       Other (specify) ▼       2000.00       C	Mailing Address 420 Frio			
federal political committee.     230       Name of Employer     Occupation       self-employed     physician       Receipt For:     Aggregate Year-to-Date ▼       Primary     General       Other (specify) ▼     2000.00	-			
Name of Employer     Occupation       self-employed     physician       Receipt For:     Aggregate Year-to-Date ▼       Primary     General       Other (specify) ▼     2000.00	5	С		250.00
Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       2000.00	Name of Employer	Occupation		
Primary General Other (specify) ▼ 2000.00		physician		
	Primary General	Aggregate		1
SUBTOTAL of Receipts This Page (optional)		nal)		625.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC		
Full Name (Last, First, Middle Initial)         Ricardo Barrera         Mailing Address 420 Frio         City         mission         FEC ID number of contributing         federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date ▼ 2250.00	Date of Receipt 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         FEC ID number of contributing         federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify)	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date ▼ 2500.00	Date of Receipt 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         FEC ID number of contributing         federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date ▼ 2750.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional).			750.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and Sta or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	PAC	
Full Name (Last, First, Middle Initial)         Ricardo Barrera         Mailing Address 420 Frio         City         mission         FEC ID number of contributing         federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TX       78572         C       Occupation         physician       Aggregate Year-to-Date ▼         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
Full Name (Last, First, Middle Initial)         Dr. Sebrahmanyan Behara         Mailing Address 121 Cardinal         City         mcallen         FEC ID number of contributing         federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TX       78504         C       Occupation         Physician       Aggregate Year-to-Date ▼         Aggregate Year-to-Date ▼	Date of Receipt
Full Name (Last, First, Middle Initial)         Dr. Sebrahmanyan Behara         Mailing Address 121 Cardinal         City         mcallen         FEC ID number of contributing         federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TX       78504         C       Occupation         Ophysician       Aggregate Year-to-Date ▼         3200.00       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 REC	EIPTS	;	

Use separate schedule(s) for each category of the

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(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			person for the purpose of soliciting contributions te to solicit contributions from such committee.
NAME OF COMMITTEE (In Fu BORDER HEALTH F	ll)		
Full Name (Last, First, Middle I A. Dr. Sebrahmanyan Beha			Date of Receipt
Mailing Address 121 Cardinal	Ctata	Zip Code	09 / Y Y Y Y 2011
City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.15784           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		400.00
Name of Employer self-employed	Occupation physician	1	contribution
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 3600.00	]
Full Name (Last, First, Middle I B. Dr. Sebrahmanyan Beha Mailing Address, 404 Occurred			Date of Receipt
Mailing Address 121 Cardinal	21.1	7.0.1	10 / D D / Y Y Y Y Y 10 14 2011
City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.16003 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer self-employed	Occupation physician	1	contribution
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 4000.00	]
Full Name (Last, First, Middle I C. Dr. Sebrahmanyan Be			Date of Receipt
Mailing Address 121 Cardinal			M M / D D / Y Y Y Y 11 10 2011
City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.16221           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		400.00
Name of Employer	Occupation	1	contribution
self-employed	physician		
Receipt For:		Year-to-Date ▼ 4400.00	1
Other (specify)		7 7 7	
SUBTOTAL of Receipts This Page	e (optional)		1200.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13	11	- F	11c	12	17					
Any information copied from such Reports a or for commercial purposes, other than using				or the	purpos	se of	soliciting	g contribu	itions					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC													
Full Name (Last, First, Middle Initial)           A.         Dr. Sebrahmanyan Behara           Mailing Address         121 Cardinal				Date of Receipt										
City	State	Zip Code	- I I	12 Trans	action	09	SA11AL	2011						
mcallen	TX	78504	Α	Transaction ID : SA11AI.16452										
FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period										
Name of Employer	Occupation		cc	ontribut	tion									
self-employed	physician													
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4800.00	]											
Full Name (Last, First, Middle Initial) B. Juan Bernini						Date of Receipt								
Mailing Address 2804 Santa Ana						07 15 2011								
City	State	Zip Code	Transaction ID : SA11AI.15349											
mission	ТХ	78574	A	mount	t of Ea	ch R	leceipt th	nis Perioc	I					
FEC ID number of contributing federal political committee.	С		250.0											
Name of Employer self-employed	Occupation physician		co	ntribut	ion									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1750.00												
Full Name (Last, First, Middle Initial) C. Juan Bernini				Date of	Recei	pt								
Mailing Address 2804 Santa Ana	-					08 18 _2011 _								
City mission	State TX	Zip Code 78574	Transaction ID : SA11AI.15566 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	ě l						250.00							
Name of Employer	Occupation		co	ontribu	tion									
self-employed	physician	physician												
Receipt For:	Aggregate	Year-to-Date 🔻												
Other (specify)		2000.00												
SUBTOTAL of Receipts This Page (optiona	l)							900	.00					

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPIS		for each category of the Detailed Summary Page	-	11b	11c	12			
Any information copied from such Reports or for commercial purposes, other than us									
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	-								
Full Name (Last, First, Middle Initial)         Juan Bernini         Mailing Address 2804 Santa Ana         City         mission         FEC ID number of contributing federal political committee.	State TX C	Zip Code 78574	Date of Receipt 09 09 2011 Transaction ID : SA11AI.15785 Amount of Each Receipt this Period 250.00						
Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation physician Aggregate	Year-to-Date ▼ 2250.00	ontribu	tion					
Full Name (Last, First, Middle Initial) B. Juan Bernini Mailing Address 2804 Santa Ana City	State	Zip Code	 Date of	D / Y	y y 2011	Y			
mission         FEC ID number of contributing federal political committee.         Name of Employer self-employed         Receipt For:         Primary       General         Other (specify) ▼	TX C Occupation physician	78574 Year-to-Date ▼ 2500.00		t of Each	2 : SA11AI. Receipt th		_		
Full Name (Last, First, Middle Initial)         Juan Bernini         Mailing Address 2804 Santa Ana         City         mission         FEC ID number of contributing         federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78574 Year-to-Date ▼ 2750.00	M M 11 Trans	saction II t of Each		nis Period	I D.00		
SUBTOTAL of Receipts This Page (option	nal)					750	.00		

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TTEMIZED RECEIPTS	tor each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17				
	ts and Statements may not be sold or used by any using the name and address of any political committee	person for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDE	RAL PAC					
A. Full Name (Last, First, Middle Initial) Mailing Address 2804 Santa Ana	State Zip Code	Date of Receipt				
mission FEC ID number of contributing federal political committee.	TX 78574	Amount of Each Receipt this Period				
Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 3000.00	contribution				
B. Full Name (Last, First, Middle Initial) Mailing Address 7007 N 1st Lane		Date of Receipt				
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	07     15     2011       Transaction ID : SA11AI.15350       Amount of Each Receipt this Period       250.00				
Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 1750.00	contribution				
C. Sarojini Bose Mailing Address 7007 N 1st Lane	Sarojini Bose					
City mcallen	StateZip CodeTX78504	08     18     2011       Transaction ID : SA11AI.15567       Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	J (					
Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation       physician       Aggregate Year-to-Date ▼       2000.00	]				
SUBTOTAL of Receipts This Page (opt	ional)	▶ 750.00				

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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	RECEIPTS	Detailed Summary	ry Page X 11a 11b 11c 12	<b>_</b>								
Any information	copied from such Reports a	Ind Statements may not be sold or use	ed by any person for the purpose of soliciting contribution cal committee to solicit contributions from such committee.	17 ns								
NAME OF C	COMMITTEE (In Full) R HEALTH FEDERA			<u>.</u>								
Full Name (I A. Sarojini B	Last, First, Middle Initial)	Date of Receipt										
,	ess 7007 N 1st Lane		09 09 2011	1								
City		State Zip Code	09 09 2011 Transaction ID : SA11AI.15786	1.1								
mcallen		TX 78504	Amount of Each Receipt this Period									
	ber of contributing cal committee.	C	250.00	)								
Name of Em	nployer	Occupation	contribution									
self-employe	d	physician										
Receipt For:		Aggregate Year-to-Date ▼										
Primar	y General											
Other	(specify) 🔻	7 7 7	2250.00									
Full Name (I B. Sarojini B	Last, First, Middle Initial)	Date of Receipt										
	ess 7007 N 1st Lane											
Maining Addi	ess 7007 N 1st Lane		10 14 _2011 _									
City		State Zip Code	Transaction ID : SA11AI.16005	International International International								
mcallen		TX 78504	Amount of Each Receipt this Period									
	ber of contributing cal committee.	C	250.00	)								
Name of Em	nplover	Occupation	contribution									
self-employe		physician										
Receipt For:												
Primar		Aggregate Year-to-Date ▼										
Other	(specify) ▼		2500.00									
Full Name (I C. Sarojini I	Last, First, Middle Initial) Bose	Date of Receipt										
Mailing Addr	ess 7007 N 1st Lane		M = M / D = D / Y = Y = Y = Y 11 10 _ 2011 _	1								
City		State Zip Code	Transaction ID : SA11AI.16223									
mcallen		TX 78504	Amount of Each Receipt this Period									
	ber of contributing cal committee.	C	250.00	0								
Name of Em	nployer	Occupation	contribution									
self-employe		physician										
Receipt For:		Aggregate Year-to-Date ▼										
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Other	(specify) ▼		2750.00									
SUBTOTAL of	Receipts This Page (optiona	l)		)								

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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			Use separate schedule(s)		(check only one)									
11	EMIZED RECEIPTS	for each category of the Detailed Summary Page			<b>X</b> 11a	11b	11c	ŀ	12					
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC												
Α.	Full Name (Last, First, Middle Initial) Sarojini Bose				Date of	Receipt								
	Mailing Address 7007 N 1st Lane			12 09 2011 Transaction ID : SA11AI.16454										
	City	State	Zip Code											
	mcallen	ТХ	78504	_	Amount	of Each	Receipt t	his Pe	eriod					
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	self-employed	physician												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify)		3000.00											
В.	Full Name (Last, First, Middle Initial) Francisco Bracamontes				Date of	Receipt								
	Mailing Address 2005 Cimarron Court					M = M / D = D / Y = Y = Y								
	City	State Zip Code			07 15 2011 Transaction ID : SA11AI.15351									
	mission	ТΧ	78572	Amount of Each Receipt this Period										
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	self-employed	physician												
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	Primary General Other (specify) ▼		1750.00											
_	Full Name (Last, First, Middle Initial) Francisco Bracamontes				<b>.</b>									
С.	Mailing Address 2005 Cimarron Court			_	Date of	Receipt				_				
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	City	State	Zip Code		Trans	action ID								
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	self-employed	physician												
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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			Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         16				17							
Ar or	ny information copied from such Reports and for commercial purposes, other than using	I Statements ma the name and a	ay not be sold or used by any p ddress of any political committe	berson e to so	for the	purp	ose o	f soliciting	contribut	tions					
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC													
Α.	Full Name (Last, First, Middle Initial) Francisco Bracamontes Mailing Address 2005 Cimarron Court				Date o		D		Y Y	Y					
	City mission	State TX	Zip Code 78572	09 09 2011 Transaction ID : SA11AI.15787 Amount of Each Receipt this Period											
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в.	Full Name (Last, First, Middle Initial) Francisco Bracamontes Mailing Address, 2005, Circarea, Court					Date of Receipt									
	Mailing Address 2005 Cimarron Court	State Zip Code						10 14 2011 Transaction ID : SA11AI.16006							
	mission	ТХ	78572					Receipt th							
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	Name of Employer self-employed	Occupation physician		c	ontribu	ition									
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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

Use separate schedule(s) for each category of the

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC		
A. Full Name (Last, First, Middle Initial) Mailing Address 2005 Cimarron Court	State	Zip Code	Date of Receipt
mission	TX	78572	Transaction ID : SA11AI.16455 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer	Occupation	l	
self-employed Receipt For:	physician		
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3000.00	1
Full Name (Last, First, Middle Initial) B. Dr. Yvonne Bracamontes			Date of Receipt
Mailing Address 2005 Cimarron Court			07 15 _2011 _
City	State	Zip Code	Transaction ID : SA11AI.15352
Mission	ТХ	78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer selfemployed	Occupatior physician	1	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	]
Full Name (Last, First, Middle Initial) C. Dr. Yvonne Bracamontes			Date of Receipt
Mailing Address 2005 Cimarron Court			08 18 2011
City Mission	State TX	Zip Code 78572	Transaction ID : SA11AI.15569 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer	Occupation	1	contribution
selfemployed	physician		
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify)		400.00	]
SUBTOTAL of Receipts This Page (option	nal)		350.00

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

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

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TEMIZED RECEIPTS		for each category of the Detailed Summary Page		_		1b	11c	12	
Any information copied from such Reports and or for commercial purposes, other than using					purpo				
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Full Name (Last, First, Middle Initial)         Dr. Yvonne Bracamontes         Mailing Address 2005 Cimarron Court         City         Mission         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date ▼ 450.00			saction t of Ea	09 n ID :		is Period	
Full Name (Last, First, Middle Initial)         B. Dr. Yvonne Bracamontes         Mailing Address 2005 Cimarron Court         City         Mission         FEC ID number of contributing federal political committee.         Name of Employer selfemployed         Receipt For:         Primary       General         Other (specify)	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date V 500.00			saction t of Ea	14 12 <u>14</u>	SA11AL.	is Period	.00
Full Name (Last, First, Middle Initial)         Dr. Yvonne Bracamontes         Mailing Address 2005 Cimarron Court         City         Mission         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date V 550.00			saction t of Ea	10 <b>n ID</b>		iis Period	
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435

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAI	_ PAC											
Full Name (Last, First, Middle Initial) A. Dr. Yvonne Bracamontes Mailing Address 2005 Cimarron Court				Date c		eceipt 09		2011		Ŷ		
City	State TX	Zip Code 78572					SA11AI					
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Name of Employer selfemployed	Occupation physician			Unitibu	uon							
Receipt For: Primary General Other (specify) ▼	Aggregate	⁄ear-to-Date ▼ 600.00	]									
Full Name (Last, First, Middle Initial) B. Robert Brace				Date c	of Re	ceipt						
Mailing Address 2000 N. 8th Street				<sup>M</sup> ■ N 07	/	15		2011		Y		
City mcallen	State TX	Zip Code					SA11AI					
FEC ID number of contributing federal political committee.	D number of contributing						Receipt ti	eceipt this Period 400.00				
Name of Employer self-employed	Occupation physician		co	ontribu	ition							
Receipt For: Primary General Other (specify) ▼	Aggregate	<pre>/ear-to-Date ▼ 2800.00</pre>	]									
Full Name (Last, First, Middle Initial) C. Robert Brace				Date c	of Re	ceipt						
Mailing Address 2000 N. 8th Street				M N 08	/	D 18		2011		Y		
City mcallen	State TX	Zip Code 78501					<b>: SA11AI</b> Receipt tl		od			
FEC ID number of contributing federal political committee.	С					,		4	400.0	00		
Name of Employer	Occupation		c	ontribu	ution							
self-employed	physician											
Receipt For: Primary General Other (specify)	Aggregate N	/ear-to-Date ▼ 3200.00	1									
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TIEMIZED RECEIPTS			for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
				erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC		
Α.	Full Name (Last, First, Middle Initial) Robert Brace Mailing Address 2000 N. 8th Street			Date of Receipt
	City mcallen	State TX	Zip Code 78501	09 09 2011 Transaction ID : SA11AI.15789 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer self-employed Receipt For:	Occupation physician		contribution
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3600.00	]
в.	Full Name (Last, First, Middle Initial) Robert Brace			Date of Receipt
	Mailing Address 2000 N. 8th Street	State	Zip Code	10 14 .2011 Transaction ID : SA11AI.16008
	mcallen FEC ID number of contributing federal political committee.	ТХ	78501	Amount of Each Receipt this Period
	Name of Employer self-employed	Occupation physician		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4000.00	]
— С	Full Name (Last, First, Middle Initial) Robert Brace			Date of Receipt
0.	Mailing Address 2000 N. 8th Street			11 10 2011
	City mcallen	State TX	Zip Code 78501	Transaction ID : SA11AI.16226 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer self-employed	Occupation physician		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4400.00	]
	SUBTOTAL of Receipts This Page (optional	)		1200.00

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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ITEMIZED RECEIPTS		Detailed Summary Page	X 11a	۱۱۱ 14		11c	12 16	17
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDEF	RAL PAC							
Full Name (Last, First, Middle Initial)         Robert Brace         Mailing Address 2000 N. 8th Street         City         mcallen         FEC ID number of contributing federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate Ye	Zip Code 78501 ar-to-Date ▼ 4800.00	12 Tra	2 nsaction unt of Ead	09 ID:S	A11AI.16		
Full Name (Last, First, Middle Initial) <b>B.</b> Desi Canals Mailing Address 1912 Trinity		7in Oada	09	9	09		y y y 2011	Ŷ
City <u>Mission</u> FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate Ye	Zip Code 78574 ar-to-Date ▼ 225.00		nsaction unt of Ead				00
Full Name (Last, First, Middle Initial)         C. Desi Canals         Mailing Address 1912 Trinity         City         Mission         FEC ID number of contributing federal political committee.         Name of Employer         Self employed         Receipt For:         Primary       General         Other (specify)	State TX C Occupation physician Aggregate Ye	Zip Code 78574 ar-to-Date ▼ 250.00	10 Tra	nsaction unt of Ead	14 ID : S	5A11AI.16	Period	Y .00
SUBTOTAL of Receipts This Page (optic	nal)						450.	00

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)         Desi Canals         Mailing Address 1912 Trinity         City         Mission         FEC ID number of contributing federal political committee.         Name of Employer         Self employed         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TX       78574         C       Occupation         physician       Aggregate Year-to-Date ▼         Aggregate Year-to-Date ▼       275.00	Date of Receipt 11 10 2011 Transaction ID : SA11AI.16228 Amount of Each Receipt this Period 25.00 contribution
Full Name (Last, First, Middle Initial) Desi Canals Mailing Address 1912 Trinity City Mission FEC ID number of contributing federal political committee.	State Zip Code TX 78574	Date of Receipt 12 09 2011 Transaction ID : SA11AI.16459 Amount of Each Receipt this Period 25.00
Name of Employer Self employed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 300.00	contribution
Full Name (Last, First, Middle Initial)         Alonzo Cantu         Mailing Address P.O.Box 2673         City         mcallen         FEC ID number of contributing federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TX       78502         C       Occupation         private investor       Aggregate Year-to-Date ▼         2800.00       2800.00	Date of Receipt 07 / 15 / 2011 Transaction ID : SA11AI.15356 Amount of Each Receipt this Period 400.00 contribution
SUBTOTAL of Receipts This Page (optional)		450.00

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

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

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

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Full Name	e (Last, First, Middle Initial) Cantu				Date o	f Rec	eint						
	ddress P.O.Box 2673					/	18		2011	Y			
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	nary General		0000.00	11.									
Oth	er (specify) 🔻		3200.00	4									
	Full Name (Last, First, Middle Initial) Alonzo Cantu						Date of Receipt						
	ddress P.O.Box 2673			_					Y Y	V			
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	nary General er (specify) ▼		4000.00										
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

FOR LINE NUMBER:

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			Detailed Summary Page		_	1a 3		11b 14	11c		12 16	17	
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I												
Δ.	Full Name (Last, First, Middle Initial) Alonzo Cantu				Da	ite o	f Re	ceipt					
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	City	State TX	Zip Code			rans		ion ID	: SA11A	.1622	9		
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	Name of Employer	Occupation	I		con	tribu	tion						
	self-employed	private inve	stor										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4400.00	]									
B R	Full Name (Last, First, Middle Initial) Alonzo Cantu						Date of Receipt						
υ.	Mailing Address P.O.Box 2673					12	/	09		_201		Y	
	City	State	Zip Code		Т		acti		· : SA11AI				
	mcallen	ТХ	78502						Receipt t				
	FEC ID number of contributing federal political committee.	С						,			400.	00	
	Name of Employer self-employed	Occupation		- 0	cont	tribut	tion						
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	Other (specify)		4800.00	4									
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Leonel Cantu				Da	ite o	f Re	ceipt					
	Mailing Address 2102 Deborah				07 15 _2011 _						Y		
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	FEC ID number of contributing federal political committee.	С						,			50.	00	
	Name of Employer		con	itribu	tion								
	Self employed	physician											
	Receipt For:	Aggregate	Year-to-Date ▼										
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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

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$\rangle$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC											
A.	Full Name (Last, First, Middle Initial) Dr. Leonel Cantu					Date o	f Re	ceipt					
	Mailing Address 2102 Deborah					м м 08	/	D 18			ү 011	Y	
	City	State	Zip Code			Trans	sacti	ion ID :	SA11AI.	155	74		
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	Self employed	physician											
	Receipt For:	Aggregate	Year-to-Date ▼		1								
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	Full Name (Last, First, Middle Initial)												
в.	Dr. Leonel Cantu				_  [	Date o	f Re	ceipt					
	Mailing Address 2102 Deborah					м м 09	/	09			у 011	Y	
	City	State	Zip Code			Trans	acti	on ID :	SA11AI.	<u>157</u> 9	93		
	Edinburg	ТХ	78539		A	Amoun	t of	Each F	Receipt th	iis F	'eriod		
	FEC ID number of contributing federal political committee.	С						7	7	_	50.	00	
	Name of Employer	Occupation			- cc	ontribut	tion						
	Self employed	physician											
	Receipt For:	Aggregate	Year-to-Date ▼		-								
	Primary General	, iggi oguto											
	Other (specify) V		<u>, , , , , , , , , , , , , , , , , , , </u>	450.00									
C.	Full Name (Last, First, Middle Initial) Dr. Leonel Cantu				[	Date o	f Re	ceipt					
	Mailing Address 2102 Deborah					м м 10	/	D 14			у 011	Y	
	City	State	Zip Code			Trans	sact	ion ID :	SA11AI	160	12		
	Edinburg	ТХ	78539		_	Amoun	t of	Each F	Receipt th	is P	'eriod		
	FEC ID number of contributing federal political committee.	С			50.00							00	
	Name of Employer	Occupation				ontribu	tion						
	Self employed	physician											
	Receipt For:	Aggregate	Year-to-Date 🔻		1								
	Primary General	00 0											
	Other (specify)	L	g	500.00									
s	UBTOTAL of Receipts This Page (optional)			••••••				7			150.0	00	]
-										-	-		1

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         1
				person for the purpose of soliciting contributions be to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA			
Α.	Full Name (Last, First, Middle Initial) Dr. Leonel Cantu Mailing Address 2102 Deborah City Edinburg FEC ID number of contributing federal political committee.	State TX	Zip Code 78539	Date of Receipt          M       /       D       /       Y       Y       Y         11       /       10       /       2011         Transaction ID : SA11AI.16230         Amount of Each Receipt this Period         50.00
	Name of Employer         Self employed         Receipt For:         Primary       General         Other (specify) ▼	Occupation physician Aggregate	Year-to-Date ▼ 550.00	contribution
В.	Full Name (Last, First, Middle Initial) Dr. Leonel Cantu Mailing Address 2102 Deborah City	State	Zip Code	Date of Receipt
	Edinburg FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: □ Primary □ General Other (specify) ▼	TX C Occupation physician Aggregate	78539 Year-to-Date ▼ 600.00	Amount of Each Receipt this Period 50.00 contribution
C.	Full Name (Last, First, Middle Initial)	State TX C Occupation	Zip Code 78577	Date of Receipt 07 15 2011 Transaction ID : SA11AI.15358 Amount of Each Receipt this Period 50.00 contribution
	self-employee Receipt For: Primary General Other (specify) ▼	Aggregate	stor Year-to-Date ▼ 350.00	

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

FEC Schedule A (Form 3X) Rev. 02/2003

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

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

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and St or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (IN Full) BORDER HEALTH FEDERAL F	PAC	
Full Name (Last, First, Middle Initial)         Ms Melissa Cantu         Mailing Address 1201 S. Gumwood         City         Pharr         FEC ID number of contributing federal political committee.         Name of Employer         self-employee         Receipt For:         Primary         General         Other (specify) ▼	State       Zip Code         TX       78577         C       Occupation         Orcupation       private investor         Aggregate Year-to-Date ▼       400.00	Date of Receipt
Full Name (Last, First, Middle Initial)         Ms Melissa Cantu         Mailing Address 1201 S. Gumwood         City         Pharr         FEC ID number of contributing federal political committee.         Name of Employer self-employee         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TX       78577         C       Occupation         Orcupation       Aggregate investor         Aggregate Year-to-Date ▼       450.00	Date of Receipt
Full Name (Last, First, Middle Initial)         Ms Melissa Cantu         Mailing Address 1201 S. Gumwood         City         Pharr         FEC ID number of contributing federal political committee.         Name of Employer         self-employee         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TX       78577         C       Occupation         private investor       Aggregate Year-to-Date ▼         Aggregate Year-to-Date ▼       500.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		▶ 150.00

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

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

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

FOR LINE NUMBER:

(check only one)

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Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and a		for each category of the Detailed Summary Page		< 11a		11b	11c	12	Г	7
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC									
Full Name (Last, First, Middle Initial)         Ms Melissa Cantu         Mailing Address 1201 S. Gumwood         City         Pharr         FEC ID number of contributing federal political committee.         Name of Employer         self-employee         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation private investo Aggregate Ye				sact	10 ion ID		nis Perio		]
Full Name (Last, First, Middle Initial) Ms Melissa Cantu Mailing Address 1201 S. Gumwood City	State	Zip Code		Date of 12	/	09	)	2011	Y	]
Pharr FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	TX C Occupation private investo Aggregate Ye	78577	c		nt of	-	: SA11AI. Receipt th	nis Perio	od 50.00	
Full Name (Last, First, Middle Initial)         C.       Carlos Cardenas         Mailing Address 1000 N. Taylor Road         City         mcallen         FEC ID number of contributing         federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate Ye	Zip Code 78501 ear-to-Date ▼ 2800.00			sact	1t ion ID Each		nis Peric		]
SUBTOTAL of Receipts This Page (optional)			•			7	- 7	50	00.00	

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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(check only one)

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	Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
		y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC	
Full Name (Last, First, Middle Initial)         A.         Carlos Cardenas         Mailing Address 1000 N. Taylor Road         City         mcallen         FEC ID number of contributing         federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TX       78501         C       Occupation         Occupation	Date of Receipt 08 18 2011 Transaction ID : SA11AI.15576 Amount of Each Receipt this Period 400.00 contribution
Full Name (Last, First, Middle Initial)         B.       Carlos Cardenas         Mailing Address 1000 N. Taylor Road         City         mcallen         FEC ID number of contributing federal political committee.         Name of Employer self-employed         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TX       78501         C       Occupation         Occupation       physician         Aggregate Year-to-Date ▼       3600.00	Date of Receipt
Full Name (Last, First, Middle Initial)         C.       Carlos Cardenas         Mailing Address 1000 N. Taylor Road         City         mcallen         FEC ID number of contributing         federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TX       78501         C       Occupation         Occupation       Aggregate Year-to-Date ▼         4000.00       4000.00	Date of Receipt 10 14 2011 Transaction ID : SA11AI.16014 Amount of Each Receipt this Period 400.00 contribution
SUBTOTAL of Receipts This Page (optional)		

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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(check only one)

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		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC		
Full Name (Last, First, Middle Initial)         A.       Carlos Cardenas         Mailing Address       1000 N. Taylor Road         City       mcallen	State TX	Zip Code 78501	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For:	C Occupation physician Aggregate	Year-to-Date ▼ 4400.00	400.00 contribution
Full Name (Last, First, Middle Initial)         B.       Carlos Cardenas         Mailing Address 1000 N. Taylor Road			Date of Receipt
City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: □ Primary □ General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78501 Year-to-Date ▼ 4800.00	Transaction ID : SA11AI.16463         Amount of Each Receipt this Period         400.00         contribution
Full Name (Last, First, Middle Initial)         C.         Jose Carreras         Mailing Address 1016 E. Griffin Parkway         City         mission         FEC ID number of contributing         federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date ▼ 2800.00	Date of Receipt 07 15 2011 Transaction ID : SA11AI.15360 Amount of Each Receipt this Period 400.00 contribution
SUBTOTAL of Receipts This Page (optiona	ـــــــــــــــــــــــــــــــــــــ		1200.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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TEMIZED RECEIPTS		Detailed Summary Page		< 11a 13		11b 14	11c		12	<b>1</b> 7	
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and a	ay not be sold or used by any p ddress of any political committee	erson e to so	for the	pur ntrib	pose o	15 f soliciting from suc	g con	16 htributi mmitte	0ns e.	_
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC										
Full Name (Last, First, Middle Initial)         Jose Carreras         Mailing Address 1016 E. Griffin Parkway         City         mission         FEC ID number of contributing         federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify)	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date ▼ 3200.00			sact	18 ion ID		20 . <b>1557</b>	7	20	
Full Name (Last, First, Middle Initial)         Jose Carreras         Mailing Address 1016 E. Griffin Parkway         City         mission         FEC ID number of contributing         federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date ▼ 3600.00			f of	ion ID			6	)0	
Full Name (Last, First, Middle Initial)         Jose Carreras         Mailing Address 1016 E. Griffin Parkway         City         mission         FEC ID number of contributing         federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify)	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date ▼ 4000.00			sact	ion ID Each		20 <sup>-</sup> . <b>1601</b>	5		
SUBTOTAL of Receipts This Page (optional)						7		1	1200.0	)0	

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and Sta or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC	
Full Name (Last, First, Middle Initial)         Jose Carreras         Mailing Address 1016 E. Griffin Parkway         City         mission         FEC ID number of contributing         federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       TX     78572       C     Occupation       physician       Aggregate Year-to-Date ▼       4400.00	Date of Receipt  Date of Receipt  11 10 2011 Transaction ID : SA11AI.16233 Amount of Each Receipt this Period  400.00 contribution
Full Name (Last, First, Middle Initial)         Jose Carreras         Mailing Address 1016 E. Griffin Parkway         City         mission         FEC ID number of contributing         federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TX       78572         C       Occupation         Occupation       Aggregate Year-to-Date ▼         4800.00       4800.00	Date of Receipt          12       09       2011         Transaction ID : SA11AI.16464         Amount of Each Receipt this Period         400.00         contribution
Full Name (Last, First, Middle Initial)         C.       Marissa Castaneda         Mailing Address 5021         Elk Lane         City         Edinburg         FEC ID number of contributing federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TX       78539         C       Occupation         private investor       Aggregate Year-to-Date ▼         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 REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (IN Full) BORDER HEALTH FEDERAL	PAC		
Full Name (Last, First, Middle Initial)         Marissa Castaneda         Mailing Address 5021         Elk Lane         City         Edinburg         FEC ID number of contributing federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation private inves Aggregate		Date of Receipt
Full Name (Last, First, Middle Initial)         B. Marissa Castaneda         Mailing Address 5021         Elk Lane         City         Edinburg         FEC ID number of contributing federal political committee.         Name of Employer self-employed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation private inves Aggregate		Date of Receipt
Full Name (Last, First, Middle Initial)         C.       Marissa Castaneda         Mailing Address 5021         Elk Lane         City         Edinburg         FEC ID number of contributing federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation private inve Aggregate		Date of Receipt
SUBTOTAL of Receipts This Page (optional)			150.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			berson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC		
Full Name (Last, First, Middle Initial)         Marissa Castaneda         Mailing Address 5021         Elk Lane         City         Edinburg         FEC ID number of contributing federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation private inve Aggregate		Date of Receipt
Full Name (Last, First, Middle Initial)         B. Marissa Castaneda         Mailing Address 5021         Elk Lane         City         Edinburg         FEC ID number of contributing federal political committee.         Name of Employer self-employed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation private inve		Date of Receipt
Full Name (Last, First, Middle Initial)         Augusto Castrillon         Mailing Address 223 Rio Grande Drive         City         mission         FEC ID number of contributing federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date ▼ 1750.00	Date of Receipt 07 / 15 / 2011 Transaction ID : SA11AI.15362 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 REC	EIPTS	;	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a	11b	11c	12	17
Any information copied from such Reports a or for commercial purposes, other than usin			for the	purpose	of solicitin	g contribu	utions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC						
Full Name (Last, First, Middle Initial)         A. Augusto Castrillon         Mailing Address 223 Rio Grande Drive         City         mission         FEC ID number of contributing         federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date ▼ 2000.00	 08 Trans	saction II t of Each		his Period	
Full Name (Last, First, Middle Initial)         Augusto Castrillon         Mailing Address 223 Rio Grande Drive         City         mission         FEC ID number of contributing         federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date ▼ 2250.00	09 Trans	action II t of Each	t 09 D : SA11AI n Receipt ti	his Period	ý 1 0.00
Full Name (Last, First, Middle Initial)         Augusto Castrillon         Mailing Address 223 Rio Grande Drive         City         mission         FEC ID number of contributing         federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date ▼ 2500.00	 10 Trans	saction II t of Each		his Period	1 0.00
SUBTOTAL of Receipts This Page (optional	al)				7	750	.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

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

Use separate schedule(s) for each category of the

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(check only one)

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	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
		ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)         Augusto Castrillon         Mailing Address 223 Rio Grande Drive         City         mission         FEC ID number of contributing federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       TX     78572       C       Occupation       physician       Aggregate Year-to-Date ▼       2750.00	Date of Receipt  Date of Receipt  11 10 2011 Transaction ID : SA11AI.16235 Amount of Each Receipt this Period  contribution
Full Name (Last, First, Middle Initial)         Augusto Castrillon         Mailing Address 223 Rio Grande Drive         City         mission         FEC ID number of contributing federal political committee.         Name of Employer self-employed         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       TX     78572       C       Occupation       physician       Aggregate Year-to-Date ▼       3000.00	Date of Receipt           12       09       2011         Transaction ID : SA11AI.16466         Amount of Each Receipt this Period         250.00         contribution
Full Name (Last, First, Middle Initial)         C.       Norma Cavazos-Salas         Mailing Address 2301 N. Bryan Road         City         mission         FEC ID number of contributing federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       TX     78572       C       Occupation       physician       Aggregate Year-to-Date ▼       1250.00	Date of Receipt 07 15 2011 Transaction ID : SA11AI.15363 Amount of Each Receipt this Period 125.00 contribution
SUBTOTAL of Receipts This Page (optional)		

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

FEC Schedule A (Form 3X) Rev. 02/2003

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC		
Full Name (Last, First, Middle Initial)         Norma Cavazos-Salas         Mailing Address 2301 N. Bryan Road         City         mission         FEC ID number of contributing         federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date ▼ 1375.00	Date of Receipt
Full Name (Last, First, Middle Initial)         B. Norma Cavazos-Salas         Mailing Address 2301 N. Bryan Road         City         mission         FEC ID number of contributing federal political committee.         Name of Employer self-employed         Receipt For:         Primary       General         Other (specify)	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date ▼ 1500.00	Date of Receipt
Full Name (Last, First, Middle Initial)         C.       Norma Cavazos-Salas         Mailing Address 2301 N. Bryan Road         City         mission         FEC ID number of contributing         federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date ▼ 1625.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional).			375.00

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

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

Use separate schedule(s) for each category of the

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		-		11b	11c	12				
Any information copied from such Reports an or for commercial purposes, other than using					purp							
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA							nom suc	I COMMIN	ilee.			
Full Name (Last, First, Middle Initial) A. Norma Cavazos-Salas Mailing Address 2301 N. Bryan Road	Date of Receipt											
City mission	State TX	Zip Code 78572		Trans		on ID :	: SA11AI. Receipt th	.16236	4			
FEC ID number of contributing federal political committee.	C					,			5.00			
Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation physician Aggregate	Year-to-Date ▼ 1750.00		ontribu	ition							
Full Name (Last, First, Middle Initial)         B.       Norma Cavazos-Salas         Mailing Address 2301 N. Bryan Road	Date of Receipt											
City	State	Zip Code		12 09 2011 Transaction ID : SA11AI.16467								
mission FEC ID number of contributing federal political committee.	С	78572	Amount of Each Receipt this Period									
Name of Employer self-employed	Occupation physician		co									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1875.00	]									
Full Name (Last, First, Middle Initial) C. R. Chandrarasekharan			[	Date o	f Red	ceipt						
Mailing Address 1210 East 8th street suite 1	suite 1								Y			
City weslaco	State TX	Zip Code 78591		.15364 nis Perioc	b							
FEC ID number of contributing federal political committee.	C			ontribu	itian	,		12	5.00			
Name of Employer	Occupation			onunbu	lion							
self-employed	physician											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 875.00	1									
SUBTOTAL of Receipts This Page (optional)	)							375	5.00			

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

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

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

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Ar	ny information copied from such Reports and	Statements ma	l ay not be sold or used by a	any pe	rson	13 for the	pu	14 rpose of	15 soliciting	g cor	16 ntributi	17 ions
or	for commercial purposes, other than using t	the name and a	ddress of any political com	mittee	to s	olicit c	ontri	butions f	from suc	h co	mmitte	ee.
$\left  \right\rangle$												
	BORDER HEALTH FEDERAL											
^	Full Name (Last, First, Middle Initial)					Data	of D	aggint				
А.					-			eceipt				
	-					08	VI	/ 0 18			) )11	Y
		State	Zip Code				sac		SA11AL			
	weslaco	тх	78591						Receipt th			
	5	C						7			125.	00
	Name of Employer	Occupation	1		_	contrib	utior	า				
		physician										
		Aggregate	Year-to-Date ▼									
	Primary General	7.99.09u.0		-								
	Other (specify)		1000.0	0								
в.						Date	of R	eceipt				
						м 09	Л	/ 00		20	Y 11	Y
	City	State	Zip Code			Tran	sac	tion ID :	SA11AI.	1580	)0	
	weslaco	ТХ	78591			Amou	nt of	f Each F	Receipt th	nis P	eriod	
	5	С						7		_	125.	00
	Name of Employer	Occupation	1		- '	contribu	ution	ı				
	self-employed	physician										
		Aggregate	Year-to-Date ▼									
			, 1125.0	0								
<u>с</u>						Date	of R	eceipt				
•••						М		/ D - C	о / ү	Y	Y	Y
		Chata	Zin Oada		_	10		14			)11	
	-	State TX	Zip Code 78591		-				SA11AI			
	FEC ID number of contributing	С				Amou		T Each F	Receipt th	IIS P	eriod 125.	.00
	BORDER HEALTH FÉDERAL         Full Name (Last, First, Middle Initial)         A.       R. Chandrarasekharan         Mailing Address 1210 East 8th street         suite 1         City         weslaco         FEC ID number of contributing federal political committee.         Name of Employer         self-employed         Receipt For:         Primary         Other (specify)         Full Name (Last, First, Middle Initial)         B.         R. Chandrarasekharan         Mailing Address 1210 East 8th street					contrib	utior	n			-	
		Occupation										
		physician			_							
		Aggregate	Year-to-Date ▼									
			1250.0	00								
s	UBTOTAL of Receipts This Page (optional).			ト							375.0	00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

(check only one)

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••			Detailed Summary Page		< 11a		11b	11c		12	<u> </u>	_		
Ar	ny information copied from such Reports and for commercial purposes, other than using the	Statements ma	A not be sold or used by any put	berson	13 for the	pui	14 rpose of	15 soliciting		16 ntribut	ions	, 		
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL													
<u>د</u>	Full Name (Last, First, Middle Initial) R. Chandrarasekharan				Date o	of Re	eceipt					_		
/11	Mailing Address 1210 East 8th street				M		/ D D	/ Y		Y 1	Y			
	suite 1 City	State	Zip Code	_	11 10 2011 Transaction ID : SA11AI.16237					-				
	weslaco	TX	78591				Each R							
	FEC ID number of contributing federal political committee.	С					1		13 1	125.	00			
	Name of Employer	Occupation	1		contribu	ution	n							
	self-employed	physician												
	Receipt For:		Year-to-Date ▼											
	Other (specify)		1375.00	4										
в.	Full Name (Last, First, Middle Initial) R. Chandrarasekharan				Date c	of Re	eceipt							
Mailing Address 1210 East 8th street suite 1					M 12	/	09	/ Y		) 11	Y			
	City State Zip Code						Transaction ID : SA11AI.16468							
	weslaco	ТХ	78591		Amour	nt of	Each R	eceipt th	is P	'eriod				
	FEC ID number of contributing federal political committee.	С					7	7	_	125.	00			
	Name of Employer self-employed	Occupation physician	1	contribution										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00	]										
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Roel Contreras				Date o	of Re	eceipt							
	Mailing Address 1609 Harvey				м п 09		/ D D D 09	/ Y		) ) ) )	Y			
	City	State	Zip Code		Tran	sac	tion ID :	SA11AI.		1.00				
	McAllen	ТХ	78501				Each R							
	FEC ID number of contributing federal political committee.	25.00												
Name of Employer		Occupation	1	- '	contribu	utior	ו							
	selfemployed	private inve	estor											
	Receipt For:	1.	Year-to-Date ▼	$\neg$										
	Primary General	Ayyreyale												
	Other (specify)		225.00											
S	UBTOTAL of Receipts This Page (optional)								-	275.	00	Ī		

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS	for each category of Detailed Summary F	
		by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER		
Full Name (Last, First, Middle Initial)     Mr. Roel Contreras     Mailing Address 1609 Harvey		Date of Receipt
City McAllen	StateZip CodeTX78501	Transaction ID : SA11AI.16020           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	50.00
Full Name (Last, First, Middle Initial) B. Mr. Roel Contreras		Date of Receipt
Mailing Address 1609 Harvey		11 / Y Y Y Y 2011
City McAllen	State Zip Code TX 78501	Transaction ID : SA11AI.16238
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	75.00
Full Name (Last, First, Middle Initial) C. Mr. Roel Contreras		Date of Receipt
Mailing Address 1609 Harvey		12 09 2011
City McAllen	StateZip CodeTX78501	Transaction ID : SA11AI.16469 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
selfemployed	private investor	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 3	800.00
SUBTOTAL of Receipts This Page (option		75.00

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

100

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11		11b 14	11c	12	17
Any information copied from such Reports and or for commercial purposes, other than using t			erson for	the pur	rpose o	of soliciting	contribu	itions
NAME OF COMMITTEE (IN FUII) BORDER HEALTH FEDERAL	. PAC							
✓       Full Name (Last, First, Middle Initial)         A.       Dr. Virah Cooper         Mailing Address       1801 South 5th Street suite         City       McAllen         FEC ID number of contributing federal political committee.         Name of Employer         self-employee         Receipt For:         Primary       General         Other (specify)	State TX C Occupation physician	Zip Code 78503 ear-to-Date ▼ 700.00	Amo		tion ID Each I		is Period	
B. Full Name (Last, First, Middle Initial) Mailing Address 1801 South 5th Street suite	Zin Code	(	e of Re	18	3	y y 2011	Y	
City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State TX C Occupation physician Aggregate Y	Zip Code 78503 ear-to-Date ▼ 800.00	Amo			: SA11AL: Receipt th		_
Full Name (Last, First, Middle Initial) C. Dr. Virah Cooper Mailing Address 1801 South 5th Street suite		Zin Code	M (	e of Re	09	Э	y y 2011	Y
City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: ☐ Primary ☐ General Other (specify) ▼	State TX C Occupation physician Aggregate Y	Zip Code 78503 ear-to-Date ▼ 900.00	Amo		Each I	: SA11AI. Receipt th	is Period	1 0.00
SUBTOTAL of Receipts This Page (optional).		······			7		300	.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Full Name (Last, First, Middle Initial)         Dr. Virah Cooper         Mailing Address 1801 South 5th Street suite         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer         self-employee         Receipt For:         Primary       General         Other (specify) ▼	State TX Occupation physician	Zip Code 78503 Year-to-Date ▼ 1000.00	Date of Receipt
Full Name (Last, First, Middle Initial)         B. Dr. Virah Cooper         Mailing Address 1801 South 5th Street suite         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer self-employee         Receipt For:         Primary       General         Other (specify) ▼	State TX Occupation physician	Zip Code 78503 Year-to-Date ▼ 1100.00	Date of Receipt
Full Name (Last, First, Middle Initial)         C.       Dr. Oscar Cortez         Mailing Address 4101 South Burns Drive         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer         Self employed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78503 Year-to-Date ▼ 700.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)			300.00

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

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

FOR LINE NUMBER:

(check only one)

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13     14     15     16     17       n for the purpose of soliciting contributions
solicit contributions from such committee.
Date of Receipt 08 / 18 / 2011 Transaction ID : SA11AI.15584 Amount of Each Receipt this Period 100.00 contribution
Date of Receipt
Date of Receipt 10 / 14 / 2011 Transaction ID : SA11AI.16021 Amount of Each Receipt this Period 100.00 contribution

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 13	11b	11c	12	17
Any information copied from such Reports a or for commercial purposes, other than usin			or the	purpose	of soliciting	g contribu	utions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC						
Full Name (Last, First, Middle Initial)         Dr. Oscar Cortez         Mailing Address 4101 South Burns Drive         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer         Self employed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78503 Year-to-Date ▼ 1100.00	M M 11 Trans	1 saction IE t of Each		nis Period	
Full Name (Last, First, Middle Initial)         B.       Dr. Oscar Cortez         Mailing Address 4101 South Burns Drive         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer         Self employed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78503 Year-to-Date ▼ 1200.00	 M M 12 Trans	a <u>ction ID</u> t of Each	99 / Y 2: SA11AI. Receipt th	nis Period	y d 0.00
Full Name (Last, First, Middle Initial)         C. Diana Cortinas         Mailing Address 1400 Northgate Lane         City         mcallen         FEC ID number of contributing         federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 1507.62	 M M 07 Trans	f <mark>saction IE</mark> t of Each		nis Period	1 7.27
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional	al)	y		5	- 7	437	

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS	IEWIZED RECEIPTS for each category of the Detailed Summary Page		X	11a		11b	11c	12	2						
Any information and from and	Deports and Otatamanta in			13		14	15	16	-	17					
Any information copied from such or for commercial purposes, othe															
NAME OF COMMITTEE (In F BORDER HEALTH F															
A. Diana Cortinas Mailing Address 1400 Northga				Date o	_										
			08 / D D / Y Y Y Y Y 08 19 2011												
City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.15585												
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period												
Name of Employer self-employed	Occupation physician	1	co	ontribu	tion										
Receipt For: Primary Genera Other (specify) ▼		Year-to-Date ▼ 1701.12	]												
Full Name (Last, First, Middle B. Diana Cortinas				Date o	f Re	ceipt									
Mailing Address 1400 Northga		M M / D D / Y Y Y Y Y 09 09 _2011 _													
City	State	Zip Code	Transaction ID : SA11AI.15804												
mcallen	TX	78504	Amount of Each Receipt this Period												
federal political committee.	C ID number of contributing eral political committee.					219.0									
Name of Employer self-employed	Occupatior physician	1		ntribut	lion										
Receipt For: Primary Genera Other (specify) ▼		Year-to-Date ▼ 1920.18	]												
Full Name (Last, First, Middle C. Diana Cortinas	Initial)			Date o	f Re	ceipt									
Mailing Address 1400 Northga	te Lane			м м 10	/	14		y 2011	Y	Y					
City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.16022 Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.		171.60													
Name of Employer	00														
self-employed	physician														
Primary Genera	Receipt For: Aggregate Year-to-Date ▼														
Other (specify) ▼		2091.78													
SUBTOTAL of Receipts This Pa	ge (optional)							5	684.1	6					

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TTEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
		y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
NAME OF COMMITTEE (IN Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)         Diana Cortinas         Mailing Address 1400 Northgate Lane         City         mcallen         FEC ID number of contributing federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TX       78504         C       Occupation         physician       Aggregate Year-to-Date ▼         2245.12       2245.12	Date of Receipt  Date of Receipt  10 2011 Transaction ID : SA11AI.16240  Amount of Each Receipt this Period  153.34 contribution
Full Name (Last, First, Middle Initial)         B. Diana Cortinas         Mailing Address 1400 Northgate Lane         City         mcallen         FEC ID number of contributing federal political committee.         Name of Employer self-employed         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       TX     78504       C       Occupation       physician       Aggregate Year-to-Date ▼       2409.41	Date of Receipt  Date of Receipt  12 09 2011 Transaction ID : SA11AI.16472 Amount of Each Receipt this Period  164.29 contribution
Full Name (Last, First, Middle Initial)         Guillermo Cortinas         Mailing Address 1224 Northgate Lane         City         mcallen         FEC ID number of contributing         federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TX       78504         C       Occupation         physician       Aggregate Year-to-Date ▼         1530.06       1530.06	Date of Receipt 07 15 2011 Transaction ID : SA11AI.15369 Amount of Each Receipt this Period 242.55 contribution
SUBTOTAL of Receipts This Page (optional)		► 560.18

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Page		11a 13	11b	11c	12	17	
Any information copied from such Reported for commercial purposes, other than			erson fo	or the	purpose	of soliciting	g contribu	itions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDI	ERAL PAC							
Full Name (Last, First, Middle Initial)         A.       Guillermo Cortinas         Mailing Address       1224 Northgate Lan         City       City         mcallen       FEC ID number of contributing federal political committee.         Name of Employer       self-employed         Receipt For:       Primary       General         Other (specify) ▼       Other (specify) ▼	e State TX C Occupation physician	Zip Code 78504 Year-to-Date ▼ 1727.87	A	M ■ M 08 Trans	action II t of Each		nis Period	
Full Name (Last, First, Middle Initial)         B. Guillermo Cortinas         Mailing Address 1224 Northgate Land         City         mcallen         FEC ID number of contributing federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	e State TX C Occupation physician	Zip Code 78504 Year-to-Date ▼ 1951.80	A	09 Trans	( <b>action IE</b> t of Each	)) 2: SA11AI. Receipt ti	nis Period	Y 1 3.93
Full Name (Last, First, Middle Initial)         C. Guillermo Cortinas         Mailing Address 1224 Northgate Lan         City         mcallen         FEC ID number of contributing federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	e State TX C Occupation physician	Zip Code 78504 Year-to-Date ▼ 2127.22	A	10 Trans	saction II t of Each		nis Period	I 5.42
SUBTOTAL of Receipts This Page (or	tional)						597	.16

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Page		11a		11b 14	11c	12	17	
Any information copied from such Reports and or for commercial purposes, other than using				for the	purp	ose of	f soliciting	g contribu	utions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC								
Full Name (Last, First, Middle Initial)         Guillermo Cortinas         Mailing Address 1224 Northgate Lane         City         mcallen         FEC ID number of contributing         federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date V 2283.97			saction nt of E	10 0n ID :		nis Period	
Full Name (Last, First, Middle Initial)         B. Guillermo Cortinas         Mailing Address 1224 Northgate Lane         City         mcallen         FEC ID number of contributing federal political committee.         Name of Employer self-employed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 2451.92			sactic	09 09		nis Perioo	d 7.95
Full Name (Last, First, Middle Initial)         C.       Javier Cortinas         Mailing Address 1400 Northgate         City         mcallen         FEC ID number of contributing         federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 1750.00			saction nt of E	15 on ID :		nis Perioo	
SUBTOTAL of Receipts This Page (optiona	l)		•			,	,	574	4.70

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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		for each category of the Detailed Summary Page		-		11b	11c	12	
Any information copied from such Reports									
or for commercial purposes, other than us NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER		ddress of any political committe			ritrii	butions	a from suc	in comm	mee.
✓       Full Name (Last, First, Middle Initial)         A.       Javier Cortinas         Mailing Address 1400 Northgate         City         mcallen         FEC ID number of contributing         federal political committee.         Name of Employer         self-employed         Receipt For:         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 2000.00			sact t of	tion ID Each		his Perio	
Full Name (Last, First, Middle Initial)         B. Javier Cortinas         Mailing Address 1400 Northgate				Date o	fR	eceipt	D / 1	Y Y Y	Y
City mcallen FEC ID number of contributing federal political committee. Name of Employer	State TX Occupation	Zip Code 78504			t of	Each	9 : SA11AI Receipt t	his Perio	od 50.00
self-employed Receipt For: Primary General Other (specify) ▼	physician	Year-to-Date ▼ 2250.00	]						
C. Full Name (Last, First, Middle Initial) Mailing Address 1400 Northgate	State TX	Zip Code 78504			sac	tion ID			
FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For:	C Occupation physician Aggregate	Year-to-Date ▼ 2500.00		contribu	l	7		25	50.00
SUBTOTAL of Receipts This Page (option	nal)					7		75	0.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a 13	11b	11c	12	17						
Any information copied from such Reports or for commercial purposes, other than us				or the	purpose	of soliciting	g contribu	itions						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	-													
Full Name (Last, First, Middle Initial)         A.       Javier Cortinas         Mailing Address 1400 Northgate         City         mcallen         FEC ID number of contributing         federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 2750.00		M M 11 Trans	1 saction ID t of Each	D / Y D : SA11AI. Receipt th	nis Period							
Full Name (Last, First, Middle Initial)         Javier Cortinas         Mailing Address 1400 Northgate				Date of	f Receipt	D / Y )9	2011	Y						
City mcallen	ncallen TX 78504					Transaction ID : SA11AI.16474           Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For:	C Occupation physician Aggregate	Year-to-Date ▼ 3000.00	cc	ontribut	ion	1 (Y)	250	0.00						
C. Full Name (Last, First, Middle Initial) Dr. Hildegardo Costa Mailing Address 129 Bluebird			[	Date of		D / Y 15	2011	Y						
City     State     Zip Code       Mcallen     TX     78504					Transaction ID : SA11AI.15371 Amount of Each Receipt this Period 50.00									
federal political committee.          Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify)	Occupation physician	Year-to-Date ▼ 350.00	C1	ontribu	tion									
SUBTOTAL of Receipts This Page (optio	nal)				7	- 7	550	.00						

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

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

(check only one)

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	Detailed Summary Page		✓ 11a 13		11b 14	11c		12 16	17	
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any pe address of any political committee	erson e to s	for the olicit co	pur ntrik	pose of outions	soliciting	g con h cor	ıtributi mmitt∈	ons e.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC									
Full Name (Last, First, Middle Initial)         A.       Dr. Hildegardo Costa         Mailing Address 129 Bluebird         City         Mcallen         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify)	Zip Code 78504 Year-to-Date ▼ 400.00			sact	18 ion ID :	SA11AI. Receipt th	20 . <b>1558</b>		Y 00	
Full Name (Last, First, Middle Initial) B. Dr. Hildegardo Costa Mailing Address 129 Bluebird				Date o		eceipt 09	) / Y	20 <sup>2</sup>	Ý 11	Y
City <u>Mcallen</u> FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: □ Primary □ General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 450.00	c		t of		SA11AI. Receipt th			00
Full Name (Last, First, Middle Initial)         C.       Dr. Hildegardo Costa         Mailing Address 129 Bluebird         City         Mcallen         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify)	State TX C Occupation physician Aggregate	Zip Code 78504 1 Year-to-Date ▼ 500.00			sact	14 ion ID : Each F		20 <sup>-</sup> .1602	25	Ÿ 00
SUBTOTAL of Receipts This Page (optional)			•		-	,		-	150.0	00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS	for each catego Detailed Summ		X 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports an or for commercial purposes, other than using			erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA										
A. Full Name (Last, First, Middle Initial) Mailing Address 129 Bluebird			Date of Receipt							
City Mcallen	StateZip CodeTX78504		11     10     2011       Transaction ID : SA11AI.16244       Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee. Name of Employer	Occupation		50.00							
selfemployed Receipt For:	physician Aggregate Year-to-Date ▼		_							
Other (specify) ▼		550.00								
Full Name (Last, First, Middle Initial)         B. Dr. Hildegardo Costa         Mailing Address 129 Bluebird			Date of Receipt							
City Mcallen	State Zip Code TX 78504		12     09     2011       Transaction ID : SA11AI.16475       Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		contribution							
Name of Employer selfemployed Receipt For:	Occupation physician									
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	600.00								
Full Name (Last, First, Middle Initial) C. Dr. Edgar Cruz	·		Date of Receipt							
Mailing Address 6912 N. Peking	State Zip Code		07 15 / Y Y Y Y Y 2011							
City Mcallen	TX 78501		Transaction ID : SA11AI.15372           Amount of Each Receipt this Period							
federal political committee.										
Name of Employer selfemployed	Occupation physician		contribution							
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	350.00								
SUBTOTAL of Receipts This Page (optional)			150.00							

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

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- J -

SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$								
Any information copied from such Reports or for commercial purposes, other than usin	I and Statements may not be solo ng the name and address of an	d or used by any p y political committee	13     14     15     16     17       erson for the purpose of soliciting contributions       to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC										
A. Dr. Edgar Cruz Mailing Address 6912 N. Peking	State Zip Cod	е	Date of Receipt								
Mcallen FEC ID number of contributing federal political committee. Name of Employer	TX 78501		Amount of Each Receipt this Period 50.00 contribution								
selfemployed Receipt For: Primary General Other (specify)	Aggregate Year-to-Date	400.00	]								
B. Full Name (Last, First, Middle Initial) Mailing Address 6912 N. Peking	State Zip Cod	e	Date of Receipt								
Mcallen FEC ID number of contributing federal political committee. Name of Employer	TX 78501 C Occupation		Transaction ID : SA11AI.15808         Amount of Each Receipt this Period         50.00         contribution								
selfemployed Receipt For: Primary General Other (specify) v	physician Aggregate Year-to-Date	450.00	]								
C. Full Name (Last, First, Middle Initial) Dr. Edgar Cruz Mailing Address 6912 N. Peking	_ Dr. Edgar Cruz										
City Mcallen	State Zip Cod TX 78501	e	Transaction ID : SA11AI.16026 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	ů l										
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date	▼ 500.00	contribution								
SUBTOTAL of Receipts This Page (option	al)		150.00								

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

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

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

FOR LINE NUMBER:

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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page			la		11b	11c		12	<b>_</b>		
Ar or	ny information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any pe ddress of any political committee	erson to s	for for	the	pur ntrib	14 pose c outions	15 of soliciting from suc	g co ch cc	16 Intribut	17 ions ee.		
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	PAC												
A.	Full Name (Last, First, Middle Initial) Dr. Edgar Cruz				Dat	e of	f Re	eceipt						
	Mailing Address 6912 N. Peking				M	 1.1	1	D 1(			у 011	Y		
	City	State	Zip Code		Tr	ans	act	ion ID	: SA11AI	.162	45			
	Mcallen	ТХ	78501	_	Am	ount	t of	Each	Receipt th	nis F	'eriod			
	FEC ID number of contributing federal political committee.	С						,	-	_	50.	00		
	Name of Employer	Occupation		- '	cont	ribu	tion							
	selfemployed	physician												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General	00 0												
	Other (specify)	L	550.00											
Þ	Full Name (Last, First, Middle Initial) Dr. Edgar Cruz				Dat		F Do	eceipt						
υ.	Mailing Address 6912 N. Peking			-	Dai			D	D ( Y	v	Y	V		
	Maining Address 0912 N. Feking				IVI .	12	ľ,	09			011	1		
	City	State	Zip Code	Transaction ID : SA11AI.16476										
	Mcallen	ТХ	78501						Receipt th		-			
	FEC ID number of contributing						-			_				
	federal political committee.	С			L	-	-	7	- 7	-	50.	00		
	Name of Employer	Occupation			- contribution									
	selfemployed	physician												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General	00 0	600.00											
	Other (specify)	L												
с.	Full Name (Last, First, Middle Initial) James Darling				Dat	e of	f Re	eceipt						
	Mailing Address 1225 E Peking					м 07	1	1			011	Y		
	City	State	Zip Code		Т	rans	act	ion ID	: SA11AI	.153	73			
	mcallen	ТХ	78501		Am	ount	t of	Each	Receipt tl	nis F	Period			
	FEC ID number of contributing	C									150.	00		
	federal political committee.	С			cont	ribu	tion	7	y	_	150.	00		
	Name of Employer	Occupation												
	selfemployed	private inve	stor											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify)		1050.00											
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s	UBTOTAL of Receipts This Page (optional)		••••••					7			250.	00		
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TOTAL This Period (last page this line number only).....

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TTEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17							
	d Statements may not be sold or used by any p the name and address of any political committe	person for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC								
Full Name (Last, First, Middle Initial) A. James Darling Mailing Address 1225 E Peking		Date of Receipt							
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.15590 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	150.00							
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation       private investor       Aggregate Year-to-Date ▼       1200.00	contribution							
Full Name (Last, First, Middle Initial)         B.       James Darling         Mailing Address 1225 E Peking		Date of Receipt							
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.15809 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С	150.00							
Name of Employer selfemployed	Occupation private investor	- contribution							
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00	]							
Full Name (Last, First, Middle Initial) C. James Darling		Date of Receipt							
Mailing Address 1225 E Peking		M M / D D / Y Y Y Y 10 14 2011							
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.16027 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	150.00								
Name of Employer	Occupation	contribution							
selfemployed	private investor								
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1500.00	1							
		450.00							

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

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

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

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435

TIEMIZED RECEIPTS			Detailed Summary Page		✓ 11a 13	a		11b 14	11c		12					
An	y information copied from such Reports and S for commercial purposes, other than using the	Statements ma	I ay not be sold or used by any p ddress of any political committee	erson	for t	ne cor	purpo	ose o	15 f solicitin from suc	g con	16 tributi nmitte	17 ions ee.				
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I															
A.	Full Name (Last, First, Middle Initial) James Darling				Date	of	Rec	eint								
/ 11	Mailing Address 1225 E Peking				M1	М	/	D 10		20		Y				
	City	State	Zip Code				actio		, : SA11AI							
	mcallen	ТХ	78501		Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С					,			_	150.	00				
	Name of Employer	Occupation	1	contribution												
	selfemployed	private inve	stor													
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General			11.												
	Other (specify)		1650.00	4												
R R	Full Name (Last, First, Middle Initial) James Darling				Date	of	Rec	eint								
	Mailing Address 1225 E Peking				M		/	D	D / Y	Y	Y	Y				
				12 09 _2011 _												
	City	State Zip Code					Transaction ID : SA11AI.16477									
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	FEC ID number of contributing federal political committee.	С			150.00											
	Name of Employer	Occupation	- 0	contribution												
	selfemployed	private inve														
	Receipt For:	Aggregate														
	Primary General	Aggregate		11.												
	Other (specify)		1800.00	4												
<u>с</u> .	Full Name (Last, First, Middle Initial) David Deanda				Date	of	Rec	eipt								
-	Mailing Address 2408 Dorado				М		/	D		_201		Y				
	City	State	Zip Code				actio		, : SA11AI							
	mission	ТΧ	78574						Receipt t							
	FEC ID number of contributing	С				unt		aonn	locopt i			-				
	federal political committee.		250.00													
	Name of Employer	Occupation	I													
	self-employed	private inve	estor													
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General Other (specify) ▼		1750.00													
s	UBTOTAL of Receipts This Page (optional)			 ►			,			-	550.0	00				

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

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

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

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or	y information copied from such Reports and S for commercial purposes, other than using the	tatements may not be sold or used by any pe	13 14 15 16 17				
		Any information copied from such Reports and Statements may not be sold or used by any pe or for commercial purposes, other than using the name and address of any political committee					
	NAME OF COMMITTEE (IN Full) BORDER HEALTH FEDERAL F	PAC					
<u>د</u>	Full Name (Last, First, Middle Initial) David Deanda		Date of Receipt				
	Mailing Address 2408 Dorado		08 18 2011				
	City	State Zip Code	Transaction ID : SA11AI.15592				
	mission	TX 78574	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	250.00				
	Name of Employer	Occupation	contribution				
	self-employed	private investor					
	Receipt For: Primary General	Aggregate Year-to-Date ▼					
	Other (specify) ▼	2000.00					
	Full Name (Last, First, Middle Initial)		Date of Receipt				
	Mailing Address 2408 Dorado		09 09 2011				
	City	State Zip Code	Transaction ID : SA11AI.15811				
	mission	TX 78574	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	250.00				
	Name of Employer	Occupation	contribution				
	self-employed	private investor					
	Receipt For:	Aggregate Year-to-Date ▼					
	Primary General Other (specify) ▼	2250.00	1				
	Full Name (Last, First, Middle Initial) David Deanda		Date of Receipt				
	Mailing Address 2408 Dorado		10 14 2011				
	City	State Zip Code	Transaction ID : SA11AI.16029				
	mission	TX 78574	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С	250.00				
	Name of Employer	Occupation	contribution				
	self-employed	private investor					
	Receipt For:	Aggregate Year-to-Date ▼	-				
	Primary General Other (specify)	2500.00					
s	JBTOTAL of Receipts This Page (optional)		750.00				

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

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

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

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			Detailed Summary Page		×	11a 13		11b	11c		12 16	17
Any information copied from such Reports and Statements may not be sold or used by any per or for commercial purposes, other than using the name and address of any political committee						or the	pui prtril	rpose	of solicitin	g cor ch cor	ntribut	ions
	ME OF COMMITTEE (In Full) ORDER HEALTH FEDERAL	PAC										
	Name (Last, First, Middle Initial) avid Deanda				D	ate d	of R	eceipt				
Mai	ing Address 2408 Dorado				ſ	M ■ M	1	/ D	0		) ) ) )	Y
City		State	Zip Code		1	Tran	sact		) : SA11A			
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Nan	ne of Employer	Occupation	1		со	ntribu	ution	ו				
self	employed	private inve	estor									
Rec	eipt For:	Aggregate	Year-to-Date ▼									
	Primary General			11.								
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	Name (Last, First, Middle Initial) Avid Deanda				D	ate o	of R	eceipt				
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	Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)	L	3000.00									
	Name (Last, First, Middle Initial) r. Carlos De Juana	1			D	ate d	of R	eceipt				
Mai	ing Address 1105 Zinnia				ľ	™ 1 07	1	/ D	5	20	) 11	Y
City		State	Zip Code			Tran	sac	tion IE	) : SA11A	I.1537	75	
Mc	Allen	ТХ	78504		А	mour	nt of	Each	Receipt t	his P	eriod	
	C ID number of contributing and political committee.	С			l			7			125	
Nan	ne of Employer	Occupation	1		СС	ntrib	utior	۱				
	-employee	physician										
	eipt For:	1	Year-to-Date ▼									
	Primary General	Aggregate		11								
	Other (specify)		875.00									
SUBT	<b>OTAL</b> of Receipts This Page (optional)			► -	ļ	-		7		-	625.	00

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

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

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

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ITEMIZED RECEIPTS	Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and St or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Full Name (Last, First, Middle Initial) Dr. Carlos De Juana Mailing Address 1105 Zinnia City McAllen FEC ID number of contributing federal political committee.	Date of Receipt 08 Transaction ID : SA11AI.15593 Amount of Each Receipt this Period 125.00	
Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	C Occupation physician Aggregate Year-to-Date  1000.00	contribution
Full Name (Last, First, Middle Initial) <b>Dr. Carlos De Juana</b> Mailing Address 1105 Zinnia City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Date of Receipt this Period 125.00
Name of Employer         self-employee         Receipt For:         Primary       General         Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1125.00	contribution
Full Name (Last, First, Middle Initial)         Dr. Carlos De Juana         Mailing Address 1105 Zinnia         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer         self-employee         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TX       78504         C       Occupation         Opysician       Aggregate Year-to-Date ▼         1250.00       1250.00	Date of Receipt  Date of Receipt  10 14 2011 Transaction ID : SA11AI.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).....

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

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

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Any information copied from such Reports and S or for commercial purposes, other than using the			for the		oose o	f soliciting	g contrib		าร	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	AC									
Full Name (Last, First, Middle Initial)         Dr. Carlos De Juana         Mailing Address 1105 Zinnia         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer         self-employee         Receipt For:         Primary       General         Other (specify) ▼	Dr. Carlos De Juana         Mailing Address 1105 Zinnia         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:       Aggregate Year-to-Date ▼						SA11AI. Receipt th	nis Perio	-	
Full Name (Last, First, Middle Initial)         Dr. Carlos De Juana         Mailing Address 1105 Zinnia         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer self-employee         Receipt For:         Primary       General         Other (specify) ▼	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date		c	Date of Receipt 12 09 2011 Transaction ID : SA11AI.16481 Amount of Each Receipt this Period 125.00 contribution						
Full Name (Last, First, Middle Initial)         Dr. Andrew De La Garza         Mailing Address 708 South H Street         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date				/ sacti t of	ion ID		nis Perio		)
SUBTOTAL of Receipts This Page (optional)		•••••	• •			,	- 7	30	0.00	]

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13	11b	) 11c	12	17
Any information copied from such Reports ar or for commercial purposes, other than using			or the	purpose	e of soliciti	ng contribu	utions	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA								
Full Name (Last, First, Middle Initial)         Dr. Andrew De La Garza         Mailing Address 708 South H Street         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	Zip Code 78501 Year-to-Date ▼ 300.00		M M 11 Trans	action I t of Eac	10 ID : SA11A	this Period		
B. Full Name (Last, First, Middle Initial) Mailing Address 708 South H Street	State	Zip Code 78501		12 Trans		09 D : SA11A	2011 <b>NI.16482</b> this Period	
FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For:	Occupation physician Aggregate	Year-to-Date ▼ 350.00		ontribut				0.00
Full Name (Last, First, Middle Initial)         C.       Jorge De La Garza         Mailing Address 120 Condor         City         mcallen         FEC ID number of contributing         federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 1750.00	/	M M 07 Trans	saction t of Eac	15 ID : SA11A	this Period	_
SUBTOTAL of Receipts This Page (optional	)						350	0.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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	.1915		Detailed Summary Page	×	11a 13	11		11c 15	12	Г	17
Any information copied from such Reports and Statements may not be sold or used by an or for commercial purposes, other than using the name and address of any political comm					for the	purpos	e of s	oliciting	contrib		ns
NAME OF COMMITT		L PAC									
Full Name (Last, Firs <b>A.</b> Jorge De La Garz					Date o	f Recei	ot				
Mailing Address 120	Condor				м м 08		18	/ Y	2011	Y	1
City		State	Zip Code		Trans	saction		A11AI.			
mcallen		ТХ	78504		Amoun	t of Ea	ch Red	ceipt th	is Perio	d	
FEC ID number of co federal political comm	0	С				,		3	25	50.00	0
Name of Employer		Occupation		c	ontribu	tion					
self-employed		physician									
Receipt For:		Aggregate	Year-to-Date ▼								
Primary	General			11							
Other (specify)	▼		2000.00								
Full Name (Last, Firs B. Jorge De La Gal					Data o	f Recei	nt				
Mailing Address 120				_				( N		V	_
Mailing Address 120	Condor				09	/ [	09	/ Y	2011	Y	
City		State	Zip Code			action		Δ11ΔΙ ·			- C
mcallen		ТХ	78504						is Perio	d	
FEC ID number of co	0	С						- P		0.00	0
Name of Employer		Occupation		— c	ontribut	tion					
self-employed		physician									
Receipt For:			Year-to-Date ▼								
Primary	General	Aggregate									
Other (specify)	▼	_ L	, 2250.00								
Full Name (Last, Firs C. Jorge De La Ga					Date o	f Recei	ot				
Mailing Address 120					м м 10		14	/ Y	2011	Y	1
City		State	Zip Code			saction		A11AI.			
mcallen		ТХ	78504							d	
FEC ID number of co federal political comm	0	С			Amount of Each Receipt this Period						0
Name of Employer		Occupation		c	ontribu	ition					
self-employed		physician									
Receipt For:			Year-to-Date ▼								
Primary	General	Aggregate									
Other (specify)	▼		2500.00								
SUBTOTAL of Receipts	s This Page (optional	)					_	7	75	0.00	)

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

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

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

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ITEMIZED RECEIPTS	Detailed Summary Page	
Any information copied from such Reports and St	atements may not be sold or used by any pe	erson for the purpose of soliciting contributions
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P		e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jorge De La Garza Mailing Address 120 Condor City mcallen FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 78504 C Occupation	Date of Receipt 11 10 2011 Transaction ID : SA11AI.16251 Amount of Each Receipt this Period 250.00 contribution
self-employed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 2750.00	]
Full Name (Last, First, Middle Initial) B. Jorge De La Garza Mailing Address 120 Condor City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) =	State     Zip Code       TX     78504       C       Occupation       physician       Aggregate Year-to-Date ▼       3000.00	Date of Receipt
Other (specify) ▼         Full Name (Last, First, Middle Initial)         Luis Delgado Jr.         Mailing Address 5128 N. 10th         City         Mcallen         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       TX     78504       C     Occupation       physician     Aggregate Year-to-Date ▼       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).....

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

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

(check only one)

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ITEMIZED RECEIPTS	Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	s and Statements may not be sold or used by any p sing the name and address of any political committe	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDE	RAL PAC	
Full Name (Last, First, Middle Initial) A. Luis Delgado Jr.		Date of Receipt
Mailing Address 5128 N. 10th		08 18 _ 2011 _
City	State Zip Code	Transaction ID : SA11AI.15595
Mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		1
Other (specify)	1200.00	1
Full Name (Last, First, Middle Initial) B. Luis Delgado Jr.		Date of Receipt
Mailing Address 5128 N. 10th		09 09 2011
City	State Zip Code	Transaction ID : SA11AI.15815
Mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		1
Other (specify)	1350.00	
Full Name (Last, First, Middle Initial) C. Luis Delgado Jr.		Date of Receipt
Mailing Address 5128 N. 10th		10 14 _2011 _
City	State Zip Code	Transaction ID : SA11AI.16033
Mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	—
Primary General		1
Other (specify)	1500.00	1
SUBTOTAL of Receipts This Page (opti	onal)	450.00

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

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS		

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		< 11a		11b	11c	12	2	
Δ,	ny information copied from such Reports and	Statemente m	av not be sold or used by any n	arson	13 for the		14	15		-	17
	for commercial purposes, other than using t										
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC									
-	Full Name (Last, First, Middle Initial)										
Α.					Date o	f R	eceipt				
	Mailing Address 5128 N. 10th				M M		/ 10		ү 201		Y
	City	State	Zip Code		Trans	sac	tion ID	: SA11AI.	16252		
	Mcallen	ТХ	78504		Amoun	t o	f Each I	Receipt th	nis Per	iod	
	FEC ID number of contributing federal political committee.	С					7			150.	00
	Name of Employer	Occupation			contribu	itior	1				
	selfemployed	physician									
	Receipt For:	Aggregate	Year-to-Date <b>V</b>								
	Primary General		1050.00	11.							
	Other (specify)		1650.00								
в.	Full Name (Last, First, Middle Initial) Luis Delgado Jr.				Date o	of R	eceipt				
	Mailing Address 5128 N. 10th				12	1	09		2011		Y
	City	State	Zip Code		Trans	sac	tion ID :	: SA11AI.	16484		
	Mcallen	ТХ	78504		Amoun	t of	f Each I	Receipt th	is Per	riod	
	FEC ID number of contributing federal political committee.	С					9			150.	00
	Name of Employer	Occupation		c	ontribu	tion	l				
	selfemployed	physician									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1800.00	]							
с.	Full Name (Last, First, Middle Initial) Mr. Ted Disque	_			Date o	of R	eceipt				
	Mailing Address 501 Iris				м м 09		/ D 09		2011	Y 1	Y
	City	State	Zip Code		Trans	sac	tion ID	: SA11AI	.15816	;	
	McAllen	TX	78501		Amoun	t of	f Each I	Receipt th	is Per	riod	
	FEC ID number of contributing federal political committee.		C						_	25.	.00
	Name of Employer	Occupation	I	- '	contribu	Itioi	1				
	selfemployed	private inve	stor								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	]							
s	<b>SUBTOTAL</b> of Receipts This Page (optional).						7	5	3	325.(	00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC		
Full Name (Last, First, Middle Initial)         Mr. Ted Disque         Mailing Address 501 Iris         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation private inve Aggregate		Date of Receipt
Full Name (Last, First, Middle Initial)         Mr. Ted Disque         Mailing Address 501 Iris         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation private inve Aggregate		Date of Receipt  Transaction ID : SA11AI.16253  Amount of Each Receipt this Period  Contribution
Full Name (Last, First, Middle Initial)         Mr. Ted Disque         Mailing Address 501 Iris         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation private inve Aggregate		Date of Receipt
SUBTOTAL of Receipts This Page (option	nal)		75.00

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

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

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

(check only one)

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
Any information copied from such Report or for commercial purposes, other than u	s and Statements may not be sold or used by any sing the name and address of any political commit	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDE	RAL PAC	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 1615 Palazzo		07 15 _ 2011 _
City	State Zip Code	Transaction ID : SA11AI.15381
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		-
Other (specify)	2800.00	
Full Name (Last, First, Middle Initial) B. Alberto Duran		Date of Receipt
Mailing Address 1615 Palazzo		08 18 _2011 _
City	State Zip Code	Transaction ID : SA11AI.15597
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		-
Other (specify) ▼	3200.00	
Full Name (Last, First, Middle Initial) C. Alberto Duran		Date of Receipt
Mailing Address 1615 Palazzo		09 09 _2011 _
City	State Zip Code	Transaction ID : SA11AI.15817
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:		—
Primary General	Aggregate Year-to-Date ▼	
Other (specify)	3600.00	
SUBTOTAL of Receipts This Page (opti	onal)	▶ 1200.00

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

(check only one)

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		Detailed Summary Page		11a 13		11b 14	11c		12 16	<b>1</b>	7
Any information copied from such Reports and St or for commercial purposes, other than using the							f soliciting		ntribut	ions	-
NAME OF COMMITTEE (IN Full) BORDER HEALTH FEDERAL F	PAC										
Full Name (Last, First, Middle Initial) A. Alberto Duran				Date of	f Re	ceipt					
Mailing Address 1615 Palazzo				M M	/	D			011	Y	
City	State	Zip Code		Trans	act	ion ID	: SA11AI	.160	35		
mission	ТХ	78572		Amount	t of	Each I	Receipt th	nis P	eriod		
FEC ID number of contributing federal political committee.	С					,		_	400	.00	]
Name of Employer	Occupation	1	c	contribut	tion						
selfemployed	physician										
Receipt For:	Aggregate	Year-to-Date <b>V</b>									
Other (specify)		4000.00									
Full Name (Last, First, Middle Initial) <b>B.</b> Alberto Duran				Date of	( D o	agint					
Mailing Address 1615 Palazzo			_				D / Y	Y	Y	Y	
	Chata	Zin Onde	_	11		10		20			
City mission	State TX	Zip Code 78572	_				: SA11AI.				
		10312		Amoun	tor	Each I	Receipt th	IIS P	eriod	_	
FEC ID number of contributing federal political committee.	C					7			400.	00	I,
Name of Employer	Occupation	1	c	ontribut	ion						
selfemployed	physician										
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (specify) ▼		4400.00									
Full Name (Last, First, Middle Initial) C. Alberto Duran				Date of	f Re	ceipt					
Mailing Address 1615 Palazzo				м м 12	/	09			) 11	Y	
City mission	State TX	Zip Code 78572					<b>: SA11AI</b> Receipt th			_	
FEC ID number of contributing federal political committee.	С					7		_	400	.00	]
Name of Employer	Occupation	1		contribu	tion						
selfemployed	physician										
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify)		4800.00									
SUBTOTAL of Receipts This Page (optional)		•	- I			7	7	_	1200.	00	]

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

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

FOR LINE NUMBER:

(check only one)

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TTEMIZED RECEIPTS			for each category of the Detailed Summary Page		_		11b	11c	12				
	ny information copied from such Reports an for commercial purposes, other than using					purp							
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA												
Α.	Full Name (Last, First, Middle Initial) Ms Oneida Elizondo Mailing Address 2411 Durango Drive				Date of Receipt								
	-												
	City Mission	State TX	Zip Code 78572	_									
	FEC ID number of contributing federal political committee.	C											
	Name of Employer	Occupation	I	- 0	contribu	ition							
	selfemployed	private inve	stor										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	]									
В.	Full Name (Last, First, Middle Initial) Ms Oneida Elizondo				Date o	of Red	ceipt						
	Mailing Address 2411 Durango Drive				10 14 Y Y Y Y Y Y								
	City	State	Zip Code	Transaction ID : SA11AI.16036									
	Mission	ТХ	78572		Amoun	nt of E	Each F	Receipt th	is Period	1			
	FEC ID number of contributing federal political committee.	С			25.00								
	Name of Employer	Occupation	I	c	ontribu	tion							
	selfemployed	private inve	stor										
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]	]								
<u>с</u> .	Full Name (Last, First, Middle Initial) Ms Oneida Elizondo				Date o	of Red	ceipt						
	Mailing Address 2411 Durango Drive				11	/	D 10		ү ү 2011	Y			
	City Mission	State TX	Zip Code 78572					: SA11AI.					
	FEC ID number of contributing federal political committee.	C			Amoun	it of E	Each F	Receipt th		5.00			
	Name of Employer	Occupation		(	contribution								
	selfemployed	private inve											
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 275.00										
s	UBTOTAL of Receipts This Page (optional)	)		•			,		75	.00			

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

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

FOR LINE NUMBER:

(check only one)

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TTEMIZED RECEIPTS			for each category of the Detailed Summary Page		<b>〈</b> 11a		11b	11c	12					
	ny information copied from such Reports and for commercial purposes, other than using													
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL													
Α.	Full Name (Last, First, Middle Initial) Ms Oneida Elizondo Mailing Address 2411 Durango Drive				Date c									
		Ctata	Zin Oode		12		09	)	2011	Ŷ				
	City Mission	State TX	Zip Code 78572		Transaction ID : SA11AI.16487           Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			25.00									
	Name of Employer	Occupation		- (	contribu	ution								
	selfemployed Receipt For:	private inve	stor											
	Primary General	Aggregate	Year-to-Date ▼											
	Other (specify)		300.00											
В.	Full Name (Last, First, Middle Initial) Kotthegal Eshwar				Date c	of Re	eceipt							
	Mailing Address 108 Yellow Hammer				07 15 2011									
	City	State	Zip Code		Transaction ID : SA11AI.15383									
	mcallen	ТХ	78504		Amour	nt of	Each I	Receipt th	is Period	I				
	FEC ID number of contributing federal political committee.	С			50.00									
	Name of Employer selfemployed	Occupation		c	- contribution									
	Receipt For:	physician	Veer te Dete 🗮	_										
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 350.00	]										
<u>с</u> .	Full Name (Last, First, Middle Initial) Kotthegal Eshwar				Date c	of Re	eceipt							
	Mailing Address 108 Yellow Hammer				08	/	D 18		2011	Ŷ				
	City	State	Zip Code		Tran	sact	ion ID	: SA11AI.	15599					
	mcallen	ТХ	78504		Amour	nt of	Each I	Receipt th	is Period	I				
	FEC ID number of contributing federal political committee.	С					7	3	50	0.00				
	Name of Employer	Occupation	I	(	contribution									
	selfemployed	physician												
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	1										
5	UBTOTAL of Receipts This Page (optional)			•			1		125	.00				

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

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS			for each category of the Detailed Summary Page		-		11b	11c	12	<u> </u>				
	ny information copied from such Reports and for commercial purposes, other than using t													
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL							nom suc						
Α.	Full Name (Last, First, Middle Initial) Kotthegal Eshwar Mailing Address 108 Yellow Hammer			Date of Receipt										
	City mcallen	State TX	Zip Code 78504		Transaction ID : SA11AI.15819 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			50.00									
	Name of Employer selfemployed Receipt For: Primary General	Occupation physician Aggregate	Year-to-Date ▼	C	contribu	Ition								
	Other (specify)		450.00											
в.	Full Name (Last, First, Middle Initial)         Kotthegal Eshwar         Mailing Address 108 Yellow Hammer		Date o		D		YY	Y						
	City	State	10 14011 Transaction ID : SA11AI.16037											
	mcallen	ТХ	78504		Amount of Each Receipt this Period					b				
	FEC ID number of contributing federal political committee.	С			contribution									
	Name of Employer selfemployed	Occupation physician		c										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00											
с.	Full Name (Last, First, Middle Initial) Kotthegal Eshwar				Date o	of Re	eceipt							
	Mailing Address 108 Yellow Hammer				M N 11	1 /	D 10		у у 2011	Y				
	City mcallen	State TX	Zip Code 78504					: SA11AI Receipt th		Ł				
	FEC ID number of contributing federal political committee.	С					7		5	0.00				
	Name of Employer	Occupation	1	0	contribu	ution	1							
	selfemployed	physician												
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00											
s	UBTOTAL of Receipts This Page (optional).			•			3	7	15(	0.00				

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

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

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TTEMIZED RECEIPTS			for each category of the Detailed Summary Page		< 11a		11b	11c	12					
	ny information copied from such Reports an for commercial purposes, other than using					purpo								
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA					Innou								
Α.	Full Name (Last, First, Middle Initial) Kotthegal Eshwar Mailing Address 108 Yellow Hammer				Date o		D		2011	Ŷ				
	City	State	Zip Code		12 09 2011 Transaction ID : SA11AI.16488									
	mcallen	ТХ	78504		Amoun	t of E	ach F	Receipt th	is Period	1				
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period									
	Name of Employer	Occupation	l		contribu	tion								
	selfemployed	physician												
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00											
			, ,											
В.	Full Name (Last, First, Middle Initial)  Antonio Esparza				Date of Receipt									
	Mailing Address 136 W. Yucca					07 15 2011								
	City	State TX	Zip Code		Transaction ID : SA11AI.15384									
	mcallent		78504		Amoun	t of E	ach F	Receipt th	is Period	1				
	FEC ID number of contributing federal political committee.	С			250.00									
	Name of Employer	Occupation	l	c	ontribu	tion								
	selfemployed	physician												
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 1750.00	]										
<u>с</u> .	Full Name (Last, First, Middle Initial) Antonio Esparza	L			Date o	f Rec	eipt							
Mailing Address 136 W. Yucca					08	/	D 18		ү ү 2011	Ŷ				
	City	State	Zip Code		Trans	sactio	on ID :	: SA11AI.	15600					
	mcallent	TX	78504	_	Amoun	t of E	ach F	Receipt th	is Period	1				
	FEC ID number of contributing federal political committee.	С				,			250	0.00				
	Name of Employer	Occupation	l		contribution									
	selfemployed	physician												
	Receipt For:	Aggregate	Year-to-Date ▼											
_	Other (specify)		2000.00											
s	UBTOTAL of Receipts This Page (optional)					,		7	550	.00				

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

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TTEMIZED RECEIPTS		each category of the tailed Summary Page		-	11b	11c	12		
Any information copied from such Re or for commercial purposes, other that									
NAME OF COMMITTEE (In Full) BORDER HEALTH FEI	-								
Full Name (Last, First, Middle Initi         Antonio Esparza         Mailing Address 136 W. Yucca         City         mcallent         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary         General	State Z			M M 09 Trans	0 saction ID t of Each		nis Period		
Full Name (Last, First, Middle Initi B. Antonio Esparza	al)	2250.00		Date o	f Receipt				
Mailing Address 136 W. Yucca				м м 10	/ D	D / Y 4	2011	Y	
City		lip Code		Trans	action ID	: SA11AI.	16038		
mcallent	TX 7	/8504	A	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C								
Name of Employer	Occupation		cc	ontribut	tion				
selfemployed	physician								
Receipt For: Primary General Other (specify) ▼	Aggregate Year-t	to-Date ▼ 2500.00	]						
Full Name (Last, First, Middle Initi C. Antonio Esparza	al)			Date o	f Receipt				
Mailing Address 136 W. Yucca				M M 11		D / Y 0	2011	Y	
City		Cip Code				: SA11AI.			
mcallent		78504	/	Amoun	t of Each	Receipt th	is Period	1	
FEC ID number of contributing federal political committee.	C			ontribu	tion		250	0.00	
Name of Employer	Occupation			JIIIIDU	lion				
selfemployed	physician								
Receipt For: Primary General Other (specify) ▼	Aggregate Year-t	to-Date ▼ 2750.00							
SUBTOTAL of Receipts This Page	optional)				7	7	750	.00	

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC									
Full Name (Last, First, Middle Initial) A. Antonio Esparza Mailing Address 136 W. Yucca			Date of Receipt							
City mcallent	State TX	Zip Code 78504	Transaction ID : SA11AI.16489 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		250.00							
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate	Year-to-Date ▼ 3000.00	contribution							
B. Full Name (Last, First, Middle Initial) Maria Elena Falcon Mailing Address 2212 Westway			Date of Receipt							
City	State	Zip Code	07 15 2011 Transaction ID : SA11AI.15385							
mcallen FEC ID number of contributing federal political committee.	С	78504	Amount of Each Receipt this Period							
Name of Employer self-employed	Occupation physician		contribution							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1750.00	1							
Full Name (Last, First, Middle Initial) C. Maria Elena Falcon			Date of Receipt							
Mailing Address 2212 Westway			08 18 2011							
City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.15601 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		250.00							
Name of Employer	Occupation		contribution							
self-employed Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00	]							
SUBTOTAL of Receipts This Page (option	al)	······ )	750.00							

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and S or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (IN Full) BORDER HEALTH FEDERAL F	PAC	
Full Name (Last, First, Middle Initial)         Maria Elena Falcon         Mailing Address 2212 Westway         City         mcallen         FEC ID number of contributing federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TX       78504         C       Occupation         Occupation       Physician         Aggregate Year-to-Date ▼       2250.00	Date of Receipt 09 09 2011 Transaction ID : SA11AI.15821 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial)         Maria Elena Falcon         Mailing Address 2212 Westway         City         mcallen         FEC ID number of contributing federal political committee.         Name of Employer self-employed         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TX       78504         C       Occupation         Occupation       Physician         Aggregate Year-to-Date ▼       2500.00	Date of Receipt
Full Name (Last, First, Middle Initial)         Maria Elena Falcon         Mailing Address 2212 Westway         City         mcallen         FEC ID number of contributing         federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State TX       Zip Code 78504         C       Occupation         Occupation	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		▶ 750.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a 13	11	-	11c	12	17
Any information copied from such Reports and or for commercial purposes, other than using				or the	purpos	se of	soliciting	g contribu	tions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	L PAC								
Full Name (Last, First, Middle Initial)         A.       Maria Elena Falcon         Mailing Address 2212 Westway         City         mcallen         FEC ID number of contributing         federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 3000.00		M M 12 Trans	action t of Ea	09 09	SA11AI.	nis Period	
B. Alberto Felici Mailing Address 2309 W. Greenbriar Square	e	Zip Code		м м 07		15		2011	Y
mcallen FEC ID number of contributing federal political committee.	С	78504	A	Transaction ID : SA11AI.15386         Amount of Each Receipt this Period         10			_		
Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation physician Aggregate	Year-to-Date ▼ 700.00	co	ontribut	ion				
C. Full Name (Last, First, Middle Initial) Mailing Address 2309 W. Greenbriar Squar				м м 08	JL	18		ү 2011	Y
City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: ☐ Primary ☐ General Other (specify) ▼	State TX Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 800.00			t of Ea		SA11AI. Receipt th	nis Period	0.00
SUBTOTAL of Receipts This Page (optional)								450	.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a 13		11b 14	11c	12	17
Any information copied from such Reports and or for commercial purposes, other than using				or the	purp	ose of	f soliciting	g contribu	itions
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         mcallen         FEC ID number of contributing         federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State TX Occupation physician	Zip Code 78504 Year-to-Date ▼ 900.00			sactio	09 09	SA11AI.	nis Period	
B. Full Name (Last, First, Middle Initial) Mailing Address 2309 W. Greenbriar Square	•			Date of Receipt					
City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 1000.00	/		it of E		SA11AI. Receipt th		_
Full Name (Last, First, Middle Initial)         C.       Alberto Felici         Mailing Address 2309 W. Greenbriar Square         City         mcallen         FEC ID number of contributing         federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State TX Occupation physician	Zip Code 78504 Year-to-Date ▼ 1100.00			saction	10 000 ID	: SA11AI	nis Period	
SUBTOTAL of Receipts This Page (optional).								300	.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS			for each category of the Detailed Summary Page		11a 13		11b 14	11c	12	17	
	ny information copied from such Reports and for commercial purposes, other than using				or the		ose o	f soliciting	g contribu	tions	
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	L PAC									
Α.	Mailing Address 2309 W. Greenbriar Squar	e			Date o		ceipt 09		ү ү 2011	Y	
	City mcallen	State TX	Zip Code 78504	/				<b>SA11AI.</b> Receipt th			
	FEC ID number of contributing federal political committee.	С					,	7	100	).00	
	Name of Employer self-employed Receipt For:	Occupation physician		C(	ontribu	ition					
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00	1							
в.	Full Name (Last, First, Middle Initial) Marco Flores				Date o	f Ree	ceipt				
C r F	Mailing Address 320 Primrose	State Zip Code					07 15 2011				
	mcallen	TX	78504		Transaction ID : SA11AI.15387         Amount of Each Receipt this Period         250.00         contribution						
	FEC ID number of contributing federal political committee.	С								_	
	Name of Employer self-employed	Occupation physician	1	co							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1750.00	1							
<u> </u>	Full Name (Last, First, Middle Initial) Marco Flores				Date o	f Red	ceipt				
	Mailing Address 320 Primrose				M M 08	/	18		2011	Y	
	City mcallen	State TX	Zip Code 78504					<b>: SA11AI</b> . Receipt th			
	FEC ID number of contributing federal political committee.	С					,		250	0.00	
	Name of Employer	Occupation	1	C	ontribu	ition					
	self-employed	physician									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		2000.00	]							
s	UBTOTAL of Receipts This Page (optional)								600	.00	

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

SCHEDULE A (FEC Form 3 TEMIZED RECEIPTS	<b>3X)</b> Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 113 OF           (check only one)         11a         11b         11c         12           13         14         15         16         16
	and Statements may not be sold or used by any ing the name and address of any political committ RAL PAC	
Full Name (Last, First, Middle Initial) A. Marco Flores Mailing Address 320 Primrose		Date of Receipt 09 09 2011
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.15823 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	
Full Name (Last, First, Middle Initial) 3. Marco Flores		Date of Receipt
Mailing Address 320 Primrose		10 14 2011
City	State Zip Code	Transaction ID : SA11AI.16041
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution

Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 2500.00	contribution
Full Name (Last, First, Middle Initial) C. Marco Flores		Date of Receipt

Mailing Address 320 Primrose	State Zip Code	11 10 2011 Transaction ID : SA11AI.16260
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
self-employed	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 of	only) 🕨	

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SCHEDULE A	(FEC Form	3X)
ITEMIZED REC	EIPTS	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPT	5	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			berson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (IR BORDER HEALTH			
	ting C Occupation physician	Year-to-Date ▼	Date of Receipt
Other (specify) ▼ Full Name (Last, First, Mide B. Ms Melissa P. Flores Meiling Address (100 F	·	3000.00	Date of Receipt
Mailing Address 4420 East 	Mile 17 1/2 State TX	Zip Code 78542	M M / 09       09       2011         Transaction ID : SA11AI.15824         Amount of Each Receipt this Period
FEC ID number of contribu federal political committee.	C		contribution
Name of Employer self-employee Receipt For:	Occupation private inve		
Primary Ger Other (specify) ▼	neral	225.00	1
C. Ms Melissa P. Flore	S		Date of Receipt
Mailing Address 4420 East 	State	Zip Code	10 14 2011 Transaction ID : SA11AI.16042
Edinburg FEC ID number of contribu federal political committee.	ting C	78542	Amount of Each Receipt this Period
Name of Employer self-employee Receipt For: Primary Ger Other (specify) ▼	eral		contribution
SUBTOTAL of Receipts This	Page (optional)		300.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$				
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAI	L PAC						
Full Name (Last, First, Middle Initial) A. Ms Melissa P. Flores Mailing Address 4420 East Mile 17 1/2	01-1-	7. 0.4	Date of Receipt				
City Edinburg	State TX	Zip Code 78542	Transaction ID : SA11AI.16261				
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period				
Name of Employer self-employee	Occupation private inve	stor					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 275.00	]				
Full Name (Last, First, Middle Initial) B. Ms Melissa P. Flores			Date of Receipt				
Mailing Address 4420 East Mile 17 1/2			12 09 2011				
City	State TX	Zip Code 78542	Transaction ID : SA11AI.16493				
Edinburg FEC ID number of contributing federal political committee.	C	18342	Amount of Each Receipt this Period				
Name of Employer self-employee	Occupation private inve	stor	contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]				
Full Name (Last, First, Middle Initial) C. Mr. Raymond Franklin			Date of Receipt				
Mailing Address 3212 Nightingale Court			07 15 2011				
City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.15389 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		50.00				
Name of Employer	Occupation		contribution				
selfemployed	private inve	stor					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	]				
SUBTOTAL of Receipts This Page (optional)		· · · · · ·	100.00				

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

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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435

A. Ma Fu Ma Cit Ma FE fec Na se	commercial purposes, other than using ME OF COMMITTEE (In Full) ORDER HEALTH FEDERA Il Name (Last, First, Middle Initial) Ir. Raymond Franklin ailing Address 3212 Nightingale Court	the name and a		13     14     15     16     1       person for the purpose of soliciting contributions       ee to solicit contributions from such committee.
A. M Ma Cit M FE fec Na se	ME OF COMMITTEE (In Full) ORDER HEALTH FEDERA Il Name (Last, First, Middle Initial) Ir. Raymond Franklin ailing Address 3212 Nightingale Court			
A. Ma Cit M FE fec Na se	Ir. Raymond Franklin ailing Address 3212 Nightingale Court			Date of Receipt
	cAllen C ID number of contributing deral political committee. Ime of Employer Ifemployed secipt For: Primary General Other (specify) ▼	State TX C Occupation private inve Aggregate	Zip Code 78504 stor Year-to-Date ▼ 400.00	Model       Model <td< td=""></td<>
B. Ma	II Name (Last, First, Middle Initial) Ir. Raymond Franklin ailing Address 3212 Nightingale Court cy ccAllen C ID number of contributing	State TX	Zip Code 78504	Date of Receipt 09 09 2011 Transaction ID : SA11AI.15825 Amount of Each Receipt this Period
Na sel	deral political committee. ume of Employer ifemployed eceipt For: Primary General Other (specify) ▼	C Occupation private inves Aggregate	stor Year-to-Date ▼ 450.00	contribution
C. <u>M</u> Ma Cit M FE fec Na se	II Name (Last, First, Middle Initial) Ar. Raymond Franklin ailing Address 3212 Nightingale Court y cAllen C ID number of contributing deral political committee. Imme of Employer Ifemployed eceipt For:	State TX C Occupation private inve		Date of Receipt
SUB	Primary General Other (specify) v	, iggi cgale	Year-to-Date ▼ 500.00	

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

SCHEDULE A	(FEC	Form 3X)
ITEMIZED REC	EIPTS	6

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13	11b	11c	12	17
Any information copied from such Reports an or for commercial purposes, other than using				or the	purpose	of solicitin	ng contrib	utions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC							
A. Full Name (Last, First, Middle Initial) Mr. Raymond Franklin Mailing Address 3212 Nightingale Court City McAllen	State TX	Zip Code 78504		11 Trans	1 action ID	0 ) : SA11A		
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	Occupation private invest			amount	7	Receipt	this Perio	d 50.00
Full Name (Last, First, Middle Initial)         Mr. Raymond Franklin         Mailing Address 3212 Nightingale Court         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation private inves Aggregate	Zip Code 78504 stor Year-to-Date ▼ 600.00		12 Trans	a <u>ction ID</u> t of Each	)9 2: SA11A Receipt	this Perio	d 0.00
Full Name (Last, First, Middle Initial)         C.       Eugenio Galindo         Mailing Address 5936 N. Cynthia         City         mcallen         FEC ID number of contributing         federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 400.00		M M 11 Trans	action II t of Each	D : SA11A Receipt	this Perio	_
SUBTOTAL of Receipts This Page (optional)	)		,				50	0.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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••	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b	)	11c		2 6	17
	y information copied from such Reports and for commercial purposes, other than using t				or the		rpose		f soliciting	g conti	ributi	ons
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL											
Α.	Full Name (Last, First, Middle Initial) Eugenio Galindo Mailing Address 5936 N. Cynthia			[	Date o			ot	D / Y	Y	Y	Y
	City	State	Zip Code		12 09 2011 Transaction ID : SA11AI.16495							
	mcallen	ТХ	78504	A	Amoun	nt of	Eac	h F	Receipt th	nis Per	riod	
	FEC ID number of contributing federal political committee.	С					7		7		400.	00
	Name of Employer	Occupation		C(	ontribu	ition	1					
	self-employed	physician										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00	1								
В.	Full Name (Last, First, Middle Initial) Elvin Garcia				Date o	of Re	eceip	ot				
	Mailing Address 2800 Santa Teresa				M M	/		15		201 <sup>°</sup>		Y
	City	State	Zip Code			sact	tion I		SA11AI.			
	mission	ТХ	78572	A	Amoun	nt of	Eac	h F	Receipt th	nis Per	riod	
	FEC ID number of contributing federal political committee.	С					7		7		250.0	00
	Name of Employer	Occupation		cc	ontribu	tion						
	self-employed	physician										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1750.00									
<u></u> с.	Full Name (Last, First, Middle Initial) Elvin Garcia				Date o	of Re	eceip	ot				
	Mailing Address 2800 Santa Teresa				M N 08	1	/ D	18		201	ү 1	Y
	City mission	State TX	Zip Code 78572	-					<b>: SA11AI</b> Receipt th			
	FEC ID number of contributing federal political committee.	С					7				250.	00
	Name of Employer	Occupation		C	ontribu	ltior	1					
	self-employed	physician										
	Receipt For: Primary General Other (cnerify)	Aggregate	Year-to-Date ▼ 2000.00									
s	Other (specify) ▼ UBTOTAL of Receipts This Page (optional).		y					_		ę	900.0	00

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

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER:       PAGE 119 OF 435         (check only one)       Integration         Image: Number of the second
	Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and or for commercial purposes, other than using th		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) A. Elvin Garcia		Date of Receipt
Mailing Address 2800 Santa Teresa		M M / D D / Y Y Y Y Y 09 09 2011
City	State Zip Code	Transaction ID : SA11AI.15826
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
self-employed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	]
Full Name (Last, First, Middle Initial) <b>B. Elvin Garcia</b>		
B. EIVIII Galcia		Date of Receipt
Mailing Address 2800 Santa Teresa		Date of Receipt
	State Zip Code	M = M / D = D / Y = Y = Y
Mailing Address 2800 Santa Teresa	State Zip Code TX 78572	M = M         /         D = D         /         Y = Y = Y         Y           10         14         2011
Mailing Address 2800 Santa Teresa City		10 14 2011 Transaction ID : SA11AI.16044
Mailing Address 2800 Santa Teresa City mission FEC ID number of contributing	TX 78572	M = M       /       D = D       /       Y = Y = Y = Y         10       14       2011         Transaction ID : SA11AI.16044         Amount of Each Receipt this Period
Mailing Address 2800 Santa Teresa City mission FEC ID number of contributing federal political committee. Name of Employer	TX 78572 C Occupation	M m       /       D D       /       Y Y Y Y       Y         10       14       2011         Transaction ID : SA11AI.16044         Amount of Each Receipt this Period         250.00
Mailing Address 2800 Santa Teresa City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General	TX     78572       C       Occupation       physician       Aggregate Year-to-Date ▼	M m       /       D D       /       Y Y Y Y       Y         10       14       2011         Transaction ID : SA11AI.16044         Amount of Each Receipt this Period         250.00
Mailing Address 2800 Santa Teresa         City         mission         FEC ID number of contributing         federal political committee.         Name of Employer         self-employed         Receipt For:         Primary         General         Other (specify) ▼         Full Name (Last, First, Middle Initial)         C.         Elvin Garcia         Mailing Address 2800 Santa Teresa	TX     78572       C     Occupation       physician       Aggregate Year-to-Date ▼       2500.00	M M M       / M M         10       14         2011         Transaction ID : SA11AI.16044         Amount of Each Receipt this Period         250.00         contribution
Mailing Address 2800 Santa Teresa         City         mission         FEC ID number of contributing         federal political committee.         Name of Employer         self-employed         Receipt For:         Primary         Other (specify) ▼         Full Name (Last, First, Middle Initial)         Elvin Garcia         Mailing Address 2800 Santa Teresa         City	TX     78572       C     Occupation       physician     Aggregate Year-to-Date ▼       Aggregate Year-to-Date     2500.00	M m / 14       2011         Transaction ID : SA11AI.16044         Amount of Each Receipt this Period         250.00         contribution         Date of Receipt         11       10         2011         Transaction ID : SA11AI.16044
Mailing Address 2800 Santa Teresa         City         mission         FEC ID number of contributing         federal political committee.         Name of Employer         self-employed         Receipt For:         Primary         General         Other (specify) ▼         Full Name (Last, First, Middle Initial)         C.         Elvin Garcia         Mailing Address 2800 Santa Teresa	TX     78572       C     Occupation       physician       Aggregate Year-to-Date ▼       2500.00	M M M       / M M         10       14         2011         Transaction ID : SA11AI.16044         Amount of Each Receipt this Period         250.00         contribution
Mailing Address 2800 Santa Teresa         City         mission         FEC ID number of contributing         federal political committee.         Name of Employer         self-employed         Receipt For:         Primary         Other (specify) ▼         Full Name (Last, First, Middle Initial)         Elvin Garcia         Mailing Address 2800 Santa Teresa         City	TX     78572       C     Occupation       physician     Aggregate Year-to-Date ▼       Aggregate Year-to-Date     2500.00	M       M       M       M       14       2011         Transaction ID : SA11AI.16044       Amount of Each Receipt this Period       250.00         250.00       contribution         Date of Receipt       11       10       2011         Transaction ID : SA11AI.16263       Amount of Each Receipt this Period         2011       Transaction ID : SA11AI.16263         Amount of Each Receipt this Period       250.00
Mailing Address 2800 Santa Teresa         City         mission         FEC ID number of contributing         federal political committee.         Name of Employer         self-employed         Receipt For:         Primary         Other (specify)         Full Name (Last, First, Middle Initial)         C.         Elvin Garcia         Mailing Address 2800 Santa Teresa         City         mission         FEC ID number of contributing	TX     78572       C     Occupation       physician     Aggregate Year-to-Date ▼       Aggregate Year-to-Date ▼     2500.00       State     Zip Code       TX     78572	M M M / 14       2011         Transaction ID : SA11AI.16044         Amount of Each Receipt this Period         250.00         contribution         Date of Receipt         11       10         12       2011         Transaction ID : SA11AI.16044         Amount of Each Receipt this Period         250.00         contribution

Aggregate Year-to-Date V

2750.00

\_\_\_\_\_

750.00

Receipt For:

Primary

Other (specify)

General

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

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC		
A. Full Name (Last, First, Middle Initial) Mailing Address 2800 Santa Teresa	State TX	Zip Code 78572	Date of Receipt
mission FEC ID number of contributing federal political committee. Name of Employer	Occupation		Amount of Each Receipt this Period 250.00 contribution
self-employed Receipt For: Primary General Other (specify)	physician           Aggregate	Year-to-Date ▼ 3000.00	]
B. Hiram Garcia Mailing Address 2712 E Mile 5 Road	·		Date of Receipt
City Mission	State TX	Zip Code 78574	07     15     2011       Transaction ID : SA11AI.15392       Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer selfemployed	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1750.00	]
C. Full Name (Last, First, Middle Initial) Mailing Address 2712 E Mile 5 Road	State	Zip Code	Date of Receipt
Mission	TX	78574	Transaction ID : SA11AI.15607 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician 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 REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b	11c		12 16	17							
	ny information copied from such Reports and for commercial purposes, other than using				or the		rpose o	f solicitin		ntribut	tions							
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC																
Α.	Mailing Address 2712 E Mile 5 Road	Hiram Garcia								Date of Receipt								
	City Mission	State TX	Zip Code 78574		Transaction ID : SA11AI.15827 Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	C			ontribu		7	Receipt t	nis P	250	.00							
	Name of Employer	Occupation			ontribe		•											
	selfemployed Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2250.00	]														
B.	Full Name (Last, First, Middle Initial) Hiram Garcia	ł			Date c	of R	eceipt											
	Mailing Address 2712 E Mile 5 Road					10 / Y Y Y Y 10 14 2011												
	City	State	Zip Code	Transaction ID : SA11AI.16045														
	Mission	ТХ	78574	/	Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	С			250.00													
	Name of Employer selfemployed	Occupation physician			ontribu	tion												
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00		-													
<u>с</u> .	Full Name (Last, First, Middle Initial) Hiram Garcia				Date c	of R	eceipt											
	Mailing Address 2712 E Mile 5 Road						10			) 11	Y							
	City Mission	State TX	Zip Code 78574					<b>: SA11A</b> Receipt t										
	FEC ID number of contributing federal political committee.	250.00							.00									
	Name of Employer	C	ontribu	utior	1													
	selfemployed	physician																
	Receipt For:	Aggregate																
	Other (specify)		2750.00	1														
Ę	<b>SUBTOTAL</b> of Receipts This Page (optional)						4			750.	00							

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

(check only one)

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	TEMIZED RECEIPTS		Detailed Summary Page		X	-		11b	11c		12	<u> </u>	
	ny information copied from such Reports and for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL							buttoria					
Δ.	Full Name (Last, First, Middle Initial) Hiram Garcia					Date o	of R	eceipt					
	Mailing Address 2712 E Mile 5 Road				I	M 12	И .	/ D 0			011	Y	
	City Mission	State TX	Zip Code 78574	_	-	Tran		tion ID	: SA11AI Receipt t	1.1649	97		
	FEC ID number of contributing federal political committee.	С						,	7		250	.00	
	Name of Employer selfemployed	Occupation physician	I		co	ontribu	utior	1					
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 3000.00	]									
в.	Full Name (Last, First, Middle Initial) Ms Nancy Garcia							eceipt					
	Mailing Address 1409 Dora Jeanne Drive				11 10 Y Y Y Y Y 11 10 2011								
	City State Zip Code						sact	tion ID	: SA11AI	.1626	<u>ð5</u>	_	
	Mission	TX 78572					Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.						7	3	_	20.	.00		
	Name of Employer selfemployed	Occupation			co	ontribu	ition						
	Receipt For:	private inve											
	Primary General	Aggregate	Year-to-Date ▼										
	Other (specify) ▼		, 220.00	1									
с.	Full Name (Last, First, Middle Initial) Ms Nancy Garcia					Date d	of R	eceipt					
	Mailing Address 1409 Dora Jeanne Drive					M 12	Л	0	D / Y 9		) 011	Y	
	City Mission	State TX	Zip Code 78572		A				: SA11A				
	FEC ID number of contributing federal political committee.	С						20	.00				
Name of Employer selfemployed		Occupation	I		C	ontrib	utioi	1					
		•											
	Receipt For: Primary General	Aggregate	Year-to-Date ▼										
	Other (specify)		240.00										
s	UBTOTAL of Receipts This Page (optional)			► _	ļ			,		-	290.	00	

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FEC Schedule A (Form 3X) Rev. 02/2003

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

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

(check only one)

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	Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any particular of any political committee	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC	
Full Name (Last, First, Middle Initial) Dr. Oscar Garcia Mailing Address 1717 Palazzo City Mission FEC ID number of contributing	State Zip Code TX 78572	Date of Receipt
federal political committee.          Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	C Occupation physician Aggregate Year-to-Date ▼ 2800.00	400.00
Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Oscar Garcia Mailing Address 1717 Palazzo City Mission FEC ID number of contributing federal political committee.	State Zip Code TX 78572	Date of Receipt 08 18 2011 Transaction ID : SA11AI.15609 Amount of Each Receipt this Period 400.00
Name of Employer self-employed Receipt For:	Occupation physician Aggregate Year-to-Date ▼ 3200.00	contribution
Full Name (Last, First, Middle Initial) C. Dr. Oscar Garcia Mailing Address 1717 Palazzo		Date of Receipt
City Mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: □ Primary □ General Other (specify) ▼	State TX       Zip Code 78572         C       Occupation         physician       Aggregate Year-to-Date ▼         3600.00       3600.00	09     09     2011       Transaction ID : SA11AI.15829       Amount of Each Receipt this Period     400.00       contribution     400.00
SUBTOTAL of Receipts This Page (optional)		▶ 1200.00

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TEMIZED RECEIPTS			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
				erson for the purpose of soliciting contributions to solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC								
<b>A</b> .	Full Name (Last, First, Middle Initial) Dr. Oscar Garcia Mailing Address 1717 Palazzo			Date of Receipt						
	City Mission	State TX	Zip Code 78572	10     14     2011       Transaction ID : SA11AI.16047       Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		400.00						
	Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate	Year-to-Date ▼ 4000.00	]						
в.	Full Name (Last, First, Middle Initial) Dr. Oscar Garcia Mailing Address 1717 Palazzo			Date of Receipt						
	City	State	Zip Code	Transaction ID : SA11AI.16266						
	Mission FEC ID number of contributing federal political committee.	С	78572	Amount of Each Receipt this Period						
	Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate	Year-to-Date ▼ 4400.00	contribution						
C.	Full Name (Last, First, Middle Initial)		9 9	Date of Receipt						
	City Mission	State TX	Zip Code 78572	Transaction ID : SA11AI.16499 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		400.00						
	Name of Employer	Occupation		contribution						
	self-employed	physician								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4800.00	1						

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS	for each category of Detailed Summary Pa						
		by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAI	- PAC						
Full Name (Last, First, Middle Initial)         Dr. Carlos Garcia-Cantu         Mailing Address 4121 N. 10th #240         City         Mcallen         FEC ID number of contributing federal political committee.	Dr. Carlos Garcia-Cantu Mailing Address 4121 N. 10th #240 City State Zip Code Mcallen TX 78504 EC ID number of contributing						
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 140	0.00					
Full Name (Last, First, Middle Initial)         B. Dr. Carlos Garcia-Cantu         Mailing Address 4121 N. 10th #240         City         Mcallen         FEC ID number of contributing federal political committee.         Name of Employer	State Zip Code TX 78504	Date of Receipt M M / D D / Y Y Y Y 08 18 2011 Transaction ID : SA11AI.15610 Amount of Each Receipt this Period 200.00 contribution					
selfemployed Receipt For: Primary General Other (specify) v	physician       Aggregate Year-to-Date ▼       160	0.00					
Full Name (Last, First, Middle Initial)         Dr. Carlos Garcia-Cantu         Mailing Address 4121 N. 10th #240         City         Mcallen         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify)	State       Zip Code         TX       78504         C       Occupation         physician       Aggregate Year-to-Date ▼         180	Date of Receipt 09 09 2011 Transaction ID : SA11AI.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 REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a	11b	11c	12	17							
Any information copied from such Reports and or for commercial purposes, other than using				for the	purpose	of solicitin	g contribu	utions							
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAI	_ PAC														
Full Name (Last, First, Middle Initial)         Dr. Carlos Garcia-Cantu         Mailing Address         A121 N. 10th #240         City         Mcallen	Dr. Carlos Garcia-Cantu Mailing Address 4121 N. 10th #240 City State Zip Code						Date of Receipt								
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: ☐ Primary ☐ General Other (specify) ▼	C Occupation physician Aggregate Y	/ear-to-Date ▼ 2000.00		ontribu				D.00							
Full Name (Last, First, Middle Initial)         B. Dr. Carlos Garcia-Cantu         Mailing Address 4121 N. 10th #240         City         Mcallen         FEC ID number of contributing federal political committee.         Name of Employer selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate Y	Zip Code 78504 //ear-to-Date ▼ 2200.00		11 Trans	t of Eac	t 10 D : SA11AI h Receipt t	his Period	ý 1 1.00							
Full Name (Last, First, Middle Initial)         C.       Dr. Carlos Garcia-Cantu         Mailing Address 4121 N. 10th #240         City         Mcallen         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate Y	Zip Code 78504 //ear-to-Date ▼ 2400.00		12 Trans	saction I t of Eac		his Period	1 0.00							
SUBTOTAL of Receipts This Page (optional)			•		- 7		600	.00							

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

SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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formation copied from such Reports and	<u>.</u>					14	15		6	17			
commercial purposes, other than using the		y not be sold or used by any p ddress of any political committee											
ME OF COMMITTEE (In Full) ORDER HEALTH FEDERAL	PAC												
Name (Last, First, Middle Initial) s Anna Garza ling Address 3212 S Boyce Circle	State	Zip Code		м м 09	/	09		201	1	Y			
nna C ID number of contributing eral political committee.	TX C	78557				Each F	Receipt t	his Pe		00			
employed ceipt For: Primary General Other (specify)	private inve		]										
Full Name (Last, First, Middle Initial)         Ms Anna Garza         Mailing Address 3212 S Boyce Circle				Date of Receipt									
nna C ID number of contributing eral political committee.	State TX	Zip Code 78557	Transaction ID : SA11AI.16049           Amount of Each Receipt this Period           25.00										
ne of Employer employed	Occupation private inves	stor	co	- contribution									
ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]										
Name (Last, First, Middle Initial) s Anna Garza ling Address 3212 S Boyce Circle	Zin Code		M M	/	10		201	1	Y				
nna C ID number of contributing eral political committee. ne of Employer	78557								00				
eemployed ceipt For: Primary General Other (specify) ▼			]										
	Name (Last, First, Middle Initial)   s Anna Garza     ling Address 3212 S Boyce Circle     inna        C ID number of contributing   eral political committee.   ne of Employer   employed   seipt For:   Primary   General   Other (specify)   Name (Last, First, Middle Initial)   s Anna Garza   Ing Address 3212 S Boyce Circle   nna   C ID number of contributing   eral political committee.   ne of Employer employed seipt For: Primary General Other (specify) Name (Last, First, Middle Initial) s Anna Garza ling Address 3212 S Boyce Circle nna C ID number of contributing eral political committee. ne of Employer employed seipt For: Primary General Other (specify) Image: General Other (specify) Image: General Other (specify) For: Other contributing eral political committee. ne of Employer eral political committee. ne of	Name (Last, First, Middle Initial)   s Anna Garza   ling Address 3212 S Boyce Circle   r State   r TX   C ID number of contributing eral political committee.   ne of Employer Occupation private invex   employed Primary   General Other (specify) ▼   Name (Last, First, Middle Initial) s Anna Garza   Ing Address 3212 S Boyce Circle   r State TX   C ID number of contributing eral political committee.   nna TX   C ID number of contributing eral political committee.   nna TX   C ID number of contributing eral political committee.   Primary General   Other (specify) ▼   Name (Last, First, Middle Initial) s Anna Garza   Ing Address 3212 S Boyce Circle   r State TX   C ID number of contributing eral political committee.   Primary General   Other (specify) ▼   Name (Last, First, Middle Initial) s Anna Garza   Ing Address 3212 S Boyce Circle   r   nna   TX   C ID number of contributing eral political committee.   nna   TX   C ID number of contributing eral political committee.   nna   TX   C ID number of contributing eral political committee.   nna   TX   C ID number of contributing eral political committee.   nna   TX	Name (Last, First, Middle Initial)         SAnna Garza         ling Address 3212 S Boyce Circle         r       State       Zip Code         r       TX       78557         C       Dumber of contributing       C         employed       private investor         Primary       General       Occupation         Other (specify)       ✓       225.00         Name (Last, First, Middle Initial)       Sanna Garza       225.00         Other (specify)       ✓       225.00         Name (Last, First, Middle Initial)       Sanna Garza       225.00         Iing Address 3212 S Boyce Circle       TX       78557         C       Doumber of contributing and political committee.       Occupation         private investor       Aggregate Year-to-Date ▼       Qcupation         Primary       General       Occupation       private investor         Particle (specify)       ✓       Occupation       Private investor         Primary       General       Occupation       Private investor         Primary       General       Occupation       Z50.00         Name (Last, First, Middle Initial)       Sana Garza       State       Zip Code         Iing Address 3212 S Boyce Circ	Name (Last, First, Middle Initial)       SAnna Garza         ling Address 3212 S Boyce Circle       TX         r       State       Zip Code         nna       TX       78557         C       D number of contributing       C         employed       private investor         Primary       General       Occupation         Other (specify)       Q       225.00         Name (Last, First, Middle Initial)       SAnna Garza       State         ling Address 3212 S Boyce Circle       TX       78557         r       State       Zip Code         nna       TX       78557         C       Diffical committee.       C         Primary       General       Occupation         private investor       Primary       General         Other (specify)       Q       Occupation         private investor       Private investor         Primary       General       Occupation         Other (specify)       Q       250.00         Name (Last, First, Middle Initial)       State       Zip Code         Tr       78557       Zip         Other (specify)       Q       250.00         Name (Last, First, Middle Initial)	Name (Last, First, Middle Initial)       Date of the point of contributing and contont contretinte.     Date contributing contrel contribu	Name (Last, First, Middle Initial)       Date of Re         iing Address 3212 S Boyce Circle       TX       78557         r       TX       78557         C ID number of contributing real political committee.       C       C         ne of Employer       Occupation private investor       contribution         Primary       General       Aggregate Year-to-Date ▼       Date of Re         Other (specify) ▼       State       Zip Code       Transact         Name (Last, First, Middle Initial)       State       Zip Code       Transact         Aggregate Year-to-Date ▼       Date of Re       10       10       10         Name (Last, First, Middle Initial)       State       Zip Code       Transact       Amount of         C       Inna       TX       78557       C       Transact         Name (Last, First, Middle Initial)       State       Zip Code       Transact         Name (Last, First, Middle Initial)       Aggregate Year-to-Date ▼       C       11       Transact         Other (specify) ▼       Aggregate Year-to-Date ▼       Date of Re       11       11       11         State       Zip Code       Transact       Aggregate Year-to-Date ▼       C       11       11       11       11	Name (Last, First, Middle Initial)       Date of Receipt         Iing Address 3212 S Boyce Circle       Image: State Zip Code TX 78557         Inna       TX 78557         C       Image: State Zip Code TX 78557         C       Image: State Zip Code TX 78557         C       Image: State Zip Code TX 78557         Primary       C         Primary       General Other (specify) ▼         Other (specify) ▼       Qz25.00         Name (Last, First, Middle Initial)       State Zip Code TX 78557         C In number of contributing rate investor       Date of Receipt         Iing Address 3212 S Boyce Circle       TX 78557         C ID number of contributing rate investor       C         Ing Address 3212 S Boyce Circle       TX 78557         C ID number of contributing rate investor       C         Primary       General       Occupation         Primary       General       Occupation         Primary       General       Date of Receipt         Primary       General       Occupation         Primary       General       Occupation         Primary       General       Aggregate Year-to-Date ▼         Other (specify) ▼       Z50.00       Amount of Each F         Iing Address 3212 S Bo	Name (Last, First, Middle Initial)       Date of Receipt         Ing Address 3212 S Boyce Circle       Img Address 3212 S Boyce Circle         Ing Address 3212 S Boyce Circle       Img Address 3212 S Boyce Circle         Inma       TX         Inmber of contributing real political committee.       Img Address 3212 S Boyce Circle         Img Address 3212 S Boyce Circle       Img Address 3212 S Boyce Circle         Primary       General         Other (specify)       C         S Anna Garza       Date of Receipt         Img Address 3212 S Boyce Circle       Img Address 3212 S Boyce Circle         Img Address 3212 S Boyce Circle       TX         Img Address 3212 S Boyce Circle       Img Address 3212 S Boyce Circle         Img Address 3212 S Boyce Circle       Img Address 3212 S Boyce Circle         Img Address 3212 S Boyce Circle       Img Address 3212 S Boyce Circle         Img Address 3212 S Boyce Circle       Img Address 3212 S Boyce Circle         Img Address 3212 S Boyce Circle       Aggregate Year-to-Date ▼         Img Address 3212 S Boyce Circle       Img Address 3212 S Boyce Circle         Img Address 3212 S Boyce Circle       Img Address 3212 S Boyce Circle         Img Address 3212 S Boyce Circle       Img Address 3212 S Boyce Circle         Img Address 3212 S Boyce Circle       Img Address 3212 S Boyce Circle	Name (Last, First, Middle Initial)       Date of Receipt         ing Address 3212 S Boyce Circle       TX       78557         C       Date of Receipt       09       09       20         Transaction ID : SATIAL/1583       Amount of Each Receipt this Pe       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0	Name (Last, First, Middle Initial)       Date of Receipt         ing Address 3212 S Boyce Circle       7         r       State       Zip Code         r       78557         2. ID number of contributing reployed       Dite of Receipt         employed       Dite of Receipt         Primary       General         Other (specify) ▼       Aggregate Year-to-Date ▼         Name (Last, First, Middle Initial)       State         S Anna Carza       Date of Receipt         Ing Address 3212 S Boyce Circle       78557         7       Date of Receipt         Ing Address 3212 S Boyce Circle       78557         7       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       225.00         Name (Last, First, Middle Initial)       State         S Anna Carza       Date of Receipt         Ing Address 3212 S Boyce Circle       7         Primary       General       Occupation         Primary       General       Aggregate Year-to-Date ▼         Obter (specify)       250.00       Date of Receipt         Name (Last, First, Middle Initial)       State       Zip Code         rma       TX       78557       7 </td			

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

SCHEDULE A	(FEC Form	3X)
ITEMIZED REC	EIPTS	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a	11b	11c	12	<u> </u>
Any information copied from such Reports and or for commercial purposes, other than using	nd Statements ma the name and a	ay not be sold or used by any p ddress of any political committe	person for	13 r the   sit con	14 purpose htributions	of soliciting	g contribu	17 Itions tee.
Full Name (Last, First, Middle Initial)         Ms Anna Garza         Mailing Address 3212 S Boyce Circle         City         Donna         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation private inve Aggregate		1	12 Trans	action ID of Each	): SA11AI Receipt tl	nis Period	
Full Name (Last, First, Middle Initial) B. Dr. James Garza Mailing Address 2821 Lakeshore Drive City	Mailing Address 2821 Lakeshore Drive						2011 1 <b>5397</b>	Y
Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For:	TX C Occupation physician Aggregate	78539 Year-to-Date ▼		nount tributi	- 7	Receipt th	nis Period 400	_
Primary       General         Other (specify)       ▼         Full Name (Last, First, Middle Initial)       C.         Dr. James Garza       Mailing Address 2821 Lakeshore Drive         City       Edinburg         FEC ID number of contributing federal political committee.         Name of Employer	State TX C	2800.00 Zip Code 78539	Ar	08 <b>Frans</b>	1 action IE of Each	18 2 : SA11AI Receipt th	nis Period	
self-employed Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optiona	Ĺ	Year-to-Date ▼ 3200.00					825	00

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

FOR LINE NUMBER:

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		Detailed Summary Page	×	1	111		;	12	<b>—</b>		
Any information copied from such Reports or for commercial purposes, other than usi	and Statements mand the name and a	A not be sold or used by any p ddress of any political committe	Derson for	13 or the icit cor	urpos purpos	e of solicitions from su	ing co uch co	16 ontributi ommitte	17 ions ee.		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER											
Full Name (Last, First, Middle Initial)         A.       Dr. James Garza         Mailing Address       2821 Lakeshore Drive				Date of	Receip	pt 09		2011	Y		
City Edinburg	State TX	Zip Code 78539	A	Trans		ID : SA11/ ch Receipt	AI.158	332	_		
FEC ID number of contributing federal political committee.	C			ontribut	ion			400.	00		
Name of Employer self-employed Receipt For: Primary General Other (specify) v	Occupation physician Aggregate	Year-to-Date ▼ 3600.00		minout							
B. Full Name (Last, First, Middle Initial) Mailing Address 2821 Lakeshore Drive	Dr. James Garza							Ý	Y		
City Edinburg	State TX	Zip Code 78539	10 14 2011 Transaction ID : SA11AI.16050								
FEC ID number of contributing federal political committee.	С		ĺ	Amount of Each Receipt this Period							
Name of Employer self-employed	Occupation physician		co	ntributi	ion						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4000.00	]								
Full Name (Last, First, Middle Initial) C. Dr. James Garza				Date of	Receip	pt					
Mailing Address 2821 Lakeshore Drive	01-14	7. 0.4	M = M         /         D = D         /         Y = Y = Y         Y           11         10         2011								
City Edinburg	State TX	Zip Code 78539	Transaction ID : SA11AI.162 Amount of Each Receipt this I								
FEC ID number of contributing federal political committee.	ederal political committee.										
Name of Employer self-employed Receipt For:	Occupation physician			ontribut							
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4400.00	1								
SUBTOTAL of Receipts This Page (option	nal)							1200.0	00		

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TTEMIZED RECEIPTS	Detailed Summary Pa					
Any information copied from such Reports or for commercial purposes, other than usi	and Statements may not be sold or used b ng the name and address of any political co	by any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC					
Full Name (Last, First, Middle Initial)         A.       Dr. James Garza         Mailing Address 2821 Lakeshore Drive         City         Edinburg	Dr. James Garza Mailing Address 2821 Lakeshore Drive City State Zip Code					
FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For:	C Occupation physician Aggregate Year-to-Date  480	400.00 contribution				
Full Name (Last, First, Middle Initial) B. Rene Garza Mailing Address 5404 N. 1st street City mcallen	State Zip Code TX 78504	Date of Receipt				
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	C Occupation private investor Aggregate Year-to-Date ▼ 1750	250.00 contribution				
Full Name (Last, First, Middle Initial)         C.       Rene Garza         Mailing Address 5404 N. 1st street         City         mcallen         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TX       78504         C       Occupation         Occupation       private investor         Aggregate Year-to-Date ▼       200	Date of Receipt 08 18 2011 Transaction ID : SA11AI.15613 Amount of Each Receipt this Period 250.00 contribution				
SUBTOTAL of Receipts This Page (option	al)	900.00				

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

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS		

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC		
Full Name (Last, First, Middle Initial)         A.         Rene Garza         Mailing Address 5404 N. 1st street         City         mcallen         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify)	State TX C Occupation private inve Aggregate		Date of Receipt
Full Name (Last, First, Middle Initial)         Rene Garza         Mailing Address 5404 N. 1st street         City         mcallen         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation private inve Aggregate		Date of Receipt
Full Name (Last, First, Middle Initial)         C.       Rene Garza         Mailing Address 5404 N. 1st street         City         mcallen         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify)	State TX C Occupation private inve Aggregate		Date of Receipt
SUBTOTAL of Receipts This Page (option	al)		750.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>K</b> 11a		11b	11c	12	<u> </u>					
	y information copied from such Reports and for commercial purposes, other than using t														
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL			- 10 3		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Julione	s nom suc							
<u> </u>	Full Name (Last, First, Middle Initial) Rene Garza						Date of Receipt								
	Mailing Address 5404 N. 1st street						12 09 2011								
	City mcallen	_	Tran		tion ID	<b>SA11AI</b> Receipt t	.16503	4							
	FEC ID number of contributing federal political committee.	С					,	,		0.00					
	Name of Employer selfemployed	Occupation private inve			contribu	ution									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3000.00												
в.	Full Name (Last, First, Middle Initial) Dr. Ayda Garza-Montalvo						eceipt								
	Mailing Address 2311 Silvardo North						07 15 2011								
	City Palmhurst	State TX	Zip Code 78539	Transaction ID : SA11AI.15395           Amount of Each Receipt this Period           125.00											
	FEC ID number of contributing federal political committee.	С													
	Name of Employer selfemployed														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 875.00	]											
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Ayda Garza-Montalvo				Date c	of Re	eceipt								
	Mailing Address 2311 Silvardo North						08 18 2011								
	City Palmhurst	State TX	Zip Code 78539					<b>) : SA11A</b> Receipt t							
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period											
	Name of Employer	Occupation			contribu	utior	1								
	selfemployed	self-employ	ree physician												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	1											
_			A. A. A.												
s	UBTOTAL of Receipts This Page (optional).			•			7		500	0.00					
Т	OTAL This Period (last page this line number	er only)	•••••••	•			,								

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			person for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC		
Full Name (Last, First, Middle Initial)         Dr. Ayda Garza-Montalvo         Mailing Address 2311 Silvardo North         City         Palmhurst         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 78539 ee physician Year-to-Date ▼ 1125.00	Date of Receipt
Full Name (Last, First, Middle Initial)         B. Dr. Ayda Garza-Montalvo         Mailing Address 2311 Silvardo North         City         Palmhurst         FEC ID number of contributing federal political committee.         Name of Employer selfemployed         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 78539 ee physician Year-to-Date ▼ 1250.00	Date of Receipt
Full Name (Last, First, Middle Initial)         Dr. Ayda Garza-Montalvo         Mailing Address 2311 Silvardo North         City         Palmhurst         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 78539 ree physician Year-to-Date ▼ 1375.00	Date of Receipt
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

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAI	L PAC		
A. Dr. Ayda Garza-Montalvo Mailing Address 2311 Silvardo North City Palmhurst FEC ID number of contributing federal political committee.	State TX	Zip Code 78539	Date of Receipt
Name of Employer selfemployed Receipt For: Primary General Other (specify) V		ree physician Year-to-Date ▼ 1500.00	contribution
Full Name (Last, First, Middle Initial)         B.       Lawrence Gelman         Mailing Address 3900 Sundown Drive         City	State	Zip Code	Date of Receipt
mcallen FEC ID number of contributing federal political committee.	TX C	78503	Transaction ID : SA11AI.15399         Amount of Each Receipt this Period         400.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) V	Occupation physician Aggregate	Year-to-Date ▼ 2800.00	<pre>contribution</pre>
C. Full Name (Last, First, Middle Initial) Mailing Address 3900 Sundown Drive		70.1	Date of Receipt
City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: ☐ Primary  General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78503 Year-to-Date ▼ 3200.00	Transaction ID : SA11AI.15615         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).....

FEC Schedule A (Form 3X) Rev. 02/2003

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a 13	11b	11c	12	17
Any information copied from such Reports and or for commercial purposes, other than using				or the	purpose	of solicitir	ng contribu	tions
Full Name (Last, First, Middle Initial)         Lawrence Gelman         Mailing Address 3900 Sundown Drive         City         mcallen         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78503 Year-to-Date ▼ 3600.00	A	09 Trans	action I t of Eac	t 09 D : SA11A h Receipt t	this Period	
B. Full Name (Last, First, Middle Initial) Mailing Address 3900 Sundown Drive	State	Zip Code		м м 10	f Receip	t 14 D : SA11A	2011 2013	Y
mcallen FEC ID number of contributing federal political committee.	С	78503	[	Amount ontribut	7	h Receipt t	this Period 400	_
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate	Year-to-Date ▼ 4000.00	]					
C. Full Name (Last, First, Middle Initial) Mailing Address 3900 Sundown Drive	State	Zip Code		м м 11	L		2011	Y
mcallen         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	TX C Occupation physician	78503			t of Eac	h Receipt t	this Period	0.00
SUBTOTAL of Receipts This Page (optional)							1200	.00

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

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

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

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS	Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and S or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC	
Full Name (Last, First, Middle Initial)         Lawrence Gelman         Mailing Address 3900 Sundown Drive         City         mcallen         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TX       78503         C       Occupation         Occupation       Aggregate Year-to-Date ▼         Aggregate Year-to-Date ▼       4800.00	Date of Receipt 12 09 2011 Transaction ID : SA11AI.16505 Amount of Each Receipt this Period 400.00 contribution
Full Name (Last, First, Middle Initial) B. Robert Genovese Mailing Address 2208 Summer Breeze City mission FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 78572 C Occupation	Date of Receipt 07 15 2011 Transaction ID : SA11AI.15400 Amount of Each Receipt this Period 229.99 contribution
selfemployed Receipt For: Primary General Other (specify) ▼	physician         Aggregate Year-to-Date ▼         1508.54	]
Full Name (Last, First, Middle Initial) <b>Robert Genovese</b> Mailing Address 2208 Summer Breeze         City         mission         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify)	State       Zip Code         TX       78572         C       Occupation         Opysician       Aggregate Year-to-Date ▼         1682.29	Date of Receipt          Mark       Jab       2011         Transaction ID : SA11AI.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 REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	-		11b	11c	12	<u>_</u>
Any information copied from such Reports and Statements n or for commercial purposes, other than using the name and					purpo				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL									
Full Name (Last, First, Middle Initial)         A.       Robert Genovese         Mailing Address 2208 Summer Breeze         City         mission         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed	State TX C Occupation physician	Zip Code 78572			sactio	09 09		nis Period	
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 1797.70	]						
B. Robert Genovese Mailing Address 2208 Summer Breeze	State	Zip Code		Date o 10 Trans	1	D 14		2011 16054	Y
mission FEC ID number of contributing federal political committee. Name of Employer	TX C Occupation	78572		Amoun ontribu	. ,	ach F	Receipt th	nis Period 115	_
selfemployed Receipt For: Primary General Other (specify)	physician       Aggregate	Year-to-Date ▼ 1913.11	]						
C. Robert Genovese Mailing Address 2208 Summer Breeze				Date o		eipt 10		ү ү 2011	Y
City mission	State TX	Zip Code 78572					<b>: SA11AI.</b> Receipt th		
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	C Occupation physician Aggregate	Year-to-Date ▼ 1993.90	c	contribu	ution		7	80	0.79
SUBTOTAL of Receipts This Page (optional).								311	.61

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

SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TTEMIZED RECEIPTS	Detailed Sumn		X 11a 11b 11c 12
Any information copied from such Reports a	nd Statements may not be sold or	used by any pe	13     14     15     16     17       erson for the purpose of soliciting contributions       to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA			
✓       Full Name (Last, First, Middle Initial)         A.       Robert Genovese         Mailing Address 2208 Summer Breeze         City         mission         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify)	State       Zip Code         TX       78572         C       Occupation         physician       Aggregate Year-to-Date ▼	2080.46	Date of Receipt 12 09 2011 Transaction ID : SA11AI.16506 Amount of Each Receipt this Period 86.56 contribution
Full Name (Last, First, Middle Initial) B. Dr. Richard Gillett Mailing Address 54 South 10th City	State Zip Code	1 (8) 1	Date of Receipt
McAllen         FEC ID number of contributing federal political committee.         Name of Employer self-employee         Receipt For:         Primary       General         Other (specify) ▼	TX     78504       C     Occupation       physician       Aggregate Year-to-Date ▼	700.00	Transaction ID : SA11AI.15401         Amount of Each Receipt this Period         100.00         contribution
Full Name (Last, First, Middle Initial)         Dr. Richard Gillett         Mailing Address 54 South 10th         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer         self-employee         Receipt For:         Primary       General         Other (specify) ▼	State TX     Zip Code 78504       C     Occupation physician       Aggregate Year-to-Date ▼	800.00	Date of Receipt 08 18 2011 Transaction ID : SA11AI.15617 Amount of Each Receipt this Period 100.00 contribution
SUBTOTAL of Receipts This Page (optiona			286.56

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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			for each category of the Detailed Summary Page		11a		11b	11c	12	<b>_</b> 47			
	y information copied from such Reports an for commercial purposes, other than using				for the								
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA												
Α.	Full Name (Last, First, Middle Initial) Dr. Richard Gillett Mailing Address 54 South 10th				Date o		· ·						
							09		2011	Y			
	City McAllen	State TX	Zip Code 78504				-	: SA11AI.					
		IX	70504	- 1	Amoun	it of	Each I	Receipt th	nis Perioo	d			
	FEC ID number of contributing federal political committee.	С			ootribu	tion	7		10	0.00			
	Name of Employer	Occupation		C	ontribu	ition							
	self-employee	physician											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 900.00										
			(f)	11.									
	Full Name (Last, First, Middle Initial) Dr. Richard Gillett				Date o	f Re	ceipt						
	Mailing Address 54 South 10th						10 14 2011						
	City	State	Zip Code		Transaction ID : SA11AI.16055 Amount of Each Receipt this Period								
	McAllen	ТХ	78504										
	FEC ID number of contributing federal political committee.	С			100.00								
	Name of Employer	Occupation	l	C									
	self-employee	physician											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00										
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Richard Gillett				Date o	f Re	ceipt						
	Mailing Address 54 South 10th			M M / D D / Y Y Y Y 11 10 2011									
	City	State	Zip Code		Trans	sacti	ion ID	: SA11AI	.16274				
	McAllen	TX	78504	·	Amoun	t of	Each I	Receipt th	nis Perior	d			
	FEC ID number of contributing federal political committee.			ontribu	tion	7	,		0.00				
Name of Employer		of Employer Occupation											
	self-employee	physician											
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary     General       Other (specify) ▼		1100.00	1									
s	JBTOTAL of Receipts This Page (optional)	)		•			7	- 7	300	0.00			

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

FEC Schedule A (Form 3X) Rev. 02/2003

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

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

(check only one)

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	Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$							
	and Statements may not be sold or used by any ing the name and address of any political commit	person for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC								
Full Name (Last, First, Middle Initial) <b>A</b> . Dr. Richard Gillett		Date of Receipt							
Mailing Address 54 South 10th		12 09 2011							
City	State Zip Code	Transaction ID : SA11AI.16507							
McAllen	TX 78504	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	100.00							
Name of Employer	Occupation	contribution							
self-employee	physician								
Receipt For:	Aggregate Year-to-Date ▼								
Primary General		_							
Other (specify)	1200.00								
Full Name (Last, First, Middle Initial) B. Alvaro Giraldo		Date of Receipt							
Mailing Address 106 W. Flamingo		07 15 _2011 _							
City	State Zip Code	Transaction ID : SA11AI.15402							
mcallen	TX 78504	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	100.00							
Name of Employer	Occupation	contribution							
selfemployed	physician								
Receipt For:	Aggregate Year-to-Date ▼								
Primary General		_							
Other (specify)	700.00								
Full Name (Last, First, Middle Initial) C. Alvaro Giraldo		Date of Receipt							
Mailing Address 106 W. Flamingo									
City	State Zip Code	08 18 2011 Transaction ID : SA11AI.15618							
mcallen	TX 78504	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	100.00							
Name of Employer	Name of Employer Occupation								
selfemployed	selfemployed physician								
Receipt For:	Aggregate Year-to-Date ▼	—							
Primary General		_							
Other (specify)	800.00								
SUBTOTAL of Receipts This Page (option	nal)	300.00							

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

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

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

FOR LINE NUMBER:

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TEMIZED RECEIPTS		Detailed Summary Page		< 11a		11b	11c	12	г	
Any information copied from such Reports and s or for commercial purposes, other than using th	Statements mage e name and ac	y not be sold or used by any pe dress of any political committee	erson to se	13 for the plicit co	pur	14 pose o putions	15 of soliciting from suc	g contri h comn	butic	17 ons e.
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 FEC ID number of contributing federal political committee. Name of Employer	State TX C	Zip Code 78504			sact	09 ion ID Each		his Peri		10
selfemployed Receipt For: Primary General Other (specify) ▼	physician Aggregate	Year-to-Date ▼ 900.00								
Full Name (Last, First, Middle Initial) Alvaro Giraldo Mailing Address 106 W. Flamingo City	State	Zip Code		Date of 10	1	14		2011		
mcallen         FEC ID number of contributing federal political committee.         Name of Employer selfemployed         Receipt For:         Primary       General         Other (specify) ▼	TX C Occupation physician	78504 Year-to-Date ▼ 1000.00	(		nt of	-	: SA11AI. Receipt th	his Peri	od 00.0	0
Full Name (Last, First, Middle Initial)         Alvaro Giraldo         Mailing Address 106 W. Flamingo         City         mcallen         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 1100.00			sact nt of	1( tion ID Each		his Peri		
SUBTOTAL of Receipts This Page (optional)		····· •	•			7		3(	00.00	0

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

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

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

(check only one)

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ITEMIZED RECEIPTS	Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$								
	s and Statements may not be sold or used by any pe sing the name and address of any political committee	rson for the purpose of soliciting contributions								
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDE	RAL PAC									
Full Name (Last, First, Middle Initial) <b>A</b> . Alvaro Giraldo		Date of Receipt								
Mailing Address 106 W. Flamingo		M = M / D = D / Y = Y = Y								
City	State Zip Code	12 09 2011 Transaction ID : SA11AI.16508								
mcallen	TX 78504	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C	100.00								
Name of Employer	Occupation	- contribution								
selfemployed	physician									
Receipt For:	Aggregate Year-to-Date ▼									
Primary General										
Other (specify)	1200.00									
Full Name (Last, First, Middle Initial) B. Mr. Marco Gomez		Date of Receipt								
Mailing Address 2705 Biltmore										
Maining Address 2705 Billmole										
City	State Zip Code	09 09 2011 Transaction ID : SA11AI.15839								
Edinburg	TX 78539	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C	25.00								
Name of Employer	Occupation	- contribution								
selfemployed	private investor									
Receipt For:	Aggregate Year-to-Date ▼	_								
Primary General										
Other (specify)	225.00									
Full Name (Last, First, Middle Initial) <b>C. Mr. Marco Gomez</b>		Date of Receipt								
Mailing Address 2705 Biltmore										
City	State Zip Code	10 14 2011 Transaction ID : SA11AI.16057								
Edinburg	TX 78539	Amount of Each Receipt this Period								
FEC ID number of contributing										
federal political committee.	C	25.00								
Name of Employer	Name of Employer Occupation									
selfemployed	private investor									
Receipt For:	Aggregate Year-to-Date ▼									
Primary General	250.00									
Other (specify)	250.00									
SUBTOTAL of Receipts This Page (opti	onal)	150.00								

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

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SCHEDULE A	(FEC Form 3X	)
ITEMIZED REC	EIPTS	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
	and Statements may not be sold or used by any ng the name and address of any political commit	v person for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER						
Full Name (Last, First, Middle Initial) A. Mr. Marco Gomez Mailing Address 2705 Biltmore		Date of Receipt				
		11 10 2011				
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.16276				
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period				
Name of Employer	Occupation	contribution				
selfemployed	private investor					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 275.00					
	7 7 7					
Full Name (Last, First, Middle Initial) B. Mr. Marco Gomez		Date of Receipt				
Mailing Address 2705 Biltmore	12 09 2011					
City	State Zip Code	Transaction ID : SA11AI.16509				
Edinburg	TX 78539	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	25.00				
Name of Employer	Occupation	contribution				
selfemployed	private investor					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00					
Full Name (Last, First, Middle Initial) C. Mr. Michael Gonzales		Date of Receipt				
Mailing Address 204 Valenca						
City Weslaco	State Zip Code TX 78596	Transaction ID : SA11AI.15840				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period				
Name of Employer	Occupation	contribution				
selfemployed	private investor					
Receipt For: Primary General	Aggregate Year-to-Date ▼					
Other (specify)	225.00					
SUBTOTAL of Receipts This Page (option	nal)	75.00				

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

FEC Schedule A (Form 3X) Rev. 02/2003

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

Use separate schedule(s) for each category of the

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(check only one)

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		< 11a 13		11b 14	11c	12	17			
	ny information copied from such Reports and S				for the		pose o	of soliciting	g contribu	utions			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL												
Α.				Date of Receipt									
	Mailing Address 204 Valenca	State	Zip Code		<sup>M</sup> 10	Л /	D 14		2011	Y			
	City Weslaco	Transaction ID : SA11AI.16058 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С					7		2	5.00			
	Name of Employer	Occupation	I	- (	contribu	ution							
	selfemployed	private inve	stor	_									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00										
В.	Full Name (Last, First, Middle Initial) 3. Mr. Michael Gonzales						agint						
D.	Mailing Address 204 Valenca				Date of Receipt								
	City	State	Zip Code	Transaction ID : SA11AI.16277									
	Weslaco	ТХ	78596					Receipt th		k			
	FEC ID number of contributing federal political committee.	C			25.0								
	Name of Employer selfemployed	Occupation private inve		c	ontribu	ition							
	Receipt For:	·		_									
	Primary General	Ayyreyale	Year-to-Date ▼	11									
	Other (specify)	L	275.00										
C.	Full Name (Last, First, Middle Initial) Mr. Michael Gonzales				Date c	of Re	eceipt						
	Mailing Address 204 Valenca						12 09 2011						
	City	State	Zip Code		Tran	sact	ion ID	: SA11AI	16510				
	Weslaco	ТХ	78596	_	Amour	nt of	Each	Receipt th	nis Perioc	k			
	FEC ID number of contributing federal political committee.	С					,		2	5.00			
	Name of Employer	contribution											
	selfemployed												
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify)		300.00										
s	SUBTOTAL of Receipts This Page (optional)			<u> </u>			7		75	5.00			

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TTEMIZED RECEIPTS		Detailed Summary Page	×	11a 13		11b 14	11c	12	Г	17		
Any information copied from such Reports or for commercial purposes, other than usi	and Statements may ng the name and ac	/ not be sold or used by any p ldress of any political committe	person t e to so	for the	purp	oose o	f soliciting	g contrib	outio nittee	ons		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC											
Full Name (Last, First, Middle Initial)         A.       Ada Gonzalez         Mailing Address P.O. Box 9817         City         alamo         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation private inves	Zip Code 78516 tor /ear-to-Date ▼ 525.00			sacti at of	15 ion ID		his Peric		0		
Full Name (Last, First, Middle Initial) B. Ada Gonzalez Mailing Address P.O. Box 9817		y		Date o		ceipt	D / Y	Ý Ý	Y			
City alamo FEC ID number of contributing federal political committee.	State TX	Zip Code 78516		08     18     2011       Transaction ID : SA11AI.15621       Amount of Each Receipt this Period								
Name of Employer selfemployed Receipt For:	Occupation private inves Aggregate	tor ⁄ear-to-Date ▼ 600.00	co									
Full Name (Last, First, Middle Initial)         Ada Gonzalez         Mailing Address P.O. Box 9817         City         alamo         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 78516 tor /ear-to-Date ▼ 675.00			sacti sacti	ion ID		his Peric				
SUBTOTAL of Receipts This Page (option	nal)					7		22	25.00	0		

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page		11a		11b	11c	12					
Ar	y information copied from such Reports an	d Statements ma	ay not be sold or used by any p	erson	13 for the	pur	14 pose o	15 If soliciting	g contrib	utions				
or	for commercial purposes, other than using	the name and a	ddress of any political committee	e to so	licit co	ntrik	outions	from suc	h commi	ttee.				
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC												
Α.	Full Name (Last, First, Middle Initial) Ada Gonzalez				Date o	of Re	eceipt							
	Mailing Address P.O. Box 9817				<sup>M</sup> M	/	D 14		ү ү 2011	Y				
	City	State TX	Zip Code 78516					: SA11AI.						
	alamo	1.	01001		Amoun	t of	Each I	Receipt th	is Perio	d				
	FEC ID number of contributing federal political committee.	С					7		7	5.00				
	Name of Employer	Occupation		C	ontribu	ition								
	selfemployed	private inve	stor											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General		750.00	11.										
	Other (specify)		750.00	4										
в.	Full Name (Last, First, Middle Initial) Ada Gonzalez				Date o	of Re	eceipt							
	Mailing Address P.O. Box 9817						M M / D D / Y Y Y Y Y 11 10 2011							
	City	State	Zip Code		Trans	sact	ion ID :	: SA11AI.	16278					
	alamo	ТХ	78516		Amoun	t of	Each I	Receipt th	nis Perio	d				
	FEC ID number of contributing federal political committee.	С		75.00										
	Name of Employer	Occupation	I	C(	ontribu	tion								
	selfemployed	private inve	stor											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General			11.										
	Other (specify)		825.00	4										
<u>с</u> .	Full Name (Last, First, Middle Initial) Ada Gonzalez				Date o	of Re	eceipt							
	Mailing Address P.O. Box 9817					/	09		2011	Y				
	City	State	Zip Code		Tran	sact	ion ID	: SA11AI	.16511					
	alamo	ТХ	78516		Amoun	t of	Each I	Receipt th	nis Perio	d				
	FEC ID number of contributing federal political committee.					7			5.00					
	Name of Employer	Occupation		C	ontribu	ition								
	selfemployed	private inve	stor											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General	33 - 3 - 4												
	Other (specify)		900.00											
s	UBTOTAL of Receipts This Page (optional)	)					7	7	22!	5.00				

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page		<b>1</b> 1a		11b	11c	12				
<u> </u>					13		14	15	16				
	y information copied from such Reports an for commercial purposes, other than using												
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC											
Α.	Full Name (Last, First, Middle Initial) Ms Aida Gonzalez				Date o	f R	eceipt						
	Mailing Address 311 E. Davis				M M		10		у у 2011	Y			
	City	State	Zip Code		Trans	sac	tion ID	: SA11AI.	16279				
	Edinburg	TX	78539	_	Amoun	t of	Each	Receipt th	nis Perio	d			
	FEC ID number of contributing federal political committee.	С					7		2	0.00			
	Name of Employer	Occupation		C	contribu	itior	1						
	selfemployed	private inve	stor										
	Receipt For:	Aggregate	Year-to-Date <b>V</b>										
	Primary General		000.00	11									
	Other (specify)		220.00	4									
в.	Full Name (Last, First, Middle Initial) Ms Aida Gonzalez				Date o	f R	eceipt						
	Mailing Address 311 E. Davis	12 09 _2011 _											
	City	State	Zip Code		Trans	act	tion ID	: SA11AI.	16512				
	Edinburg	ТХ	78539		Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С					7		2	0.00			
	Name of Employer	Occupation		— c	ontribu	tion							
	selfemployed	private inve	stor										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		240.00	]									
<u>с</u> .	Full Name (Last, First, Middle Initial) Jaime Gonzalez				Date o	f R	eceipt						
	Mailing Address 3511 Plazas del Lago				м м 07		/ D		2011	Y			
	City	State	Zip Code		Trans	sac	tion ID	: SA11AI	15407				
	edinburg	ТХ	78539	_	Amoun	t of	Each	Receipt th	nis Perio	d			
	FEC ID number of contributing federal political committee.	С			250.00								
	Name of Employer	Occupation		- 0	contribu	itior	ו						
	selfemployed	private inve	stor										
	Receipt For:	Aaareaate	Year-to-Date ▼										
	Primary General			11.									
	Other (specify)		1750.00										
s	UBTOTAL of Receipts This Page (optional)			►		Ì	7		29	0.00			

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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		tailed Summary Page	
			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	AL PAC		
Full Name (Last, First, Middle Initial)         Jaime Gonzalez         Mailing Address 3511 Plazas del Lago         City         edinburg         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼		7ip Code 78539 to-Date ▼ 2000.00	Date of Receipt
Full Name (Last, First, Middle Initial) Jaime Gonzalez Mailing Address 3511 Plazas del Lago City edinburg		<sup>7</sup> ip Code 78539	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	C Occupation private investor Aggregate Year-t	to-Date <b>V</b>	Amount of Each Receipt this Period 250.00 contribution
Other (specify) ▼ Full Name (Last, First, Middle Initial) Jaime Gonzalez Mailing Address 3511 Plazas del Lago City edinburg FEC ID number of contributing federal political committee. Name of Employer		2250.00 Zip Code 78539	Date of Receipt 10 14 2011 Transaction ID : SA11AI.16061 Amount of Each Receipt this Period 250.00 contribution
selfemployed Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (option	private investor       Aggregate Year-t	2500.00	750.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13	11	ŀ	11c	12	17								
Any information copied from such Reports and or for commercial purposes, other than using				for the	purpos	e of	f soliciting	contribu	itions								
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAI	L PAC																
A. Full Name (Last, First, Middle Initial) Mailing Address 3511 Plazas del Lago City edinburg FEC ID number of contributing federal political committee.	State TX	Zip Code 78539	Date of Receipt														
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation private inve Aggregate		c	ontribu	tion												
B. Jaime Gonzalez Mailing Address 3511 Plazas del Lago	ne Gonzalez g Address 3511 Plazas del Lago State Zip Code							Date of Receipt 12 09 2011 Transaction ID : SA11AI.16513									
edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	TX C Occupation private inver Aggregate			ontribut		cn F	Receipt th	250	_								
Other (specify) ▼ Full Name (Last, First, Middle Initial) Juan Gonzalez-Dickson Mailing Address 1501 Meadwood City	State	3000.00 Zip Code		м м 07	J L	15		2011	Y								
weslaco         FEC ID number of contributing federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	TX C Occupation physician	78596			t of Ead		Receipt th	is Period	0.00								
SUBTOTAL of Receipts This Page (optional)								750	.00								

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TTEMIZED RECEIPTS		or each category of the Detailed Summary Page	×	11a 13	11b	11c	12	17						
Any information copied from such Reports and or for commercial purposes, other than using				or the p	purpose d	of soliciting	g contribu	tions						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC													
Full Name (Last, First, Middle Initial) A. Juan Gonzalez-Dickson Mailing Address 1501 Meadwood			_		Receipt		YYY	- M						
City	State	Zip Code	_  L	08 Trans	action ID		2011	Y						
weslaco	ТХ	78596				Receipt th								
FEC ID number of contributing federal political committee.	С				, ,	7	250	0.00						
Name of Employer self-employed	Occupation physician		COI	ntributi	ion									
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 2000.00	]											
Full Name (Last, First, Middle Initial) B. Juan Gonzalez-Dickson			D	ate of	Receipt									
Mailing Address 1501 Meadwood						09 09 2011								
City	State TX	Zip Code	Transaction ID : SA11AI.15844											
weslaco FEC ID number of contributing federal political committee.	C	78596	Amount of Each Receipt this Period											
Name of Employer self-employed	Occupation physician		- cor	ntributi	on									
Receipt For: Primary General Other (specify) ▼	Aggregate Year	r-to-Date ▼ 2250.00												
Full Name (Last, First, Middle Initial) C. Juan Gonzalez-Dickson			D	ate of	Receipt									
Mailing Address 1501 Meadwood				<sup>M</sup> 10	/ D		2011	Y						
City weslaco	State TX	Zip Code 78596		Transaction ID : SA11AI.16062 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С			250.00										
Name of Employer	Occupation		CO	ntribut	ion									
self-employed	physician													
Receipt For: Primary General	Aggregate Year	r-to-Date ▼												
Other (specify)		2500.00	]											
SUBTOTAL of Receipts This Page (optional)						1 40	750	.00						

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

FEC Schedule A (Form 3X) Rev. 02/2003

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

Use separate schedule(s) for each category of the

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1
			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	-		
Full Name (Last, First, Middle Initial) A. Juan Gonzalez-Dickson			Date of Receipt
Mailing Address 1501 Meadwood	State	Zip Code	11 10 2011 Transaction ID : SA11AL16281
weslaco	ТХ	78596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer self-employed	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2750.00	]
Full Name (Last, First, Middle Initial) B. Juan Gonzalez-Dickson			Date of Receipt
Mailing Address 1501 Meadwood			12 09 2011
City weslaco	State TX	Zip Code 78596	Transaction ID : SA11AI.16514
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer self-employed	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3000.00	
Full Name (Last, First, Middle Initial) C. Verley Gordon	I		Date of Receipt
Mailing Address 1700 E. Mile 3 Road			07 15 2011
City mission	State TX	Zip Code 78574	Transaction ID : SA11AI.15409           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer	Occupation		contribution
selfemployed	physician		
Receipt For:	Aggregate	Year-to-Date ▼	1
Other (specify)		1750.00	1
SUBTOTAL of Receipts This Page (option	nal)		750.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b 14	11c	12	_	17
Any information copied from such Reports ar or for commercial purposes, other than using				for the		oose of	f soliciting	g contril	butior	ns
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC									
Full Name (Last, First, Middle Initial) A. Verley Gordon Mailing Address 1700 E. Mile 3 Road City mission FEC ID number of contributing federal political committee. Name of Employer colfample.	State TX C Occupation physician	Zip Code 78574			sacti nt of	18 ion ID :		his Perio	_	0
selfemployed Receipt For: Primary General Other (specify)		Year-to-Date ▼ 2000.00	]							
Full Name (Last, First, Middle Initial)         B.       Verley Gordon         Mailing Address 1700 E. Mile 3 Road         City	State	Zip Code		Date c 09 Trans	/	09		2011 . <b>15845</b>	Ý	]
mission FEC ID number of contributing federal political committee. Name of Employer	TX C	78574		Amour ontribu		Each F	Receipt tl		od 50.00	)
selfemployed Receipt For: Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 2250.00	]							
C. Full Name (Last, First, Middle Initial) Mailing Address 1700 E. Mile 3 Road	State	Zip Code		Date c	/	14		2011	Y	]
City mission FEC ID number of contributing federal political committee.		78574	/				: SA11AI Receipt tl	his Perio	od 50.00	0
Name of Employer selfemployed Receipt For: Primary General Other (specify) <del>V</del>	Occupation physician Aggregate	Year-to-Date ▼ 2500.00	c	ontribu	ution					
SUBTOTAL of Receipts This Page (optional	)							7{	50.00	)

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page		1a 3	11b	11c	12	17		
Any information copied from such Reports or for commercial purposes, other than usi			erson for	the p	urpose o	f soliciting	contribu	tions		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC									
Full Name (Last, First, Middle Initial) A. Verley Gordon Mailing Address 1700 E. Mile 3 Road			_	e of I	Receipt	D / Y	YYY	Y		
City	State	Zip Code		11	10	)	2011			
mission	TX	78574				: SA11AL. Receipt th				
FEC ID number of contributing federal political committee.	С				7		238	5.68		
Name of Employer	Occupation		cont	ributic	on					
selfemployed Receipt For:	physician									
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2738.68	]							
Full Name (Last, First, Middle Initial) B. Verley Gordon			Dat	e of l	Receipt					
Mailing Address 1700 E. Mile 3 Road			M	 12	/ 0		2011	Y		
City	State	Zip Code	Transaction ID : SA11AI.16516							
mission	ТХ	78574	Am	ount	of Each I	Receipt th	is Period			
FEC ID number of contributing federal political committee.	С				3	7	238	.68		
Name of Employer selfemployed	Occupation physician		conti	ributio	n					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2977.36	]							
Full Name (Last, First, Middle Initial) C. Enrique Griego			Dat	e of l	Receipt					
Mailing Address 905 Inspiratin Drive			М	07	/ 15		2011	Y		
City pharr	State TX	Zip Code 78577				: SA11AI. Receipt th				
FEC ID number of contributing federal political committee.	С				7			0.00		
Name of Employer	Occupation		cont	ributio	n					
selfemployed	physician									
	Aggregate	Year-to-Date ▼								
Other (specify)		2800.00	]							
SUBTOTAL of Receipts This Page (option	nal)						877.	.36		

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b 14	11c	12	[	17
Any information copied from such Reports an or for commercial purposes, other than using				or the		pose of	f soliciting	g contrik		ons
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA										
Full Name (Last, First, Middle Initial)         A.       Enrique Griego         Mailing Address 905 Inspiratin Drive         City         pharr         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate Ye	Zip Code 78577 Par-to-Date ▼ 3200.00			sact	18 ion ID :		his Peric		0
Full Name (Last, First, Middle Initial) B. Enrique Griego Mailing Address 905 Inspiratin Drive City pharr FEC ID number of contributing	State TX	Zip Code 78577			/ acti	09		his Peric	od	]
federal political committee.          Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	C Occupation physician Aggregate Ye	ear-to-Date ▼ 3600.00	co	ontribut	tion		- 7	40	0.0	0
C. Full Name (Last, First, Middle Initial) C. Enrique Griego Mailing Address 905 Inspiratin Drive City pharr FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	State TX C Occupation physician Aggregate Ye	Zip Code 78577			sact	14 ion ID :		his Peric		
Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional		4000.00			_			120	0.0	0

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

SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

FOR LINE NUMBER:

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ITEMIZED RECEIPTS       for each category of the brained summary Page       Ita       I	1-			Use separate schedule(s)		(check only one)							
Any information copied from such Reports and Statements may not be sold or used by any period for the propose of soliciting contributions from such committee.       NAME OF commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.         NAME OF COMMITTEE (in Fund)       BORDER HEALTH FEDERAL PAC         Fail Name (Last, First, Middle Initial)       Date of Receipt         City       State       Zip Code         Pict Name (Last, First, Middle Initial)       Cocupation         Reiningue Griego       Occupation         Mailing Address 905 Inspiratin Drive       City         City       State       Zip Code         Pict Name (Last, First, Middle Initial)       Cocupation         Bell Name (Last, First, Middle Initial)       Occupation         Pict Ingue Griego       Optical Yarrison Occupation         Pict Ingue Griego       Aggregate Your-to-Date ♥         Mailing Address 905 Inspiratin Drive       City         City       State       Zip Code         Pict Ingue Griego       Aggregate Your-to-Date ♥         Mailing Address 905 Inspiratin Drive       City         City       State       Zip Code         Pict Ingue Griego       Optical Yarrison       Cocupation         Pict Ingue Griego       Opticon       Cocupation				for each category of the Detailed Summary Page	[	<b>X</b> 11a		11b	11c		12	_	
ar for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Fun) BORDER HEALTH FEDERAL PAC						13		14	15		16	17	,
NAME OF COMMITTEE (in Full)         BORDER HEALTH FEDERAL PAC         Full Name (Last, First, Middle Initial)         A Enrique Griego         Mailing Address go5 Inspiratin Drive         City       State         pharr       TX         TX       78577         FEC ID number of contributing federal political committee.       C         Proteinage       Occupation physician         Receipt For:       Ceneral         Other (specify)       Aggregate Year-to-Date ▼         Prinage       Occupation physician         Receipt For:       Aggregate Year-to-Date ▼         Phar       TX         Part Induce Clast, First, Middle Initial)       Date of Receipt         Name of Employer getemployed       Occupation physician         Receipt For:       Occupation physician         Receipt For:       Occupation physician         Receipt For:       Aggregate Year-to-Date ▼         Other (specify)       Aggregate Year-to-Date ▼         Primary       General       Occupation physician         Receipt For:       Aggregate Year-to-Date ▼         Other (specify)       Aggregate Year-to-Date ▼         City       Mailing Address 2603 Santa Laura       TX         City													
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City       State       Zip Code         pharr       TX       78577         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employed       Occupation physician       400.00         Receipt For:       Other (specify) ▼       4800.00         Full Name (Last, First, Middle Initial)       C       15         C. Dr. Maria Ruby Guajardo       TX       78572         Mailing Address 2603 Santa Laura       C       15         City       State       Zip Code         Mission       TX       78572         FEC ID number of contributing federal political committee.       C       15         Name of Employee       Physician       Aggregate Year-to-Date ▼         FEC ID number of contributing federal political committee.       C       50.00         Name of Employee       Physician       50.00       contribution         Primary       General       Occupation physician       350.00       50.00		Mailing Address 905 Inspiratin Drive				M M	/		D /			Y	
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Name of Employee       Primary       General         Other (specify) ▼       Aggregate Year-to-Date ▼       Date of Receipt         Full Name (Last, First, Middle Initial)       Date of Receipt       Date of Receipt         City       State       Zip Code       Transaction ID : SA11AI.15411         Mission       TX       78572       Transaction ID : SA11AI.15411         Amount of Each Receipt For:       Occupation       State       50.00         Name of Employee       physician       Aggregate Year-to-Date ▼       State         Primary       General       Occupation       State       State         Other (specify) ▼       Occupation       State       State       State         Seff-employee       physician       Aggregate Year-to-Date ▼       State       State         Other (specify) ▼       General       Other (specify) ▼       State       State       State		5	С					,			400.0	00	
selfemployed       physician         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       4800.00         Full Name (Last, First, Middle Initial)       Date of Receipt         Mailing Address 2603 Santa Laura       Date of Receipt         City       State       Zip Code         Mission       TX       78572         FEC ID number of contributing federal political committee.       Occupation         Name of Employee       Physician         Receipt For:       Aggregate Year-to-Date ▼         Other (specify) ▼       Aggregate Year-to-Date ▼		Name of Employer	Occupation		_	contribu	tion						
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Full Name (Last, First, Middle Initial)       Date of Receipt         C. Dr. Maria Ruby Guajardo       Date of Receipt         Mailing Address 2603 Santa Laura       07       15       2011         City       State       Zip Code       Transaction ID : SA11AI.15411         Mission       TX       78572       Transaction ID : SA11AI.15411         FEC ID number of contributing federal political committee.       C       50.00         Name of Employee       physician       Aggregate Year-to-Date ▼       Contribution         Primary       General       350.00       S50.00													
C. Dr. Maria Ruby Guajardo       Date of Receipt         Mailing Address 2603 Santa Laura       Date of Receipt         City       State       Zip Code         Mission       TX       78572         FEC ID number of contributing federal political committee.       C       50.00         Name of Employer       Occupation       50.00         self-employee       physician       Aggregate Year-to-Date ▼         Primary       General       350.00		Other (specify)		4800.00									
Mailing Address 2603 Santa Laura         City       State       Zip Code         Mission       TX       78572         FEC ID number of contributing       C       50.00         federal political committee.       Occupation         Name of Employee       physician         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       350.00	c.					Date o	f Re	ceipt					
City       State       Zip Code       Transaction ID : SA11AI.15411         Mission       TX       78572       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       50.00         Name of Employer       Occupation       50.00         self-employee       physician       Aggregate Year-to-Date ▼       C         Primary       General       350.00       C       260.00						M M	/	D				Y	
Mission       TX       78572       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       50.00         Name of Employer       Occupation       50.00         self-employee       physician       Aggregate Year-to-Date ▼       Contribution         Primary       General       Other (specify) ▼       350.00       00		City	State	Zip Code			sacti			_	the second s		
federal political committee.     50.00       Name of Employer     Occupation       self-employee     physician       Receipt For:     Aggregate Year-to-Date ▼       Primary     General       Other (specify) ▼     350.00		Mission	ТΧ	78572									
Name of Employer     Occupation       self-employee     physician       Receipt For:     Aggregate Year-to-Date ▼       Primary     General       Other (specify) ▼     350.00		5	С					7			50.(	00	
self-employee     physician       Receipt For:     Aggregate Year-to-Date ▼       Primary     General       Other (specify)     350.00		Name of Employer	Occupation		_	contribu	ition						
Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       350.00			physician										
Primary General Other (specify) ▼ 350.00				Year-to-Date ▼									
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SUBTOTAL of Receipts This Page (optional)		Other (specify)	L	350.00									
	ļ	UBTOTAL of Receipts This Page (optional)									850.0	00	

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FEC Schedule A (Form 3X) Rev. 02/2003

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS	for each category of th Detailed Summary Pag	ge X 11a 11b 11c 12
		any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDEF		
Full Name (Last, First, Middle Initial) A. Dr. Maria Ruby Guajardo		Date of Receipt
Mailing Address 2603 Santa Laura		08 18 2011
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.15627
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	contribution
self-employee	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	400.	00
Full Name (Last, First, Middle Initial) B. Dr. Maria Ruby Guajardo		Date of Receipt
Mailing Address 2603 Santa Laura		09 09 2011
City	State Zip Code	Transaction ID : SA11AI.15847
Mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer self-employee	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.0	00
Full Name (Last, First, Middle Initial) C. Dr. Maria Ruby Guajardo		Date of Receipt
Mailing Address 2603 Santa Laura		10 / Y Y Y Y 10 14 2011
City Mission	StateZip CodeTX78572	Transaction ID : SA11AI.16065 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employee	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.	.00
SUBTOTAL of Receipts This Page (optic	nal)	150.00

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

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

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each category Detailed Summer		$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and s or for commercial purposes, other than using the			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL			
Full Name (Last, First, Middle Initial) Dr. Maria Ruby Guajardo Mailing Address 2603 Santa Laura City Mission FEC ID number of contributing	State Zip Code TX 78572		Date of Receipt
federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼	550.00	
Full Name (Last, First, Middle Initial)         Dr. Maria Ruby Guajardo         Mailing Address 2603 Santa Laura         City         Mission         FEC ID number of contributing federal political committee.         Name of Employer self-employee         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       TX     78572       C     Occupation       physician     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
Full Name (Last, First, Middle Initial)         Daniel Guerra         Mailing Address 101 S. Broadway         City         Mcallen         FEC ID number of contributing federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State TX     Zip Code 78501       C     Occupation physician       Aggregate Year-to-Date ▼	2800.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)			500.00

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

SCHEDULE A	(FEC Form	3X)
ITEMIZED REC	EIPTS	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC		
Full Name (Last, First, Middle Initial)         A.       Daniel Guerra         Mailing Address 101 S. Broadway         City         Mcallen         FEC ID number of contributing federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78501 Year-to-Date ▼ 3200.00	Date of Receipt
Full Name (Last, First, Middle Initial)         B. Daniel Guerra         Mailing Address 101 S. Broadway         City         Mcallen         FEC ID number of contributing federal political committee.         Name of Employer self-employed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78501 Year-to-Date ▼ 3600.00	Date of Receipt
Full Name (Last, First, Middle Initial)         C.       Daniel Guerra         Mailing Address 101 S. Broadway         City         Mcallen         FEC ID number of contributing federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify)	State TX C Occupation physician Aggregate	Zip Code 78501 Year-to-Date ▼ 4000.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional	)		1200.00

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS	tor each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
		y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) A. Daniel Guerra Mailing Address 101 S. Broadway City Mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed	State Zip Code TX 78501 C Occupation physician	Date of Receipt          10       2011         Transaction ID : SA11AI.16427         Amount of Each Receipt this Period         250.00         contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4250.00	
Full Name (Last, First, Middle Initial) B. Daniel Guerra Mailing Address 101 S. Broadway City	State Zip Code	Date of Receipt
Mcallen FEC ID number of contributing federal political committee. Name of Employer	TX 78501	Amount of Each Receipt this Period
self-employed Receipt For: Primary General Other (specify) v	physician       Aggregate Year-to-Date ▼       4500.00	]
C. John Guerra Mailing Address 3105 Forest Court	State Zip Code	Date of Receipt
mission FEC ID number of contributing federal political committee.	TX 78572	Transaction ID : SA11AI.15414         Amount of Each Receipt this Period         100.00         centribution
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 700.00	contribution
SUBTOTAL of Receipts This Page (optional)	)	

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

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

(check only one)

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ITEMIZED RECEIPTS			Detailed Summary Page		X	11a		11b	11c			<u> </u>		
Ar	ny information copied from such Reports and for commercial purposes, other than using th	Statements ma	A not be sold or used by any p ddress of any political committee	erson	n fo	13 or the	pur	14 pose c	15 of soliciting	g contr	ributi	ons		
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL													
<u> </u>	Full Name (Last, First, Middle Initial) John Guerra				D	)ate o	f Re	eceipt						
	Mailing Address 3105 Forest Court				ľ	м м 08	/	D 18		201		Y		
	City	State	Zip Code		1		sact		: SA11AI					
	mission	ТΧ	78572	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			l			7			100.0	00		
	Name of Employer	Occupation	I		co	ontribu	ition							
	selfemployed	physician												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		800.00											
В.	Full Name (Last, First, Middle Initial) John Guerra				D	Date o	f Re	eceipt						
	Mailing Address 3105 Forest Court				ľ	м м 09	/	D 09		2011		Y		
	City	State	Zip Code			Trans	sact	ion ID	: SA11AI	.15849				
	mission	ТΧ	78572		А	moun	t of	Each	Receipt th	his Per	iod			
	FEC ID number of contributing federal political committee.	С			l			,		1	100.0	00		
	Name of Employer	Occupation	l	_	со	ntribu	tion							
	selfemployed	physician												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General	33 - 3 - 4		11.										
	Other (specify)		900.00											
с.	Full Name (Last, First, Middle Initial) John Guerra				D	)ate o	f Re	eceipt						
	Mailing Address 3105 Forest Court				ľ	м м 10	/	D 14		_2011		Y		
	City	State	Zip Code			Trans	sact	ion ID	: SA11AI					
	mission	ТХ	78572		A	moun	t of	Each	Receipt tl	his Per	riod			
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	Name of Employer	Occupation	1	-	СС	ontribu	ition							
	selfemployed	physician												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General													
	Other (specify)		1000.00											
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FEC Schedule A (Form 3X) Rev. 02/2003

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

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

(check only one)

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	EMIZED RECEIPTS		Detailed Summary Page		X	-		11b	11c		12	<u> </u>		
Ar	y information copied from such Reports and for commercial purposes, other than using the	Statements ma	A not be sold or used by any p address of any political committee	erson	n f	13 or the	pui	14 rpose c	of solicitin	g co	16 ntribu	tions		
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL									<u></u>				
<u>к</u>	Full Name (Last, First, Middle Initial) John Guerra				Г	)ate c	of B	eceipt						
<i>,</i>	Mailing Address 3105 Forest Court				l	M N	1				2011	Y		
	City	State	Zip Code		1		sact		。 : SA11AI					
	mission	ТХ	78572	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С						,			100	0.00		
	Name of Employer	Occupation	1	-	СС	ontribu	ution	1						
	selfemployed	physician												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General	33 - 3		11.										
	Other (specify)		1100.00	1										
в.	Full Name (Last, First, Middle Initial) John Guerra	•				Date c	of R	eceipt						
	Mailing Address 3105 Forest Court				I	M 12		0			011	Y		
	City	State	Zip Code		1	Trans	sact	tion ID	: SA11AI					
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	FEC ID number of contributing federal political committee.	C						7			100	.00		
	Name of Employer	Occupation	l		co	ntribu	ition							
	selfemployed	physician												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General	33 - 3		11.										
	Other (specify)		1200.00	1										
<u>с.</u>	Full Name (Last, First, Middle Initial) Marcy Guerra	1				Date c	of R	eceipt						
	Mailing Address 13337 Borolo Drive				I	M N	Λ	/ D 1	D / Y 5		011	Y		
	City	State	Zip Code		1	Tran	sac		: SA11A					
	edinburg	ТХ	78541		A	mour	nt of	Each	Receipt t	his F	Period			
	FEC ID number of contributing federal political committee.	С						9			250	0.00		
	Name of Employer	Occupation	1	$\neg$	C	ontribu	utior	ו						
	selfemployed	physician												
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	Primary General			11.										
	Other (specify)		1750.00											
s	UBTOTAL of Receipts This Page (optional)			► _	ļ			7		-	450.	.00		

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

FEC Schedule A (Form 3X) Rev. 02/2003

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

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

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11c 12

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			Botallou Oullin	ary rage		13		14	15	16	17					
Any i or for	nformation copied from such Reports and Sta	atements may	y not be sold or u ddress of any poli	used by any per tical committee	rson to so	for the plicit co	purp ntrib	ose of utions	soliciting from such	contribut committ	tions ee.					
N/	ORDER HEALTH FEDERAL P															
	II Name (Last, First, Middle Initial) <b>/arcy Guerra</b>					Date of	f Re	ceipt								
Ma	ailing Address 13337 Borolo Drive				08 18 2011											
Ci	-	State	Zip Code			Trans	sacti	on ID :	SA11AI.1	15630						
e	dinburg	ТХ	78541		_	Amoun	t of	Each F	Receipt thi	is Period						
	EC ID number of contributing deral political committee.	С					4 <sup>1</sup>	,		250	.00					
Na	ame of Employer	Occupation			-	ontribu	tion									
	lfemployed	physician														
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	2000.00												
	II Name (Last, First, Middle Initial)					Date of	f Re	ceipt								
Ma	ailing Address 13337 Borolo Drive					м м 09	/	09		2011	Y					
Ci	ty	State	Zip Code			Trans	actio	on ID :	SA11AI.1							
ec	Jinburg	ТΧ	78541		4	Amoun	t of	Each F	Receipt thi	is Period						
	EC ID number of contributing deral political committee.	С						,		250	00					
	ame of Employer Ifemployed	Occupation physician			— C	ontribut	tion									
Re	eceipt For:	Aggregate `	Year-to-Date 🔻													
_	Primary General Other (specify) ▼		, <u>,</u> .	2250.00												
	II Name (Last, First, Middle Initial)					Date of	f Re	ceipt								
Ma	ailing Address 13337 Borolo Drive					<sup>M</sup> 10	/	D 14		ү 2011	Y					
Ci	-	State	Zip Code			Trans	sacti	on ID :	SA11AI.	16068						
e	dinburg	ТХ	78541		- 1	Amoun	t of	Each F	Receipt thi	is Period						
	EC ID number of contributing deral political committee.	С				ontribu	tion	,		250	.00					
Na	ame of Employer	Occupation			1 '	Jonanda	uon									
	lfemployed	physician														
Re	eceipt For: Primary General	Aggregate `	Year-to-Date 🔻													
	Other (specify) ▼		y	2500.00												
SUB	TOTAL of Receipts This Page (optional)			•••••				,	,	750.	00					

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FEC Schedule A (Form 3X) Rev. 02/2003

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SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS	Detailed Summary Pa	ge X 11a 11b 11c 12
Any information copied from such Reports a or for commercial purposes, other than usin	I Ind Statements may not be sold or used by g the name and address of any political co	y any person for the purpose of soliciting contributions form such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC	
Full Name (Last, First, Middle Initial)         A.       Marcy Guerra         Mailing Address 13337 Borolo Drive         City         edinburg         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify)	State     Zip Code       TX     78541       C       Occupation       physician       Aggregate Year-to-Date ▼       2750	Date of Receipt Date of Receipt 11 10 2011 Transaction ID : SA11AI.16287 Amount of Each Receipt this Period 250.00 contribution 0.00
Full Name (Last, First, Middle Initial) B. Marcy Guerra Mailing Address 13337 Borolo Drive City	State Zip Code	Date of Receipt
edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	TX 78541 C Occupation physician Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 250.00 contribution
City Weslaco FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 78596	Date of Receipt Date of Receipt 07 15 2011 Transaction ID : SA11AI.15416 Amount of Each Receipt this Period 250.00 contribution
selfemployed Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional	physician Aggregate Year-to-Date ▼ 1637	750.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.							
AL PAC								
ull Name (Last, First, Middle Initial) Rodolfo Guerrero ailing Address 1402 E. 8th Street ity State Zip Code reslaco TX 78596 EC ID number of contributing deral political committee.								
Occupation physician Aggregate Year-to-Date ▼ 1887.85	contribution							
	Date of Receipt 09 09 2011							
	Transaction ID : SA11AI.15851							
C Occupation physician Aggregate Year-to-Date  2137.85	Amount of Each Receipt this Period							
	Date of Receipt							
State Zip Code TX 78596	10     14     2011       Transaction ID : SA11AI.16069       Amount of Each Receipt this Period       199.86							
Occupation physician Aggregate Year-to-Date ▼	contribution							
i	Detailed Summary Page         and Statements may not be sold or used by a ing the name and address of any political commons         RAL PAC         State       Zip Code         TX       78596         C       Occupation         physician       Aggregate Year-to-Date ▼         State       Zip Code         TX       78596         C       1887.85         Occupation       1887.85         Decoupation       1887.85         Qregate Year-to-Date       ▼         Occupation       2137.85         C       Qregate Year-to-Date         State       Zip Code         TX       78596         C       Qregate Year-to-Date         Occupation       2137.85         State       Zip Code         TX       78596         C       Qregate Year-to-Date         Qregate Year-to-Date       ▼         Qregate Year-to-Date       Qregate         X       Zip Code         TX       78596         C       Qregate         Qregate       Qregate         Qregate       Qregate         Qregate       Qregate         Qregate							

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TTEMIZED RECEIPTS			for each category of the Detailed Summary Page		11a		11b 14	11c		12 16	17
	ny information copied from such Reports and				for the		rpose d	of solicitin	g cont	tribut	tions
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL										
Α.	Full Name (Last, First, Middle Initial)         Rodolfo Guerrero         Mailing Address       1402 E. 8th Street				Date o		eceipt		201	Y 11	Y
	City weslaco	State TX	Zip Code 78596		Trans		tion ID	: SA11AI Receipt ti	1.16288	8	
	FEC ID number of contributing federal political committee.	С					7			178.	.60
	Name of Employer selfemployed Receipt For:	Occupation physician	Year-to-Date ▼	c	ontribu	ition	1				
	Primary General Other (specify) ▼	Aggregate	2516.31	1							
в.	Full Name (Last, First, Middle Initial) Rodolfo Guerrero				Date o	of Ro	eceipt				
	Mailing Address 1402 E. 8th Street				<sup>M</sup> 12	1	0		201		Y
	City	State	Zip Code					: SA11AI			
_	weslaco	ТХ	78596	Amount of Each Receipt this Period					riod		
	FEC ID number of contributing federal political committee.	С					7			191.	.36
	Name of Employer selfemployed	Occupation physician		C(	ontribu	tion					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2707.67	]							
— с.	Full Name (Last, First, Middle Initial) Ms Aida Guizar				Date o	of Ro	eceipt				
	Mailing Address 1706 E. 4 Mile Line				м м 09		0		201	Y 11	Y
	City Mission	State TX	Zip Code 78573					: SA11AI Receipt t			
	FEC ID number of contributing federal political committee.	C					7	7		25	.00
	Name of Employer	Occupation		C	ontribu	utior	1				
	selfemployed	private inve	stor								
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	]							
5	SUBTOTAL of Receipts This Page (optional)						J			394.	96

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page		-		11b 14	11c	12	17
				or the	purpo	ose o	f solicitin	g contribu	utions
IAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC								
full Name (Last, First, Middle Initial) Ms Aida Guizar Mailing Address 1706 E. 4 Mile Line City Mission	State TX	Zip Code 78573		M M 10 Trans	/ sactio	14	: SA11AI		_
EC ID number of contributing ederal political committee. lame of Employer elfemployed Receipt For: ☐ Primary ☐ General Other (specify) ▼			C1	ontribu	tion		7 7	29	5.00
Image of Employer         Image of Employer      <	!·			11 Trans	/ actio t of E	10 n ID :	) : SA11AI.	nis Perioo	
iull Name (Last, First, Middle Initial)         Ms Aida Guizar         Mailing Address 1706 E. 4 Mile Line         City         Mission         EC ID number of contributing         ederal political committee.         Iame of Employer         elfemployed         Receipt For:         Primary       General         Other (specify) ▼				12 Trans	/ sactio t of E	09 09	) : SA11AI	2011 <b>.16523</b> nis Perioc	_
	ar commercial purposes, other than using IAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA ull Name (Last, First, Middle Initial) Ms Aida Guizar failing Address 1706 E. 4 Mile Line ity Mission EC ID number of contributing ederal political committee. lame of Employer elfemployed leceipt For:     Primary    General     Other (specify) ▼ ull Name (Last, First, Middle Initial) Ms Aida Guizar failing Address 1706 E. 4 Mile Line ity Mission EC ID number of contributing ederal political committee. lame of Employer elfemployed leceipt For:     Primary    General Other (specify) ▼ ull Name (Last, First, Middle Initial) Ms Aida Guizar failing Address 1706 E. 4 Mile Line ity Mission EC ID number of contributing ederal political committee. lame of Employer elfemployed leceipt For:     Primary    General     Other (specify) ▼ ull Name (Last, First, Middle Initial) Ms Aida Guizar failing Address 1706 E. 4 Mile Line ity Mission EC ID number of contributing ederal political committee. lame of Employer elfemployed leceipt For:     Primary    General     Other (specify) ▼	ar commercial purposes, other than using the name and ar AME OF COMMITTEE (In Full)         BORDER HEALTH FEDERAL PAC         ull Name (Last, First, Middle Initial)         Ms Aida Guizar         tailing Address 1706 E. 4 Mile Line         ity       State         Mission       TX         EC ID number of contributing address political committee.       Occupation private investence         ame of Employer       Occupation private investence         Other (specify)       General         Other (specify)       General         INA Add Guizar       TX         tailing Address 1706 E. 4 Mile Line       State         ity       State         Mission       TX         EC ID number of contributing address 1706 E. 4 Mile Line       C         ity       State         Mailing Address 1706 E. 4 Mile Line       C         ity       State         Mailing Address 1706 E. 4 Mile Line       C         ity       General       Occupation private invest inv	information copied from such Reports and Statements may not be sold or used by any process, other than using the name and address of any political committee committee address of any political committee. Address 1706 E. 4 Mile Line a	Information copied from such Reports and Statements may not be sold or used by any person for commercial purposes, other than using the name and address of any political committee to so AME OF COMMITTEE (In Full)     BORDER HEALTH FEDERAL PAC  ull Name (Last, First, Middle Initial)     Ms Aida Guizar  tailing Address 1706 E. 4 Mile Line  ity     State Zip Code     TX 78573      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C      C 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     C      C      C      C      C      C      C      C      C	Detailed Cultified Y rege     13       information copied from such Reports and Statements may not be sold or used by any person for the or commercial purposes, other than using the name and address of any political committee to solid to any committee.       align Address 1706 E. 4 Mile Line     Intervention       ity     State     Zip Code       align Address 1706 E. 4 Mile Line     Intervention       italing A	Detailed Collinary Fage       13         information copied from such Reports and Statements may not be sold or used by any person for the purpor commercial purposes, other than using the name and address of any political committee to solid contribution AME OF COMMITTEE (in Full) SORDER HEALTH FEDERAL PAC         All Name (Last, First, Middle Initial) MS Aida Guizar       Date of Rec 10 / Transactic 10 / Transactic 11 / / Transactic 11 / / Transactic 12 / Transactic 13 / Transactic 14 / Transactic 15 / Transactic 16 / Duter (specify) ↓         UI Name (Last, First, Middle Initial) MS Aida Guizar       Date of Rec 16 / Duter (specify) ↓         UI Name (Last, First, Middle Initial) MS Aida Guizar       Date of Rec 17 / Transactic 17 / Transactic 17 / Transactic 17 / Transactic 18 / / 12 / Transactic 19 / / 12 / 12 / 12 / 12 / 12 / 12 / 12	Defined outlinitial y rege       13       14         information copied from such Reports and Statements may not be sold or used by any person for the purpose or cormervice is solicit contributions       13       14         information copied from such Reports and Statements may not be sold or used by any person for the purpose or cormervice is solicit contributions       14         information copied from such Reports and Statements may not be solid or used by any person for the purpose or cormervice is solid contributions       Date of Receipt         ison       TX       78573       Transaction ID         Mission       TX       78573       Amount of Each I         anne of Employer       Occupation       ontribution       Contribution         elemployed       private investor       250.00       contribution         uil Name (Last, First, Middle Initial)       Ms Aida Guizar       Date of Receipt       11       0         italing Address 1706 E. 4 Mile Line       TX       78573       Receipt       Amount of Each I       11       0       0         italing Address 1706 E. 4 Mile Line       TX       78573       Receipt       Amount of Each I       11       0       0         italing Address 1706 E. 4 Mile Line       TX       78573       Receipt       Amount of Each I       11       0       0 <td< td=""><td>Detailed Cultimary in tage     13     14     15       Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliching roommercial purposes, other than using the name and address of any political committee to solicit contributions from suc AME OF COMMITTEE (in Full)       BORDER HEALTH FEDERAL PAC       uil Name (Last, First, Middle Initial)       Ms Aida Guizar       tailing Address 1706 E. 4 Mile Line       iily       State       Zip Code       TX       ZR573       C       Contribution       Contribution       Cocupation       private investor       Deceipt Fri:       General       Other (specify) v       V       State       Zip Code       Tx       ZR573       Cocupation       private investor       Deceipt Fri:       General       Other (specify) v       Aggregate Year-to-Date v       Informary       General       Other (specify) v       Aggregate Year-to-Date v       Occupation       private investor       Issin       Color       attribution       Tx       Zip Code       Tx       Table of Receipt for:<td>Detailed Committy 1 Rgs       13       14       15       16         information copied from such Reports and Statements may not be sold or used by any person for the purposed of solicing contributions from such committee to solicit contributions from such committee.         UII Name (Last, First, Middle Initial)       Tx       78573         Vision       Tx       78573         EG ID number of contributing dearal policical committee.       C         Ofter (specify) v       C       C         Vision       Tx       78573         EG ID number of contributing dearal policical committee.       C       Contribution         Vision</td></td></td<>	Detailed Cultimary in tage     13     14     15       Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliching roommercial purposes, other than using the name and address of any political committee to solicit contributions from suc AME OF COMMITTEE (in Full)       BORDER HEALTH FEDERAL PAC       uil Name (Last, First, Middle Initial)       Ms Aida Guizar       tailing Address 1706 E. 4 Mile Line       iily       State       Zip Code       TX       ZR573       C       Contribution       Contribution       Cocupation       private investor       Deceipt Fri:       General       Other (specify) v       V       State       Zip Code       Tx       ZR573       Cocupation       private investor       Deceipt Fri:       General       Other (specify) v       Aggregate Year-to-Date v       Informary       General       Other (specify) v       Aggregate Year-to-Date v       Occupation       private investor       Issin       Color       attribution       Tx       Zip Code       Tx       Table of Receipt for: <td>Detailed Committy 1 Rgs       13       14       15       16         information copied from such Reports and Statements may not be sold or used by any person for the purposed of solicing contributions from such committee to solicit contributions from such committee.         UII Name (Last, First, Middle Initial)       Tx       78573         Vision       Tx       78573         EG ID number of contributing dearal policical committee.       C         Ofter (specify) v       C       C         Vision       Tx       78573         EG ID number of contributing dearal policical committee.       C       Contribution         Vision</td>	Detailed Committy 1 Rgs       13       14       15       16         information copied from such Reports and Statements may not be sold or used by any person for the purposed of solicing contributions from such committee to solicit contributions from such committee.         UII Name (Last, First, Middle Initial)       Tx       78573         Vision       Tx       78573         EG ID number of contributing dearal policical committee.       C         Ofter (specify) v       C       C         Vision       Tx       78573         EG ID number of contributing dearal policical committee.       C       Contribution         Vision

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	nd Statements may not be sold or used by any g the name and address of any political committe	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER/	AL PAC	
Full Name (Last, First, Middle Initial) A. Alberto Gutierrez Mailing Address 6020 Wisconsin		Date of Receipt
City edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.15418
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 1750.00	contribution
Full Name (Last, First, Middle Initial)         B. Alberto Gutierrez         Mailing Address 6020 Wisconsin		Date of Receipt
		08 18 2011
City	State Zip Code TX 78539	Transaction ID : SA11AI.15633
edinburg FEC ID number of contributing federal political committee.	TX 78539	Amount of Each Receipt this Period
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	]
Full Name (Last, First, Middle Initial) <b>C. Alberto Gutierrez</b>		Date of Receipt
Mailing Address 6020 Wisconsin		09 09 _2011 _
City edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.15853 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For: Primary General Other (specify) v	Aggregate Year-to-Date ▼ 2250.00	
SUBTOTAL of Receipts This Page (optional	l)	750.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		-	11b		12	
Any information copied from such Report or for commercial purposes, other than u								
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDE	-							
A. Alberto Gutierrez Mailing Address 6020 Wisconsin				Date o			2011	Ŷ
City	State	Zip Code				D : SA11AI		
edinburg	ТХ	78539		Amoun	t of Eacl	h Receipt tl	his Perioc	I
FEC ID number of contributing federal political committee.	C			ontribu	tion		250	0.00
Name of Employer	Occupation			ontribu	lion			
selfemployed	physician							
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General		2500.00	11					
Other (specify)		1 1 1						
Full Name (Last, First, Middle Initial) B. Alberto Gutierrez				Date o	f Receip	t		
Mailing Address 6020 Wisconsin				M M		10 / Y	2011	Y
City	State	Zip Code		Trans	action II	D : SA11AI.	.16290	
edinburg	ТХ	78539		Amoun	t of Eacl	h Receipt tl	nis Perioc	1
FEC ID number of contributing federal political committee.	C						250	0.00
Name of Employer	Occupation		C0	ontribut	tion			
selfemployed	physician							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2750.00						
Full Name (Last, First, Middle Initial) C. Alberto Gutierrez				Date o	f Receip	t		
Mailing Address 6020 Wisconsin				M M		09	2011	Y
City	State	Zip Code		Trans	saction I	D : SA11AI	.16524	
edinburg	ТХ	78539	/	Amoun	t of Eacl	h Receipt tl	nis Perioc	ł
FEC ID number of contributing federal political committee.	C			ontribu	tion	7	250	0.00
Name of Employer	Occupation			ontribu	luon			
selfemployed	physician							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3000.00	]					
SUBTOTAL of Receipts This Page (opti	onal)						750	.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13	11b	11c	12	17
Any information copied from such Reports an or for commercial purposes, other than using				or the	purpose	of solicitin	g contribu	itions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC							
Full Name (Last, First, Middle Initial)         A.       Marco Gutierrez         Mailing Address 511 N. Depot Road         City         edinburg         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (creatify)	State TX C Occupation physician Aggregate	Zip Code 78541 Year-to-Date ▼ 2800.00	A	M ■ M 07 Trans	action II of Each	D : SA11AI	his Period	
Other (specify) ▼         Full Name (Last, First, Middle Initial)         B. Marco Gutierrez         Mailing Address 511 N. Depot Road		<u>y</u>		Date of		D / Y 18	2011	Y
City edinburg FEC ID number of contributing federal political committee.	State TX	Zip Code 78541	A		of Each	D : SA11AI		_
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate	Year-to-Date ▼ 3200.00	]					
Full Name (Last, First, Middle Initial) C. Marco Gutierrez Mailing Address 511 N. Depot Road	Chata	Zie Oode		м м 09		09	2011	Y
City edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: ☐ Primary ☐ General Other (specify) ▼	State TX Occupation physician Aggregate	Zip Code 78541 Year-to-Date ▼ 3600.00			of Each	D:SA11A	his Period	0.00
SUBTOTAL of Receipts This Page (optional)	)						1200	.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	1 _	11b 14	11c	12	17
Any information copied from such Reports an or for commercial purposes, other than using			erson for th		rpose o	f soliciting	contribu	tions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA								
A. Full Name (Last, First, Middle Initial) Mairco Gutierrez Mailing Address 511 N. Depot Road City edinburg FEC ID number of contributing federal political committee.	State TX	Zip Code 78541	1 Tra	nsact				
Name of Employer selfemployed Receipt For: Primary General Other (specify) v	Occupation physician Aggregate	Year-to-Date ▼ 4000.00	contri	bution	1			
B. Full Name (Last, First, Middle Initial) Marco Gutierrez Mailing Address 511 N. Depot Road	State	Zip Code	M 1	M 1	eceipt		2011 16291	Y
edinburg FEC ID number of contributing federal political committee.	С	78541				Receipt th		_
Name of Employer selfemployed Receipt For:	Occupation physician	Year-to-Date ▼	contril	oution				
Primary   General     Other (specify) ▼		4400.00	]					
C. Full Name (Last, First, Middle Initial) Marco Gutierrez Mailing Address 511 N. Depot Road			Date	M	eceipt		2011	Y
City edinburg	State TX	Zip Code 78541	Tra	nsac	tion ID	: SA11AI. Receipt th	16525	
FEC ID number of contributing federal political committee.	С		contri	butior	,	5	400	0.00
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate	Year-to-Date ▼ 4800.00	]	DUIIOI	I			
SUBTOTAL of Receipts This Page (optional)	)						1200.	.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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435

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		1a 3		11b 14	11c	12	17
Any information copied from such Reports or for commercial purposes, other than us			erson for	the	purpo	ose o	f soliciting	g contribu	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDEF									
A. Miguel Gutierrez Mailing Address 224 Lindberg			M	te ot ■ M 07	f Rec	eipt 15		2011	Y
City mcallen	State TX	Zip Code 78501					: SA11AI. Receipt th	15420	ł
FEC ID number of contributing federal political committee.	C			_				250	0.00
Name of Employer selfemployed	Occupation physician		con	tribu	tion				
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1750.00	]						
Full Name (Last, First, Middle Initial) B. Miguel Gutierrez			Da	te o	f Rec	eipt			
Mailing Address 224 Lindberg				™ 08	/	D 18		2011	Y
City mcallen	State TX	Zip Code 78501					: SA11AI. Receipt th		d
FEC ID number of contributing federal political committee.	С			_					0.00
Name of Employer selfemployed	Occupation physician		- cont	ribut	tion				
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 2000.00	]						
Full Name (Last, First, Middle Initial) C. Miguel Gutierrez			Da	te o	f Rec	eipt			
Mailing Address 224 Lindberg			M	м 09	/	09		ү ү 2011	Y
City mcallen	State TX	Zip Code 78501					: SA11AI. Receipt th		ł
FEC ID number of contributing federal political committee.	C			tribu	tion,		7	25	0.00
Name of Employer	Occupation			lindu	luon				
selfemployed Receipt For:	physician Aggregate Ye	ar-to-Date ▼							
Primary General Other (specify) ▼		2250.00	1						
SUBTOTAL of Receipts This Page (optic	nal)			-				750	0.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	13       14       15       16       17         treson for the purpose of soliciting contributions to solicit contributions from such committee.       Date of Receipt         Date of Receipt       14       2011         Transaction ID : SA11AI.16073         Amount of Each Receipt this Period         250.00         contribution
Zip Code 78501 on e Year-to-Date ▼	Date of Receipt 10 14 2011 Transaction ID : SA11AI.16073 Amount of Each Receipt this Period 250.00
78501 on e Year-to-Date ▼	M M       /       P       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y
on e Year-to-Date ▼	250.00
e Year-to-Date ▼	_
	Date of Receipt
Zip Code 78501	Transaction ID : SA11AI.16292         Amount of Each Receipt this Period         250.00         contribution
e Year-to-Date ▼ 2750.00	
	Date of Receipt
Zip Code 78501	12     09     2011       Transaction ID : SA11AI.16526       Amount of Each Receipt this Period     250.00
	contribution
	Zip Code 78501 on e Year-to-Date ▼

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TTEMIZED RECEIPTS		r each category of the etailed Summary Page	X 11a	11b	11c	12	17
Any information copied from such Reports or for commercial purposes, other than us			erson for the	e purpose (	of soliciting	contribu	tions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	RAL PAC						
Full Name (Last, First, Middle Initial)           A.         Anna Lisa Guzman           Mailing Address         P.O. Box 720235			Date	of Receipt	D / Y	Ý Ý	Y
City		Zip Code	07 <b>Tra</b>		5 ) : SA11AI.1	2011 <b>15422</b>	
McAllen FEC ID number of contributing federal political committee.	С	78504	Amou	nt of Each	Receipt thi		0.00
Name of Employer selfemployed	Occupation physician assista	nt	contrib	ution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-		]				
Full Name (Last, First, Middle Initial) <b>B.</b> Anna Lisa Guzman			Date	of Receipt			
Mailing Address P.O. Box 720235			08		D / Y	ү ү 2011	Y
City		Zip Code	Trar	saction ID	: SA11AI.1	5636	
McAllen	ТХ	78504	Amou	nt of Each	Receipt thi	is Period	
FEC ID number of contributing federal political committee.	C				7	50	.00
Name of Employer selfemployed	Occupation physician assista	nt		ution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-	to-Date ▼ 400.00	]				
Full Name (Last, First, Middle Initial) C. Anna Lisa Guzman			Date	of Receipt			
Mailing Address P.O. Box 720235			09		D / Y )9	ү ү 2011	Y
City McAllen		Zip Code 78504			<b>D : SA11AI.</b> Receipt thi		
FEC ID number of contributing federal political committee.	C				7	50	0.00
Name of Employer	Occupation		contrib	ution			
selfemployed	physician assista	Int					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-	to-Date ▼ 450.00	]				
SUBTOTAL of Receipts This Page (optic	nal)			- 7	5	150	.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS		h category of the discussion o	X         11a         11b         11c         12           13         14         15         16         17
			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC		
Full Name (Last, First, Middle Initial) A. Anna Lisa Guzman Mailing Address P.O. Box 720235 City	State Zip C		Date of Receipt
McAllen         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	TX     7850       C     Occupation       physician assistant       Aggregate Year-to-Date		Amount of Each Receipt this Period 50.00 contribution
Full Name (Last, First, Middle Initial)         Anna Lisa Guzman         Mailing Address P.O. Box 720235         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State Zip C TX 7850 C Occupation physician assistant Aggregate Year-to-Da	4	Date of Receipt
Full Name (Last, First, Middle Initial)         C.       Anna Lisa Guzman         Mailing Address P.O. Box 720235         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State Zip C TX 7850 C Occupation physician assistant Aggregate Year-to-Da	4	Date of Receipt
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

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12 16	17			
	y information copied from such Reports and S for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC											
Α.	Full Name (Last, First, Middle Initial)         Dr. Edwardo Guzman         Mailing Address       2308 Highway 83 suite f				Date o	of Re		D / Y	2011	Ŷ			
	City Penitas	State TX	Zip Code 78573		Trans		ion ID :	<b>SA11AI</b> Receipt th	.15421	od			
	FEC ID number of contributing federal political committee.	С					7		Ę	50.00			
	Name of Employer self-employee	Occupation physician		co	ontribu	ition							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 350.00										
В.	Full Name (Last, First, Middle Initial) Dr. Edwardo Guzman			Date of Receipt									
	Mailing Address 2308 Highway 83 suite f	Address 2308 Highway 83 suite f State Zip Code					08 18 2011 Transaction ID : SA11AI.15637						
	Penitas	ТХ	78573	A	Amount of Each Receipt this Period				d				
	FEC ID number of contributing federal political committee.	С			50.00					50.00			
	Name of Employer self-employee	Occupation physician		cc	ontribu	tion							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00										
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Edwardo Guzman				Date o	of Re	eceipt						
	Mailing Address 2308 Highway 83 suite f				09 09 2011								
	City Penitas	State TX	Zip Code 78573	Transaction ID : SA1 <sup>2</sup> Amount of Each Receip						od			
	FEC ID number of contributing federal political committee.	С		contribution						50.00			
	Name of Employer	Occupation											
	self-employee         Receipt For:         Primary       General         Other (specify) ▼	physician       Aggregate	Year-to-Date ▼ 450.00										
s	UBTOTAL of Receipts This Page (optional)								15	0.00			

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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TEMIZED RECEIPTS		Detailed Summary Page	×	-		11b	11c		12		
Any information copied from such Reports and										ions	17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		adress of any political committe			ntric	Dutions	from suc		mmitte	<del>.</del>	
Full Name (Last, First, Middle Initial)         Dr. Edwardo Guzman         Mailing Address 2308 Highway 83 suite f         City         Penitas         FEC ID number of contributing federal political committee.         Name of Employer         self-employee         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78573 Year-to-Date ▼ 500.00			sact t of	14 ion ID		20 . <b>160</b>		00	]
Full Name (Last, First, Middle Initial)         Dr. Edwardo Guzman         Mailing Address 2308 Highway 83 suite f         City         Penitas         FEC ID number of contributing         federal political committee.         Name of Employer         self-employee         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78573 Year-to-Date ▼ 550.00			/ sacti t of	10		20 1629	-	00	]
Full Name (Last, First, Middle Initial)         Dr. Edwardo Guzman         Mailing Address 2308 Highway 83 suite f         City         Penitas         FEC ID number of contributing federal political committee.         Name of Employer         self-employee         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78573 Year-to-Date ▼ 600.00			sact	ion ID Each F		20 . <b>165</b>			]
SUBTOTAL of Receipts This Page (optional)						7			150.0	00	]

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

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

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X 11a 11b 12 14 13 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Victor Haddad Α. Date of Receipt Mailing Address 4008 Burns Drive South M M / 07 2011 15 City State Zip Code Transaction ID : SA11AI.15423 ΤХ 78503 mcallen Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2800.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Victor Haddad Date of Receipt Mailing Address 4008 Burns Drive South М M 08 18 2011 City State Zip Code Transaction ID : SA11AI.15638 ТΧ mcallen 78503 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primarv General 3200.00 Other (specify) Full Name (Last, First, Middle Initial) c. Victor Haddad Date of Receipt Mailing Address 4008 Burns Drive South M = M / D 09 2011 09 City State Zip Code Transaction ID : SA11AI.15858 ТΧ mcallen 78503 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 3600.00 Other (specify) 1200.00 SUBTOTAL of Receipts This Page (optional).....

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		-		11b	11c	12					
	ny information copied from such Reports and for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL													
Α.	Mailing Address 4008 Burns Drive South	Otata	7in Orde		Date o	/	14		у у у 2011	Y				
	City mcallen	State TX	Zip Code 78503				-	: SA11AI. Receipt th		4				
	FEC ID number of contributing federal political committee.	C					1	7		0.00				
	Name of Employer selfemployed Receipt For: Primary General	Occupation physician Aggregate	Year-to-Date ▼	C	ontribu	Ition								
	Other (specify)		4000.00											
Β.	Full Name (Last, First, Middle Initial)         Victor Haddad         Mailing Address 4008 Burns Drive South				Date of Receipt									
	City	State	Zip Code	Transaction ID : SA11										
	mcallen	ТΧ	78503	/	Amount of Each Receipt this Period					ł				
	FEC ID number of contributing federal political committee.	С			400.00									
	Name of Employer selfemployed	Occupation physician			- contribution									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4400.00	]										
<u>с</u> .	Full Name (Last, First, Middle Initial) Victor Haddad	1			Date o	of Re	eceipt							
	Mailing Address 4008 Burns Drive South				<sup>M</sup> 12	/	D 09		2011	Y				
	City mcallen	State TX	Zip Code 78503	Transaction ID : SA11AI.16529 Amount of Each Receipt this Period					ł					
	FEC ID number of contributing federal political committee.	5							400.00					
	Name of Employer	Occupation		c	ontribu	ition								
	selfemployed	physician												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary     General       Other (specify) ▼		4800.00	]										
	UBTOTAL of Receipts This Page (optional)								1200	).00				

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
		ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)         A.         Thomas Hausle         Mailing Address 701 South J         City         McAllen	State Zip Code TX 78501	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	C Occupation physician Aggregate Year-to-Date ▼ 525.00	contribution
Full Name (Last, First, Middle Initial)         B. Thomas Hausle         Mailing Address 701 South J         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       TX     78501       C       Occupation       physician       Aggregate Year-to-Date ▼       600.00	Date of Receipt 08 18 2011 Transaction ID : SA11AI.15639 Amount of Each Receipt this Period contribution
Full Name (Last, First, Middle Initial)         C.         Thomas Hausle         Mailing Address 701 South J         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 675.00	Date of Receipt 09 09 2011 Transaction ID : SA11AI.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 REC	EIPTS	;	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS	for each catego Detailed Summ		17
		used by any person for the purpose of soliciting contributions from such commit	utions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC		
Full Name (Last, First, Middle Initial)         A.         Thomas Hausle         Mailing Address 701 South J         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         □       Primary         □       General         Other (specify)       ▼	State TX     Zip Code 78501       C       Occupation physician       Aggregate Year-to-Date ▼	Date of Receipt       10     14       10     14       2011       Transaction ID : SA11AI.16077       Amount of Each Receipt this Period       750.00	
Full Name (Last, First, Middle Initial)         B.         Thomas Hausle         Mailing Address 701 South J         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer selfemployed         Receipt For:         Primary       General Other (specify)	State     Zip Code       TX     78501       C       Occupation       physician       Aggregate Year-to-Date ▼	Date of Receipt  Date of Receipt  11 10 2011 Transaction ID : SA11AI.16296 Amount of Each Receipt this Period  Amount of Each Receipt this Period  Contribution  825.00	
C. Full Name (Last, First, Middle Initial) C. Thomas Hausle Mailing Address 701 South J City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt 12 09 2011 Transaction ID : SA11AI.16530 Amount of Each Receipt this Period	
Other (specify) ▼ SUBTOTAL of Receipts This Page (option.		900.00	5.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & \hline \end{array}$
			person for the purpose of soliciting contributions
ME OF COMMITTEE (In Full) ORDER HEALTH FEDERAL	PAC		
I Name (Last, First, Middle Initial) obert Helbing iling Address 820 Tamarack / callen C ID number of contributing eral political committee. me of Employer c-employed ceipt For: Primary General Other (specify) ▼	private inve	stor	Date of Receipt
I Name (Last, First, Middle Initial) Debert Helbing Iling Address 820 Tamarack allen C ID number of contributing eral political committee. me of Employer -employed ceipt For: Primary General Other (specify) ▼	private inve	stor	Date of Receipt
I Name (Last, First, Middle Initial) obert Helbing illing Address 820 Tamarack / callen C ID number of contributing eral political committee. me of Employer f-employed ceipt For: Primary General Other (specify) ▼	private inve	estor Year-to-Date ▼	Date of Receipt 09 09 2011 Transaction ID : SA11AI.15860 Amount of Each Receipt this Period 100.00 contribution
	formation copied from such Reports and commercial purposes, other than using to ME OF COMMITTEE (In Full) DRDER HEALTH FEDERAL Name (Last, First, Middle Initial) obert Helbing ling Address 820 Tamarack f allen C ID number of contributing eral political committee. ne of Employer -employed seipt For: Primary General Other (specify) ▼ Name (Last, First, Middle Initial) obert Helbing ling Address 820 Tamarack f allen C ID number of contributing eral political committee. ne of Employer -employed seipt For: Primary General Other (specify) ▼ Name (Last, First, Middle Initial) obert Helbing ling Address 820 Tamarack f allen C ID number of contributing eral political committee. ne of Employer -employed seipt For: Primary General Other (specify) ▼	formation copied from such Reports and Statements ma commercial purposes, other than using the name and a ME OF COMMITTEE (In Full) DRDER HEALTH FEDERAL PAC Name (Last, First, Middle Initial) obbert Helbing ling Address 820 Tamarack r State allen TX C ID number of contributing eral political committee. ne of Employer employed weipt For: Primary General Other (specify) ▼ Name (Last, First, Middle Initial) obbert Helbing ling Address 820 Tamarack r State allen TX C ID number of contributing eral political committee. ne of Employer employed seipt For: Primary General Other (specify) ▼ Name (Last, First, Middle Initial) obbert Helbing ling Address 820 Tamarack r State allen TX C ID number of contributing eral political committee. ne of Employer employed seipt For: Primary General Other (specify) ▼ Name (Last, First, Middle Initial) obbert Helbing ling Address 820 Tamarack r State TX C ID number of contributing eral political committee. ne of Employer employed replotical committee. ne of Employer fer for: Primary General C Name (Last, First, Middle Initial) obbert Helbing ling Address 820 Tamarack r State TX C ID number of contributing eral political committee. ne of Employer fer for: Primary General C Aggregate Primary General	Image: Detailed Summary Page         formation copied from such Reports and Statements may not be sold or used by any journees, other than using the name and address of any political committee         WE OF COMMITTEE (in Full)         DRDER HEALTH FEDERAL PAC         Name (Last, First, Middle Initial)         obsert Helbing         ling Address 820 Tamarack         r       State         zip Code         allen       TX         r       State         r       Occupation         private investor         employed         employed         Primary         General         Other (specify)         Name (Last, First, Middle Initial)         obsert Helbing         ling Address 820 Tamarack         r       State         zip Code         TX       78501         Di number of contributing         gran political committee.         ne of Employer         off coupled         private investor         Aggregate Year-to-Date ▼         Other (specify) ▼         Aggregate Year-to-Date ▼         Other (specify) ▼         Aggregate Year-to-Date ▼         Other (specify) ▼

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

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

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

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TIEMIZED RECEIPTS	Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$		
Any information copied from such Reports or for commercial purposes, other than usi	and Statements may not be sold or used by any poing the name and address of any political committee	erson for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC			
Full Name (Last, First, Middle Initial) <b>A.</b> Robert Helbing		Date of Receipt		
Mailing Address 820 Tamarack		10 14 2011		
City	State Zip Code	Transaction ID : SA11AI.16078		
mcallen	TX 78501	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	100.00		
Name of Employer	Occupation			
self-employed	private investor			
Receipt For:	Aggregate Year-to-Date ▼	-		
Primary General		1		
Other (specify)	1000.00			
Full Name (Last, First, Middle Initial) B. Robert Helbing		Date of Receipt		
Mailing Address 820 Tamarack				
		11 10 2011		
City	State Zip Code	Transaction ID : SA11AI.16297		
mcallen	TX 78501	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	100.00		
Name of Employer	Occupation	contribution		
self-employed	private investor			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General		1		
Other (specify)	1100.00			
Full Name (Last, First, Middle Initial) C. Robert Helbing		Date of Receipt		
Mailing Address 820 Tamarack				
City	State Zip Code	12 09 2011 Transaction ID : SA11AI.16531		
mcallen	TX 78501	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	100.00		
Name of Employer	Occupation	contribution		
self-employed	private investor			
Receipt For:	Aggregate Year-to-Date ▼	-		
Primary General		1		
Other (specify)	1200.00			
SUBTOTAL of Receipts This Page (option	nal)	300.00		

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

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SCHEDULE A	(FEC	Form 3X)
ITEMIZED REC	EIPTS	6

FOR LINE NUMBER:

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TEMIZED RECEIPTS		Detailed Summary Page	X 11a	ι	11b 14	11c	12		17
Any information copied from such Re or for commercial purposes, other th	ports and Statements may an using the name and ac	y not be sold or used by any p ldress of any political committe	erson for th	ne pur contrib	pose o	f soliciting	g contrib	utions	
NAME OF COMMITTEE (In Full) BORDER HEALTH FE	DERAL PAC								
Full Name (Last, First, Middle Init         A.       Mr. Blake Hensler         Mailing Address 3414 Pricess Street         City         Edinburg         FEC ID number of contributing federal political committee.		Zip Code 78539	Os Tra	nsact	ion ID		nis Perio	_	
Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation private inves Aggregate	tor /ear-to-Date ▼ 225.00	contri	oution	7				
Full Name (Last, First, Middle Init <b>B.</b> Mr. Blake Hensler Mailing Address 3414 Pricess Stre	et		Date of Receipt				үчү 2011	Y	
City Edinburg	State TX	Zip Code 78539				: SA11AI. Receipt th		d	
FEC ID number of contributing federal political committee.	C				7	7	2	5.00	
Name of Employer self-employed	Occupation private inves	tor	contribution						
Receipt For:     Aggr       Primary     General       Other (specify) ▼		/ear-to-Date ▼ 250.00	;0.00						
Full Name (Last, First, Middle Init C. Mr. Blake Hensler	al)		Date	of Re	eceipt				
Mailing Address 3414 Pricess Stre			M 1		D 1(		2011	Y	
City Edinburg	State TX	Zip Code 78539				: SA11AI Receipt th		d	
FEC ID number of contributing federal political committee.	C			hution	,		2	25.00	
Name of Employer self-employed Receipt For:	Occupation private inves	stor ∕ear-to-Date ▼		bution					
Primary General Other (specify) ▼		275.00	]						
SUBTOTAL of Receipts This Page	/optional)				, .	- 7	7:	5.00	

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

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

FOR LINE NUMBER:

(check only one)

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11		11b	11c	12	17	
Any information copied from such Reports a or for commercial purposes, other than using			erson for	the pu	urpose o	f soliciting	g contribu	tions	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	-								
A. Mr. Blake Hensler Mailing Address 3414 Pricess Street	State	Zip Code	M	2	Receipt	)	2011	Y	
Edinburg	TX	78539				: SA11AI. Receipt th			
FEC ID number of contributing federal political committee.	С				,	7	25	5.00	
Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation private invest Aggregate Y	tor /ear-to-Date ▼ 300.00		ibutio	n				
B. Hull Name (Last, First, Middle Initial) Ms Monica Hensler Mailing Address 3414 Princess Street			Dat	e of F	Receipt	D / Y	YYY	V	
City	State	Zip Code		)9	09	)	2011		
Edinburg	TX	78539				Transaction ID : SA11AI.15862 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С				7	7		.00	
Name of Employer selfemployed	Occupation private invest	contribution							
Receipt For: Primary General Other (specify) ▼	Aggregate Y	éar-to-Date ▼ 225.00	]						
Full Name (Last, First, Middle Initial) C. Ms Monica Hensler			Dat	e of F	Receipt				
Mailing Address 3414 Princess Street				M 10	/14		ү 2011	Y	
City Edinburg	State TX	Zip Code 78539				: SA11AI. Receipt th			
FEC ID number of contributing federal political committee.	С		25.0				5.00		
Name of Employer	Occupation		cont	ributio	n				
selfemployed	private inves	tor							
Receipt For: Primary General Other (specify) ▼	Aggregate Y	'ear-to-Date ▼ 250.00	1						
SUBTOTAL of Receipts This Page (optional	al)		•		7		75	.00	

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

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TEMIZED RECEIPTS		TECEIPIS for each category of the Detailed Summary Page			
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any p	13         14         15         16           erson for the purpose of soliciting contribution         tributions from such committee	17 ns	
A. Full Name (Last, First, Middle Initial) Ms Monica Hensler Mailing Address 3414 Princess Street	State	Zip Code	Date of Receipt	]	
Edinburg FEC ID number of contributing federal political committee.	С	78539	Amount of Each Receipt this Period	0	
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation private investo Aggregate Ye		contribution		
B. Full Name (Last, First, Middle Initial) Ms Monica Hensler Mailing Address 3414 Princess Street	State	Zip Code	Date of Receipt	]	
Edinburg FEC ID number of contributing federal political committee.	C	78539	Transaction ID : SA11AI.16533         Amount of Each Receipt this Period         25.00	2	
Name of Employer selfemployed Receipt For: Primary General Other (specify) v	Occupation private investo Aggregate Ye		contribution		
C. Full Name (Last, First, Middle Initial) Ambrosio Hernandez Mailing Address 2000 Dana City	State	Zip Code	Date of Receipt 07 15 2011 Transaction ID : SA11AI.15428	]	
Pharr         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	TX C Occupation physician Aggregate Ye	78577 ear-to-Date ▼ 1750.00	Amount of Each Receipt this Period 250.00 contribution	0	
SUBTOTAL of Receipts This Page (optiona	l)		300.00	)	

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS			for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17		
				erson for the purpose of soliciting contributions e to solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC				
Α.	Full Name (Last, First, Middle Initial) Ambrosio Hernandez Mailing Address 2000 Dana			Date of Receipt		
	City Pharr	State TX	Zip Code 78577	Transaction ID : SA11AI.15643           Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		250.00		
	Name of Employer selfemployed Receipt For:	Occupation physician		contribution		
	Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 2000.00	]		
В.	Full Name (Last, First, Middle Initial) Ambrosio Hernandez Mailing Address 2000 Dana	lernandez		Date of Receipt		
	City	09 09 2011 Transaction ID : SA11AI.15863				
	Pharr	ТΧ	78577	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		250.00		
	Name of Employer selfemployed	Occupation physician	1	contribution		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2250.00	]		
<u>с</u> .	Full Name (Last, First, Middle Initial) Ambrosio Hernandez			Date of Receipt		
	Mailing Address 2000 Dana			10 / Y Y Y Y Y 10 14 2011		
	City Pharr	State TX	Zip Code 78577	Transaction ID : SA11AI.16081           Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		250.00		
	Name of Employer	Occupation	l			
	selfemployed	physician				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2500.00	]		
s	UBTOTAL of Receipts This Page (optional).			750.00		

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDI	ERAL PAC		
Full Name (Last, First, Middle Initial)         A.         Ambrosio Hernandez         Mailing Address 2000 Dana         City         Pharr         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician	Zip Code 78577 Year-to-Date ▼ 2750.00	Date of Receipt
Full Name (Last, First, Middle Initial)         B. Ambrosio Hernandez         Mailing Address 2000 Dana         City         Pharr         FEC ID number of contributing federal political committee.         Name of Employer selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician	Zip Code 78577 Year-to-Date ▼ 3000.00	Date of Receipt 12 09 2011 Transaction ID : SA11AI.16535 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial)         C.       Maximiliano Hernandez         Mailing Address 301 Byron Nelson D         #40 Villas Jardin         City         mcallen         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	rive State TX C Occupation physician	Zip Code 78503 Year-to-Date ▼ 1750.00	Date of Receipt 07 15 2011 Transaction ID : SA11AI.15429 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (or	tional)		750.00

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

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

(check only one)

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Any information copied from such Reports and Statements or for commercial purposes, other than using the name an NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) A. Maximiliano Hernandez		for the		pose o	f solicitin		-	17 ions	
BORDER HEALTH FEDERAL PAC           Full Name (Last, First, Middle Initial)		Date of Receipt							
Mailing Address 301 Byron Nelson Drive         #40 Villas Jardin         City       State         mcallen       TX         FEC ID number of contributing       federal political committee.         Name of Employer       Occupa         selfemployed       physicia	_	08 Trans	sact	18 ion ID		2 . <b>156</b>	011 <b>44</b>	У 00	
Full Name (Last, First, Middle Initial)         B. Maximiliano Hernandez         Mailing Address 301 Byron Nelson Drive         #40 Villas Jardin         City       State         mcallen       TX         FEC ID number of contributing       C         federal political committee.       Occupa         Name of Employer       Occupa         selfemployed       physicia         Receipt For:       Aggreg         Other (specify) ▼       C			acti t of	09 ion ID :		.158		Y 00	
Full Name (Last, First, Middle Initial)         Maximiliano Hernandez         Mailing Address 301 Byron Nelson Drive         #40 Villas Jardin         City       State         mcallen       TX         FEC ID number of contributing       C         federal political committee.       Occupa         Name of Employer       Occupa         selfemployed       physicia         Receipt For:       Aggreg         Other (specify) ▼       Image: Colspan="2">C	_		sact	ion ID Each F		20 1.160			

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

# SCHEDULE A (FEC Form 3X) MIZED DECEIDTO

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	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 Stater or for commercial purposes, other than using the nan		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	0	
mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Pagoint Ent:	State Zip Code TX 78503 C C C C C C C C C C C C C C C C C C C	Date of Receipt
mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Pageint Enr.	State Zip Code TX 78503 C ccupation ysician ggregate Year-to-Date ▼ 3000.00	Date of Receipt
pharr FEC ID number of contributing federal political committee. Name of Employer selfemployed Pagoint Enr:	State Zip Code TX 78577 C C Coupation ysician ggregate Year-to-Date ▼ 1750.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)	•	750.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

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

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

FOR LINE NUMBER:

(check only one)

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			Detailed Summary Page			12		17						
Ar or	y information copied from such Reports an for commercial purposes, other than using	d Statements mathematic the name and a	I ay not be sold or used by any p uddress of any political committee	erson e to s	fo	13 r the cit co	pur ntrik	14 pose coutions	15 of solicitin from suc	g contri	ibuti	ons		
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC												
Α.	Full Name (Last, First, Middle Initial) Maria Hoffman Mailing Address 802 Inspiration Road	0	7.0.1		l	м м 08	/	eceipt	В	2011		Ŷ		
	City	State TX	Zip Code 78577	Transaction ID : SA11AI.15645										
	pharr	IX	18311	_	A	moun	t of	Each	Receipt t	his Peri	od			
	FEC ID number of contributing federal political committee.	С						,		2	250.0	00		
	Name of Employer	Occupation	1		COI	ntribu	tion							
	selfemployed	physician												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General			11.										
	Other (specify)		2000.00											
в.	Full Name (Last, First, Middle Initial) Maria Hoffman			D	ate o	f Re	eceipt							
	Mailing Address 802 Inspiration Road				Γ	м м 09	1	0		2011		Y		
	City	State	Zip Code			Trans	act	ion ID	: SA11AI	.15865				
	pharr	ТХ	78577		Aı	moun	t of	Each	Receipt t	his Peri	od			
	FEC ID number of contributing federal political committee.	С							250.00					
	Name of Employer	Occupation	1	- (	cor	ntribu	tion							
	selfemployed	physician												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2250.00	]										
<u> </u>	Full Name (Last, First, Middle Initial) Maria Hoffman				D	ate o	f Re	eceipt						
	Mailing Address 802 Inspiration Road				Γ	м м 10	1	D 1-		2011		Y		
	City	State	Zip Code			Tran	sact	tion ID	: SA11A	.16083				
	pharr	ТХ	78577		Aı	moun	t of	Each	Receipt t	his Peri	od			
	FEC ID number of contributing federal political committee.	С		250						250.0	00			
	Name of Employer	Occupation	1		CO	ntribu	uon							
	selfemployed	physician												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General		11.											
	Other (specify)		2500.00											
s	UBTOTAL of Receipts This Page (optional)			► _			1	7		7:	50.0	00		

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

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

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

FOR LINE NUMBER:

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			Detailed Summary Page		×	11a 13		11b	11c		12 16	17		
Ar or	y information copied from such Reports and for commercial purposes, other than using	d Statements mathematic the name and a	I ay not be sold or used by any p address of any political committee	erson e to s	n fo sol	or the	e pu ontri	rpose	of solicitin	ng cor ch co	ntribut	tions		
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC												
Α.	Full Name (Last, First, Middle Initial) Maria Hoffman Mailing Address 802 Inspiration Road					Date of 11	of R		0		011	Y		
	City pharr	State TX	Zip Code 78577	Transaction ID : SA11AI.16302 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			l		Ì	7			250	.00		
	Name of Employer selfemployed	Occupatior physician	1		cc	ontribu	utior	ו						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2750.00	]										
в.	Full Name (Last, First, Middle Initial) Maria Hoffman	·			C	Date d	of R	eceipt						
	Mailing Address 802 Inspiration Road				l	<sup>™</sup> 12	Л		D / )9		у 011	Y		
	City	State	Zip Code		_	Tran	sac	tion ID	: SA11A	<u>I.1653</u>	37			
	pharr	ТХ	78577	_	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С						7	,	_	250.	.00		
	Name of Employer selfemployed	Occupatior physician	1	(	co	ntribu	ition	1						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3000.00	]										
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Jacobo Hohenstein				C	Date d	of R	eceipt						
	Mailing Address 800 East Dove suite L				[	M 07	Λ		D /		у 011	Y		
	City McAllen	State TX	Zip Code 78504		A				D : SA11A Receipt					
	FEC ID number of contributing federal political committee.	С		200.0							.00			
	Name of Employer	Occupation	1		CC	ontrib	utior	n						
	self-employee	physician												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1349.58	1										
s	UBTOTAL of Receipts This Page (optional)		· · · · · · · · · · · · · · · · · · ·	<u> </u>	[			7		_	700.	00		

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS			X	-		11b	11c	12	17
Any Information copied from such Reports and Statements may not be sold or used by any person for the purposes of soliciting or for committee to solicit contributions from such of the committee to solicit contributions from such of the purposes, other than using the address of any political committee to solicit contributions from such of the committee to solicit contributions from such of the purpose, other than using the address of any political committee to solicit contributions from such of the committee to solicit contributions from such of the purpose, other than using the address of any political committee to solicit contributions from such of the committee to solicit contributions from such of the purpose, other than using the address of any political committee to solicit contributions from such of the purpose, other than using the address and addrest and address and address and address and address and a		g contribu	utions						
	ŶAC								
A. Dr. Jacobo Hohenstein Mailing Address 800 East Dove suite L City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General	TX 78504 C Occupation physician	4 	A	08 Trans	sacti t of	18 on ID :	SA11AI.	2011 <b>15646</b> his Period	_
B. Dr. Jacobo Hohenstein Mailing Address 800 East Dove suite L City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General	TX 78504	4 	A	09 Trans	sactions of	09 09	SA11AI.	nis Perioo	d 0.00
C. Dr. Jacobo Hohenstein Mailing Address 800 East Dove suite L City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For:	TX 78504	4	A	10 Trans	/ sacti t of	14 on ID :	: SA11AI.	2011 . <b>16084</b> his Period	_
SUBTOTAL of Receipts This Page (optional)			. [			7	7	600	0.00

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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		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 or for commercial purposes, other than using t			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC		
Full Name (Last, First, Middle Initial)         A.       Dr. Jacobo Hohenstein         Mailing Address 800 East Dove suite L         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer         self-employee         Receipt For:         Drive	State TX C Occupation physician Aggregate	Zip Code 78504	Date of Receipt
Primary       General         Other (specify) ▼         Full Name (Last, First, Middle Initial)		]	
B. Dr. Jacobo Hohenstein Mailing Address 800 East Dove suite L City	State	Zip Code	Date of Receipt 12 09 2011 Transaction ID : SA11AI.16538
McAllen FEC ID number of contributing federal political committee.	С	78504	Amount of Each Receipt this Period
Name of Employer self-employee Receipt For: Primary General Other (specify)	Occupation physician Aggregate	Year-to-Date ▼ 2349.58	contribution
C. Dr. Dynio Honrubia Mailing Address 5600 North Cynthia			Date of Receipt
City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.15431           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Occupation		50.00
self-employee Receipt For: ☐ Primary _ General Other (specify) ▼	physician	Year-to-Date ▼ 350.00	]
SUBTOTAL of Receipts This Page (optional).			450.00

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

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Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12 16	17
Any information copied from such Reports an or for commercial purposes, other than using									
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC								
Full Name (Last, First, Middle Initial)         Dr. Dynio Honrubia         Mailing Address 5600 North Cynthia         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer         self-employee         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 400.00	A		sacti	18 ion ID :	SA11AI. Receipt th	nis Perioo	d 0.00
Full Name (Last, First, Middle Initial)         Dr. Dynio Honrubia         Mailing Address 5600 North Cynthia         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer self-employee         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 450.00	A		r <b>acti</b> t of	09 on ID :	SA11AI. Receipt th	nis Perioo	d 0.00
Full Name (Last, First, Middle Initial)         Dr. Dynio Honrubia         Mailing Address 5600 North Cynthia         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer         self-employee         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 500.00	A		sacti t of	14 ion ID :		nis Perioo	d 0.00
SUBTOTAL of Receipts This Page (optiona	)					7		150	0.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC		
Full Name (Last, First, Middle Initial)         Dr. Dynio Honrubia         Mailing Address 5600 North Cynthia         City         McAllen	State TX	Zip Code 78504	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer	Occupation		Amount of Each Receipt this Period 50.00 contribution
self-employee Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 550.00	1
Full Name (Last, First, Middle Initial)         B.       Dr. Dynio Honrubia         Mailing Address 5600 North Cynthia			Date of Receipt
City McAllen FEC ID number of contributing federal political committee.	State TX	Zip Code 78504	Transaction ID : SA11AI.16539           Amount of Each Receipt this Period           50.00
Name of Employer self-employee	Occupation physician		contribution
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.00	1
Full Name (Last, First, Middle Initial) C. Vincent Honrubia Mailing Address 204 Rio Grande			Date of Receipt
City	State TX	Zip Code 78572	07 15 2011 Transaction ID : SA11AI.15432 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate	Year-to-Date ▼ 1750.00	
SUBTOTAL of Receipts This Page (optional	l)		350.00

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

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

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

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS	Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any a name and address of any political committee	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC	
Full Name (Last, First, Middle Initial)         Vincent Honrubia         Mailing Address 204 Rio Grande         City         mission         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify)	State       Zip Code         TX       78572         C       Occupation         Opysician       Aggregate Year-to-Date ▼         2000.00       2000.00	Date of Receipt 08 18 2011 Transaction ID : SA11AI.15648 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial)         Vincent Honrubia         Mailing Address 204 Rio Grande         City         mission         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify)	State       Zip Code         TX       78572         C       Occupation         Occupation       Physician         Aggregate Year-to-Date ▼       2250.00	Date of Receipt 09 09 2011 Transaction ID : SA11AI.15868 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial)         Vincent Honrubia         Mailing Address 204 Rio Grande         City         mission         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify)	State       Zip Code         TX       78572         C       Occupation         Physician       Aggregate Year-to-Date ▼         2500.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		750.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		each category of the tailed Summary Page	X 11a	11b 11c 14 15	12 16	17
Any information copied from such Reports an or for commercial purposes, other than using			erson for the purp	pose of soliciting	contributi	ions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC					
A. Vincent Honrubia Mailing Address 204 Rio Grande			Date of Re	D D / Y	y y 2011	Y
City mission		ip Code 8572		ion ID : SA11AI.1 Each Receipt thi		_
FEC ID number of contributing federal political committee.	С			7 7	250.0	00
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-t	o-Date ▼ 2750.00	contribution			
B. Full Name (Last, First, Middle Initial) Mailing Address 204 Rio Grande			Date of Re	eceipt	YY	Y
City		ip Code	12 Transacti	09 on ID : SA11AI.1	2011 <b>6540</b>	
mission FEC ID number of contributing federal political committee.	TX 7	8572	Amount of	Each Receipt thi	s Period 250.0	00
Name of Employer selfemployed	Occupation physician					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-t	o-Date ▼ 3000.00	]			
Full Name (Last, First, Middle Initial) C. Dr. Syed Husain			Date of Re	eceipt		
Mailing Address 7020 N. 1st			07 /	D D / Y 15	y y 2011	Y
City McAllen		ip Code 8504		ion ID : SA11AI.1 Each Receipt thi		
FEC ID number of contributing federal political committee.	С			<b>7 7</b>	100.	00
Name of Employer	Occupation		contribution			
self-employee	physician					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-t	o-Date ▼ 700.00	]			
SUBTOTAL of Receipts This Page (optional				AD AD _	600.0	00

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

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

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

(check only one)

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ITEMIZED RECEIPTS	Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports or for commercial purposes, other than usin	and Statements may not be sold or used by any point of the name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC	
Full Name (Last, First, Middle Initial) <b>A</b> . Dr. Syed Husain		Date of Receipt
Mailing Address 7020 N. 1st		08 18 _ 2011 _
City	State Zip Code	Transaction ID : SA11AI.15649
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
self-employee	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		1
Other (specify) ▼	800.00	
Full Name (Last, First, Middle Initial) B. Dr. Syed Husain		Date of Receipt
Mailing Address 7020 N. 1st		09 09 2011
City	State Zip Code	Transaction ID : SA11AI.15869
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
self-employee	physician	
Receipt For:	Aggregate Year-to-Date ▼	—
Primary General		
Other (specify) <b>v</b>	900.00	
Full Name (Last, First, Middle Initial) C. Dr. Syed Husain		Date of Receipt
Mailing Address 7020 N. 1st		10 14 _2011 _
City	State Zip Code	Transaction ID : SA11AI.16087
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
self-employee	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		1
Other (specify)	1000.00	1
SUBTOTAL of Receipts This Page (option	nal)	300.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TTEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	d Statements may not be sold or used by any the name and address of any political committe	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) A. Dr. Syed Husain Mailing Address 7020 N. 1st City McAllen FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 78504	Date of Receipt
self-employee Receipt For: Primary General Other (specify)	physician Aggregate Year-to-Date ▼ 1100.00	
B. Dr. Syed Husain Mailing Address 7020 N. 1st	State Zip Code	Date of Receipt
McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee	TX 78504 C Occupation physician	Amount of Each Receipt this Period 100.00 contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	
C. Dr. Norma Iglesias Mailing Address 712 S. Cage	State Zip Code	Date of Receipt
Pharr FEC ID number of contributing federal political committee.	TX 78577	Amount of Each Receipt this Period
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2800.00	contribution
SUBTOTAL of Receipts This Page (optional)	)	600.00

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

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

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

(check only one)

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			for each category of the Detailed Summary Page		X 11	a		l1b	11c	12	
Any information c	opied from such Reports	and Statements ma	ay not be sold or used by any p ddress of any political committer	erson	for t	ne p	purpc	4 ose of	f soliciting	g contrib	utions
NAME OF CO	MMITTEE (In Full) HEALTH FEDEF				onen						liee.
Full Name (La A. Dr. Norma	st, First, Middle Initial) Iglesias				Date	of	Rece	eipt			
Mailing Addres	s 712 S. Cage				м 0	M 8	/	18		2011	Y
City Pharr		State TX	Zip Code 78577						<b>SA11AI</b> Receipt th		d
FEC ID numbe federal politica	er of contributing I committee.	С								40	0.00
Name of Empl self-employed	oyer	Occupation physician			contri	buti	ion				
Receipt For: Primary Other (sp	General pecify) <b>▼</b>		Year-to-Date ▼ 3200.00	]							
Full Name (Las B. Dr. Norma	st, First, Middle Initial) Iglesias	·			Date	of	Rece	eipt			
Mailing Addres	s 712 S. Cage				м 0		/	09		2011	Y
City		State	Zip Code						SA11AI.		
Pharr		ТХ	78577		Amo	unt	of E	ach F	Receipt th	nis Perio	d
FEC ID numbe federal politica	er of contributing I committee.	C								40	0.00
Name of Empl self-employed	oyer	Occupation physician		- (	contri	outio	on				
Receipt For: Primary Other (sp	General General ▼		Year-to-Date ▼ 3600.00	]							
Full Name (La: C. Dr. Norma	st, First, Middle Initial) a Iglesias				Date	of	Rece	eipt			
Mailing Addres	s 712 S. Cage					м 0	/	D 14		20 <u>1</u> 1	Y
City Pharr		State TX	Zip Code 78577						<b>: SA11AI</b> Receipt th		d
FEC ID number federal politica	er of contributing I committee.	С			contr	buti	ion,			40	00.00
Name of Empl	oyer	Occupation			conti	buu					
self-employed		physician									
Receipt For: Primary Other (sp	General General	Aggregate	Year-to-Date ▼ 4000.00								
SUBTOTAL of F	Receipts This Page (optio	nal)								120	0.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
	s and Statements may not be sold or used by any pusions of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDE		
Full Name (Last, First, Middle Initial) A. Dr. Norma Iglesias		Date of Receipt
Mailing Address 712 S. Cage	State Zip Code	11 10 2011
Pharr	TX 78577	Transaction ID : SA11AI.16307 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	
self-employed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4400.00	1
Full Name (Last, First, Middle Initial)           B.         Dr. Norma Iglesias		Date of Receipt
Mailing Address 712 S. Cage		12 09 2011
City	State Zip Code	Transaction ID : SA11AI.16542
Pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer self-employed	Occupation	contribution
Receipt For:	physician	
Primary General	Aggregate Year-to-Date ▼	
Other (specify)	4800.00	
Full Name (Last, First, Middle Initial) C. Ms Marina Jacobson		Date of Receipt
Mailing Address 1505 Doherty		09 09 _2011 _
City	State Zip Code	Transaction ID : SA11AI.15871
Mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
selfemployed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify) ▼	225.00	]
SUBTOTAL of Receipts This Page (opti	onal)	825.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS	for each category Detailed Summary	
		ed by any person for the purpose of soliciting contributions al committee to solicit contributions from such committee.
NAME OF COMMITTEE (IN Full) BORDER HEALTH FEDERA	IL PAC	
Full Name (Last, First, Middle Initial)         Ms Marina Jacobson         Mailing Address 1505 Doherty         City         Mission         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX     Zip Code 78572       C       Occupation private investor       Aggregate Year-to-Date ▼	Date of Receipt Date of Receip
B. Full Name (Last, First, Middle Initial) Ms Marina Jacobson Mailing Address 1505 Doherty City Mission FEC ID number of contributing federal political committee.	State Zip Code TX 78572	Date of Receipt  Date of Receipt  11 10 2011 Transaction ID : SA11AI.16308 Amount of Each Receipt this Period  25.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) v	Occupation private investor Aggregate Year-to-Date ▼	275.00 contribution
Full Name (Last, First, Middle Initial)         Ms Marina Jacobson         Mailing Address 1505 Doherty         City         Mission         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX       Zip Code 78572         C       Occupation private investor         Aggregate Year-to-Date ▼	Date of Receipt Date of Receipt 12 09 2011 Transaction ID : SA11AI.16543 Amount of Each Receipt this Period 25.00 contribution 300.00
SUBTOTAL of Receipts This Page (optiona	I)	

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

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 203 OF 433           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17
	nd Statements may not be sold or used by any per the name and address of any political committee	
Full Name (Last, First, Middle Initial) A. Donna Joule Mailing Address 708 S H Street City	State Zip Code	Date of Receipt
FEC ID number of contributing federal political committee.	TX 78501	Amount of Each Receipt this Period
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date ▼ 225.00	<pre> contribution</pre>
Full Name (Last, First, Middle Initial) 3. Donna Joule Mailing Address 708 S H Street		Date of Receipt
City mcallen	State Zip Code TX 78501	10     14     2011       Transaction ID : SA11AI.16090       Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	C Occupation physician Aggregate Year-to-Date ▼ 250.00	25.00
Full Name (Last, First, Middle Initial) Donna Joule Mailing Address 708 S H Street		Date of Receipt
City	State Zip Code	11 10 2011 Transaction ID : SA11AI.16309

Mailing Address 708 S H Street		11 10 2011
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.16309 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 275.00	
SUBTOTAL of Receipts This Page (optional)	) <b>&gt;</b>	75.00
TOTAL This Period (last page this line numl	per only)	

CHEDULE A (FEC Form 3) FEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 204 (check only one)								04 OF				
Any information copied from such Reports ar or for commercial purposes, other than using		y not be sold or used by any					se of s								
NAME OF COMMITTEE (In Full) $ angle$ BORDER HEALTH FEDERA	L PAC														
Full Name (Last, First, Middle Initial) Donna Joule Mailing Address 708 S H Street				ate of	Re										
City	State	Zip Code		12 Trans	acti	L	09	A11AI.	2	011 <b>44</b>					
mcallen	ТХ	78501	A					ceipt th							
FEC ID number of contributing federal political committee.	С					7		7		25.00	)				
Name of Employer selfemployed	Occupation physician		cc	ontribut	ion										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]												
Full Name (Last, First, Middle Initial) . Nelson Kalaf				Date of	Re	eceip	pt				_				
Mailing Address 5401 N. 8th Street				M M 10	/	D	14	/ Y	20	) 11	1				
City mcAllen	State TX	Zip Code 78504						<b>A11AI.</b> ceipt th			_				
FEC ID number of contributing federal political committee.	C					7		7		250.00	)				
Name of Employer selfemployed	Occupation physician		co	ntributo	on										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	1												

C. Nelson Kalaf		Date of Receipt
Mailing Address 5401 N. 8th Street		11 10 / Y Y Y Y 11 10 2011
City	State Zip Code	Transaction ID : SA11AI.16310
mcAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	contributon
Name of Employer	Occupation	
selfemployed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	nal)	525.00

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

435

Im	age# 12952834587			
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 205 OF 435           (check only one)         11a           11a         11b         11c           13         14         15         16	
Ar or	ny information copied from such Reports and for commercial purposes, other than using t NAME OF COMMITTEE (In Full)	Statements m he name and a	ay not be sold or used by any po address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
	BORDER HEALTH FEDERAL	PAC		Ι
Α.	Full Name (Last, First, Middle Initial) Nelson Kalaf			Date of Receipt
	Mailing Address 5401 N. 8th Street			12 09 2011
	City mcAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.16545 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer	Occupation	1	contributon
	selfemployed Receipt For: Primary General Other (specify) v		Year-to-Date ▼ 750.00	]
в.	Full Name (Last, First, Middle Initial) Gauri Kanhere Mailing Address 2548 Palm Circle City	State	Zip Code	Date of Receipt 07 15 2011 Transaction ID : SA11AI.15437
	rio grande city	ТХ	78582	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer selfemployed	Occupation physician	1	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1750.00	
C.	Full Name (Last, First, Middle Initial) Gauri Kanhere			Date of Receipt
	Mailing Address 2548 Palm Circle			08 18 2011
	City rio grande city	State TX	Zip Code 78582	Transaction ID : SA11AI.15653 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer	Occupation	1	contribution
	selfemployed Receipt For:	physician	Versite Det. =	_
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)			l	7		7	75	0.00	
TOTAL This Period (last page this line number only)	•	i.	i.	-	i.	,			

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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435

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a 13	11b	11c	12	17
Any information copied from such Reports a or for commercial purposes, other than usir				or the	purpose	of soliciting	g contribu	itions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC							
Full Name (Last, First, Middle Initial)         A.       Gauri Kanhere         Mailing Address 2548 Palm Circle         City         rio grande city         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78582 Year-to-Date ▼ 2250.00	A	09 Trans	action ID t of Each	) : SA11AI Receipt th	nis Period	
Full Name (Last, First, Middle Initial)         B. Gauri Kanhere         Mailing Address 2548 Palm Circle         City         rio grande city         FEC ID number of contributing federal political committee.         Name of Employer selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78582 Year-to-Date ▼ 2500.00	A	10 Trans	action ID t of Each	A SA11AL Receipt th	nis Period	Y 1 0.00
Full Name (Last, First, Middle Initial)         C.       Gauri Kanhere         Mailing Address 2548 Palm Circle         City         rio grande city         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78582 Year-to-Date ▼ 2750.00	A	11 Trans	action ID	D / Y D : SA11AI Receipt th	nis Period	I D.00
SUBTOTAL of Receipts This Page (option	al)	······	· [		- 7		750	.00

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

SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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116	IMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>〈</b> 11a		11b	11c		12		
<u> </u>					13		14	15		16		17
	r information copied from such Reports and S or commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC										
A.	Full Name (Last, First, Middle Initial) Gauri Kanhere				Date o	of R	eceipt					
	Mailing Address 2548 Palm Circle				12		/ D	D / Y 9		2011	Y	
Ī	City	State	Zip Code			sac		。 : SA11AI				
_	rio grande city	ТХ	78582		Amour	nt of	Each	Receipt t	his F	Period		
	FEC ID number of contributing rederal political committee.	С					7	7	_	250	0.00	
Ī	Name of Employer	Occupation		- 0	contribu	utior	۱					
\$	selfemployed	physician										
ī	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General											
	Other (specify)		3000.00									
	Full Name (Last, First, Middle Initial)				Date o	of D	ocoint					
	Mailing Address 213 e. Xenops			_			· ·	D / Y		Y	37	
	vialing vialess 213 e. Aerops				07			5		011	Y	
(	City	State	Zip Code	Transaction ID : SA11AI.15438 Amount of Each Receipt this Period								
_	mcallen	ТΧ	78504									
	FEC ID number of contributing rederal political committee.	С			250.00							
I	Name of Employer	Occupation		— c	ontribu	tion						
5	selfemployed	physician										
Ī	Receipt For:	1	Year-to-Date ▼									
	Primary General	00 0										
	Other (specify)		1750.00									
	Full Name (Last, First, Middle Initial) Gholam Kiani				Date o	of R	eceipt					
I	Mailing Address 213 e. Xenops				M N 08	1	/ D	D / Y 8		011	Y	
Ī	City	State	Zip Code		the second se	sac		: SA11AI				
_	mcallen	ТΧ	78504					Receipt t				-
	FEC ID number of contributing rederal political committee.	С					7			250	0.00	
1	Name of Employer	Occupation		- '	contribu	utior	ו					
:	selfemployed	physician										
Ī	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		0000.00									
	Other (specify)		2000.00									
รเ	JBTOTAL of Receipts This Page (optional)			- I			3		-	750	.00	]

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

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SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 208 OF (check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC		
Full Name (Last, First, Middle Initial) A. Gholam Kiani			Date of Receipt
Mailing Address 213 e. Xenops			M = M / D = D / Y = Y = Y 09 09 _ 2011 _
City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.15874 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer selfemployed	Occupation physician		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 2250.00	]
Full Name (Last, First, Middle Initial) B. Gholam Kiani			Date of Receipt
Mailing Address 213 e. Xenops			10 14 2011
City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.16092 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer selfemployed	Occupation physician		contribution
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 2500.00	]
Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address 213 e. Xenops			11 10 2011
City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.16312           Amount of Each Receipt this Period
FEC ID number of contributing	C		

selfemployed	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		

С

Occupation

435

17

contribution

250.00

federal political committee.

Name of Employer

SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		-		11b	11c	12							
	ny information copied from such Reports and															
or	for commercial purposes, other than using to NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		ddress of any political committe	e to so	licit co	ontrib	outions	from suc	n commi	ttee.						
Α.	Mailing Address 213 e. Xenops						Date of Receipt									
	City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.16547 Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С					7	7	25	0.00						
	Name of Employer selfemployed Receipt For: Primary General Other (specify) v	Occupation physician Aggregate	Year-to-Date ▼ 3000.00	Ci	ontribu	ition										
В.	Full Name (Last, First, Middle Initial)         Mary Elizabeth Klenz         Mailing Address 5111 N. 10th Street				Date of Receipt											
	City	_	07 15 2011 Transaction ID : SA11AI.15440													
	mcallen	тх	Zip Code 78504		Amount of Each Receipt this Period 250.00 contribution											
	FEC ID number of contributing federal political committee.	С														
	Name of Employer selfemployed	Occupation physician		co												
	Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 1750.00	]												
— c.	Full Name (Last, First, Middle Initial) Mary Elizabeth Klenz				Date o	of Re	eceipt									
	Mailing Address 5111 N. 10th Street			08 18 _ 2011 _												
	City mcallen	State TX	Zip Code 78504					<b>: SA11AI</b> Receipt th		b						
	FEC ID number of contributing federal political committee.	С				7		25	0.00							
	Name of Employer	Occupation		c	ontribu	ition										
	selfemployed	physician														
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General Other (specify) ▼		2000.00	1												
s	UBTOTAL of Receipts This Page (optional).								750	).00						

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

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435

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13	11		11c	12	17	
	ny information copied from such Reports an for commercial purposes, other than using				or the	purpos	se o	of soliciting	g contribu	itions	
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC									
Α.	Full Name (Last, First, Middle Initial) Mary Elizabeth Klenz Mailing Address 5111 N. 10th Street			D	ate of	f Recei	ipt 09		2011	Ŷ	
	City	State	Zip Code		Trans	action	ID	: SA11AI.			
	mcallen	TX	78504	A	mount	t of Ea	ch I	Receipt th	nis Perioc	I	
	FEC ID number of contributing federal political committee.	С			ntribut	tion.	_		250	0.00	
	Name of Employer	Occupation		0	minoui	lion					
	selfemployed	physician									
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 2250.00								
Β.	Full Name (Last, First, Middle Initial) . Mary Elizabeth Klenz				ate of	Recei	pt				
	Mailing Address 5111 N. 10th Street		м м 10	/	14		у у 2011	Y			
	City	State	Zip Code		Transaction ID : SA11AI.16093						
	mcallen	TX	78504	A	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С			250.00						
	Name of Employer selfemployed	Occupation physician		CO	- contribution						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00								
— c.	Full Name (Last, First, Middle Initial) Mary Elizabeth Klenz				ate of	Recei	pt				
	Mailing Address 5111 N. 10th Street			11 10 2011							
	City mcallen	State TX	Zip Code 78504					<b>: SA11AI</b> Receipt th		1	
	FEC ID number of contributing federal political committee.	С			250.00						
	Name of Employer	Occupation		co	ontribut	tion					
	selfemployed	physician									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		2750.00	]							
s	UBTOTAL of Receipts This Page (optional	)							750	.00	

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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435

	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
		person for the purpose of soliciting contributions ee 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         Mailing Address 5111 N. 10th Street         City         mcallen         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TX       78504         C       Occupation         Occupation       physician         Aggregate Year-to-Date ▼       3000.00	Date of Receipt  Date of Receipt  12 09 2011 Transaction ID : SA11AI.16548 Amount of Each Receipt this Period  250.00 contribution
Full Name (Last, First, Middle Initial)         Jorge Kutugata         Mailing Address Rt 2 Box 522-K         City         weslaco         FEC ID number of contributing federal political committee.         Name of Employer selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       TX     78596       C       Occupation       physician       Aggregate Year-to-Date ▼       1750.00	Date of Receipt
Full Name (Last, First, Middle Initial)         Jorge Kutugata         Mailing Address Rt 2 Box 522-K         City         weslaco         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       TX     78596       C       Occupation       physician       Aggregate Year-to-Date ▼       2000.00	Date of Receipt          Mark       Jate       Jate <td< td=""></td<>
SUBTOTAL of Receipts This Page (optional).		> 750.00

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

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

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

(check only one)

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435

			-		11b	11c		2	<b>_</b>
InterviceD recording       Detailed Staggory of the Det	by any person f	13 for the	purp	14 Dose of	15 soliciting	g conti	fibutio	17 Dns	
NAME OF COMMITTEE (In Full)		committee to so	licit cor	ntrib	utions	from suc	h com	mittee	е.
A. Jorge Kutugata Mailing Address Rt 2 Box 522-K			Date of	f Re	ceipt 09		¥ 201	Y 1	Y
weslaco FEC ID number of contributing	TX 78596				-	SA11AI. Receipt th	nis Pei	-	00
Name of Employer selfemployed Receipt For: Primary General	Occupation physician Aggregate Year-to-Date ▼		ontribut	tion	g	1 7			
B. Jorge Kutugata			Date of	f Re	D		Y		ŕ
weslaco FEC ID number of contributing	TX 78596	/			-	SA11AI. Receipt th	nis Pei		0
selfemployed Receipt For: Primary General	physician Aggregate Year-to-Date ▼		ontribut	ion	,	,			
c. Jorge Kutugata			Date of		ceipt		Ŷ	V	V
City weslaco FEC ID number of contributing	TX 78596		11 Trans	acti	10 i <b>on ID</b> :		201 <b>.16314</b> his Per	1 <b>1</b>	
Name of Employer selfemployed Receipt For:	Occupation physician	c	ontribu	tion	3	7			
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)		50.00			7	7		750.0	0
		-							

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

10

SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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435

11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>(</b> 11a		11b	11c	12							
<u> </u>					13		14	15	16		17					
	ny information copied from such Reports an for commercial purposes, other than using															
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC														
	Full Name (Last, First, Middle Initial)															
Α.	<u> </u>						Date of Receipt									
	Mailing Address Rt 2 Box 522-K				12 09 2011											
	City	State	Zip Code		Trans	sac	tion ID	: SA11AI.	16549							
	weslaco	ТХ	78596	_	Amoun	t of	Each	Receipt th	is Perio	d						
	FEC ID number of contributing federal political committee.	С					7	7	25	50.0	0					
	Name of Employer	Occupation			contribu	tior	1									
	selfemployed	physician														
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General		0000.00	11												
	Other (specify)		3000.00	4												
B.	Full Name (Last, First, Middle Initial) Ramiro Leal				Date o	f R	eceipt									
	Mailing Address 601 Tulip						07 15 2011									
	City	State	Zip Code	Transaction ID : SA11AI.15442												
	mcallen	ТХ	78504	Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С			250.00											
	Name of Employer	Occupation		c	ontribu	tion										
	selfemployed	physician														
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00	1												
_	Full Name (Last, First, Middle Initial) Ramiro Leal		, ,	_	Date o	fR	eceint									
0.	Mailing Address 601 Tulip				08 Date 0	_	/ D 18		2011	Y						
	City	State	Zip Code			sac		: SA11AI								
	mcallen	ТХ	78504							d						
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period						)0						
	Name of Employer	Occupation		(	contribu	itior	ו									
	selfemployed	physician														
	Receipt For: Primary General Other (specify)		Year-to-Date ▼ 1750.00	]												
s	<b>UBTOTAL</b> of Receipts This Page (optional)			•			7	- 7	75	0.00	0					

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

(check only one)

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TTEMIZED RECEIPTS		Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from suc or for commercial purposes, othe	h Reports and Statements many than using the name and a	I ay not be sold or used by any p address of any political committe	person for the purpose of soliciting contributions the to solicit contributions from such committee.
NAME OF COMMITTEE (IN F BORDER HEALTH			
Full Name (Last, First, Middle A. Ramiro Leal	Initial)		Date of Receipt
Mailing Address 601 Tulip			09 09 2011
City	State	Zip Code	Transaction ID : SA11AI.15877
mcallen	TX	78504	Amount of Each Receipt this Period
FEC ID number of contributin federal political committee.	g C		250.00
Name of Employer	Occupation	1	contribution
selfemployed	physician		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary Gener			1
Other (specify)		2000.00	1
Full Name (Last, First, Middle B. Ramiro Leal	Initial)		Date of Receipt
Mailing Address 601 Tulip			
Maining Address 801 Tulip			10 14 _2011 _
City	State	Zip Code	Transaction ID : SA11AI.16095
mcallen	ТХ	78504	Amount of Each Receipt this Period
FEC ID number of contributin federal political committee.	g C		250.00
Name of Employer	Occupation	1	contribution
selfemployed	physician		
Receipt For:		Veen te Dete 🗮	
Primary Gener		Year-to-Date ▼	-
Other (specify)		2250.00	
Full Name (Last, First, Middle C. Dr. Rick Lin	Initial)		Date of Receipt
Mailing Address 5112 N. 10th	Street		09 09 2011
City	State	Zip Code	Transaction ID : SA11AI.15878
McAllen	ТХ	78504	Amount of Each Receipt this Period
FEC ID number of contributin federal political committee.	g C		25.00
Name of Employer	Occupation	1	contribution
self-employee	physician		
Receipt For:		Year-to-Date ▼	
Primary Gener			1
Other (specify)		225.00	1
SUBTOTAL of Receipts This Pa	age (optional)		525.00

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

10

- J -

SCHEDULE A (FEC Form 3)	Use separ	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only	PAGE 215 OF			
TEMIZED RECEIPTS			X 11a	11b	11c	12	
Any information copied from such Reports a or for commercial purposes, other than using							
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC						
Full Name (Last, First, Middle Initial) <b>Dr. Rick Lin</b>			Date of	Receipt			
Mailing Address 5112 N. 10th Street			M M 10	/ D D 14	/ Y	ү ү 2011	Y
City	State Zip Code	е		action ID :			
McAllen	TX 78504		Amount	of Each Re	eceipt th	is Period	t
FEC ID number of contributing federal political committee.	C			- 7		2	5.00
Name of Employer	Occupation			tion			
self-employee	physician						
Receipt For:	Aggregate Year-to-Date	▼					
Primary General Other (specify) ▼		250.00	1				
Full Name (Last, First, Middle Initial) Dr. Rick Lin			Date of	Receipt			
Mailing Address 5112 N. 10th Street			M M 11	/ D D 10	/ Y	у у 2011	Y
City	State Zip Code	е		action ID : S			
McAllen	TX 78504		Amount	of Each Re	eceipt th	is Period	t
FEC ID number of contributing federal political committee.	C				- 7	25	5.00
Name of Employer	Occupation			ion			
self-employee	physician						
Receipt For:	Aggregate Year-to-Date	▼					
Primary General Other (specify) ▼		275.00	]				
Full Name (Last, First, Middle Initial)			Date of	Receipt			
Mailing Address 5112 N. 10th Street			12 <sup>M</sup>	/ D D 09	/ Y	2011	Y
City	State Zip Code	e		action ID :			
McAllen	TX 78504		Amount	of Each Re	eceipt th	is Period	t
FEC ID number of contributing federal political committee.	C			ion.	7	2	5.00
Name of Employer	Occupation		contribut	lion			

300.00

physician

Aggregate Year-to-Date V

435

17

self-employee Receipt For:

Primary

Other (specify)

General

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

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

(check only one)

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TEMIZED RECEIPTS		Detailed Summary Page		-		11b	11c		12	
Any information copied from such Reports and or for commercial purposes, other than using th								g con		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL										
Full Name (Last, First, Middle Initial)  A. Dr. Enrique Linan  Mailing Address 3003 Santo Olivia  City  Mission  FEC ID number of contributing federal political committee.  Name of Employer self-employee  Receipt For:  Primary General  Other (contribution)  General	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date ▼	Date of Receipt							
Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Dr. Enrique Linan Mailing Address 3003 Santo Olivia		225.00		Date of	f Re	ceipt		201	Y 11	Ŷ
City Mission FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: ☐ Primary ☐ General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date ▼ 250.00			t of		SA11AI.			00
Full Name (Last, First, Middle Initial)         Dr. Enrique Linan         Mailing Address 3003 Santo Olivia         City         Mission         FEC ID number of contributing federal political committee.         Name of Employer         self-employee         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date ▼ 275.00			sacti t of	10 ion ID			11 7	Ÿ 00
SUBTOTAL of Receipts This Page (optional)		•••••	•			,		_	75.0	)0

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13	11b	) 11c	12	17			
Any information copied from such Reports ar or for commercial purposes, other than using				or the	purpose	e of soliciti	ng contribu	utions			
	-										
Full Name (Last, First, Middle Initial)         Dr. Enrique Linan         Mailing Address 3003 Santo Olivia         City         Mission         FEC ID number of contributing federal political committee.         Name of Employer         self-employee         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date ▼ 300.00	Date of Receipt								
Full Name (Last, First, Middle Initial)         Dale Linebarger         Mailing Address 901 West 9th Street         #405         City         austin         FEC ID number of contributing         federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation private inves Aggregate	Zip Code 78703 stor Year-to-Date ▼ 2800.00		07 07	t of Eac	15 D : SA11A	this Period				
Full Name (Last, First, Middle Initial)         C.       Dale Linebarger         Mailing Address       901 West 9th Street         #405         City         austin         FEC ID number of contributing         federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation private inve Aggregate	Zip Code 78703 stor Year-to-Date ▼ 3200.00		08 Trans	saction t of Eac	18 ID : SA11A	this Period	_			
SUBTOTAL of Receipts This Page (optional	l)						825	5.00			

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	d Statements may not be sold or used by any p the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) <b>Dale Linebarger</b> Mailing Address 901 West 9th Street         #405         City         austin         FEC ID number of contributing         federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TX       78703         C       Occupation         Occupation       private investor         Aggregate Year-to-Date ▼       3600.00	Date of Receipt
Full Name (Last, First, Middle Initial)         B. Dale Linebarger         Mailing Address 901 West 9th Street         #405         City         austin         FEC ID number of contributing         federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TX       78703         C       Occupation         private investor       Aggregate Year-to-Date ▼         Aggregate Year-to-Date ▼       4000.00	Date of Receipt Date of Receipt 10 14 2011 Transaction ID : SA11AI.16098 Amount of Each Receipt this Period 400.00 contribution
Full Name (Last, First, Middle Initial)         Dale Linebarger         Mailing Address       901 West 9th Street         #405         City         austin         FEC ID number of contributing         federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify)       ▼	State       Zip Code         TX       78703         C       Occupation         Occupation       Private investor         Aggregate Year-to-Date ▼       4400.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		1200.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a 13	11b	11c	12	17
Any information copied from such Reports a or for commercial purposes, other than using				or the	purpose	of solicitin	ig contribu	itions
NAME OF COMMITTEE (IN Full) BORDER HEALTH FEDERA	AL PAC							
Full Name (Last, First, Middle Initial)         A.       Dale Linebarger         Mailing Address       901 West 9th Street         #405         City	State	Zip Code	[	м м 12	L	t 09 <b>D : SA11A</b>	2011 1.16552	Y
austin         FEC ID number of contributing federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	TX C Occupation private inves Aggregate	78703 stor Year-to-Date ▼ 4800.00		Amount	, ,	h Receipt t		0.00
Full Name (Last, First, Middle Initial)         B.       Ms Lisa Longoria         Mailing Address 716 South Excalibur Street         City	et	Zip Code		м м 07	f Receip	t 15 D : SA11AI	2011	Y
Edinburg FEC ID number of contributing federal political committee.	С	78539		Amount	t of Eac	h Receipt t	his Period	).00
Name of Employer self-employee Receipt For: Primary General Other (specify)	Occupation private inves Aggregate	stor Year-to-Date ▼ 350.00		ontribut				
C. Full Name (Last, First, Middle Initial) Mailing Address 716 South Excalibur Stre				Date of	f Receip		2011	Y
City Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: □ Primary □ General Other (specify) ▼	State TX C Occupation private inve Aggregate	Zip Code 78539 stor Year-to-Date ▼ 400.00			t of Eac	ID : SA11A h Receipt t	his Period	0.00
SUBTOTAL of Receipts This Page (optiona	l)						500	.00

			 	 -	 -
TOTAL This Period (last page this line number only)	 	- 1		 	 

SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS	for each category o Detailed Summary F	
		by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) A. Ms Lisa Longoria Mailing Address 716 South Excalibur Stree City Edinburg FEC ID number of contributing	State Zip Code TX 78539	Date of Receipt 09 09 2011 Transaction ID : SA11AI.15881 Amount of Each Receipt this Period 50.00
federal political committee.          Name of Employer         self-employee         Receipt For:         Primary       General         Other (specify)	C Occupation private investor Aggregate Year-to-Date  4	contribution
Full Name (Last, First, Middle Initial) B. Ms Lisa Longoria Mailing Address 716 South Excalibur Stree City	State Zip Code	Date of Receipt
Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For:	TX     78539       C     Occupation       private investor       Aggregate Year-to-Date ▼       5	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         Edinburg         FEC ID number of contributing         federal political committee.         Name of Employer         self-employee         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       TX     78539       C       Occupation       private investor       Aggregate Year-to-Date ▼	Date of Receipt  Date of Receipt  11 10 2011 Transaction ID : SA11AI.16319 Amount of Each Receipt this Period  50.00 contribution
SUBTOTAL of Receipts This Page (optiona	)	150.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	ED RECEIPTS		for each category of the Detailed Summary Page				12	17			
	nation copied from such Reports an imercial purposes, other than using							f soliciting	g contribu	utions	
	OF COMMITTEE (In Full)	L PAC									
A. Ms L	ame (Last, First, Middle Initial) isa Longoria Address 716 South Excalibur Stree	et State	Zip Code		Date o 12 Trans	/	. 09		2011 26553	Ŷ	
federal	D number of contributing political committee.	С	78539	Transaction ID : SA11AI.16553         Amount of Each Receipt this Period         50.00         contribution							
self-em Receip		Occupation private inve Aggregate		]							
<b>B.</b> <u>Mr.</u> F	ame (Last, First, Middle Initial) Rolando Longoria Address 32243 Road 83			1	Date o	of Rec	ceipt 15		2011	Y	
City San Be	enito	State TX	Zip Code 78586		Trans		on ID :	<b>SA11AI.</b> Receipt th	15447	d	
federal	D number of contributing political committee. of Employer	Occupation		co	ontribut	tion	7		50	0.00	
	•	Aggregate	stor Year-to-Date ▼ 350.00	]							
	ame (Last, First, Middle Initial) Rolando Longoria				Date o	of Red	ceipt				
	Address 32243 Road 83				м м 08	/	D 18	;	2011	Y	
City San B	enito	State TX	Zip Code 78586					: SA11AI. Receipt th		ł	
	D number of contributing political committee.	С		contribution					5	0.00	
selfem		Occupation private inve			Untribu						
	t For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	]							
SUBTOT	AL of Receipts This Page (optiona	)							150	0.00	

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

1 9 1 9 1 1 9 1 1 M

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TTEMIZED RECEIPTS		each category of the etailed Summary Page		11a 13	11b	11c	12	17
Any information copied from such Reports or for commercial purposes, other than usi			person for	r the p	urpose o	of soliciting	g contribu	itions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC							
Full Name (Last, First, Middle Initial)         Mr. Rolando Longoria         Mailing Address 32243 Road 83         City         San Benito         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	oria     Date of Receipt       3 Road 83     Image: State indication in the state investor intribution intrintribution							
Full Name (Last, First, Middle Initial)         B.       Mr. Rolando Longoria         Mailing Address 32243 Road 83         City         San Benito         FEC ID number of contributing federal political committee.         Name of Employer selfemployed         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 78586 to-Date ▼ 500.00	1 Ar	10 Transa	of Each		is Period	
Full Name (Last, First, Middle Initial)         C.       Alfredo Lopez         Mailing Address 7609 N. 24th Circle         City         mcallen         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 78504 to-Date ▼ 350.00	Ar	07 <b>Fransa</b>	of Each		iis Period	
SUBTOTAL of Receipts This Page (option	' nal)				7	7	150	.00

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

Image# 12952834605			
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 223 OF         Acceleration           (check only one)         11a         11b         11c         12           13         14         15         16         16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL Full Name (Last, First, Middle Initial)	he name and add		
A. Alfredo Lopez           Mailing Address         7609 N. 24th Circle           City         City	State	Zip Code	Date of Receipt
mcallen	TX	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Ye	ear-to-Date ▼ 400.00	<pre>contribution </pre>
Full Name (Last, First, Middle Initial)         B.       Alfredo Lopez         Mailing Address 7609 N. 24th Circle			Date of Receipt
City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.15883 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer selfemployed	Occupation		contribution
Receipt For: Primary General Other (specify) $\checkmark$	Aggregate Ye	ear-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial)         C.       Alfredo Lopez         Mailing Address       7609 N. 24th Circle			Date of Receipt
City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.16101 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer	Occupation		contribution
selfemployed Receipt For:	physician Aggregate Ye	ear-to-Date ▼	-

500.00

150.00

435

17

Primary

Other (specify)

General

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

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

SCHEDULE A	(FEC Form	3X)
ITEMIZED REC	EIPTS	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17										
			berson for the purpose of soliciting contributions e to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC												
Full Name (Last, First, Middle Initial)         A.         Alfredo Lopez         Mailing Address 7609 N. 24th Circle	Date of Receipt												
City mcallen	State TX	Zip Code 78504	11     10     2011       Transaction ID : SA11AI.16321       Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		50.00										
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate	Year-to-Date ▼ 550.00	contribution										
Full Name (Last, First, Middle Initial) B. Alfredo Lopez	ame (Last, First, Middle Initial)												
Mailing Address 7609 N. 24th Circle	12 09 2011 Transaction ID : SA11AI.16554												
mcallen FEC ID number of contributing federal political committee.	TX 78504												
Name of Employer selfemployed	Occupation physician	1	contribution										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.00	1										
C. Julio Lopez Mailing Address 1311 6th E. Street			Date of Receipt										
City weslaco	State TX	Zip Code 78596	07 15 2011 Transaction ID : SA11AI.15449 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	FEC ID number of contributing												
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate	Year-to-Date ▼ 1750.00	contribution										
SUBTOTAL of Receipts This Page (option	al)		350.00										

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

Image# 12952834607		
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           11a         11b         11c           13         14         15         16
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	the name and address of any political commi	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. Julio Lopez Mailing Address 1311 6th E. Street		Date of Receipt
City weslaco	State Zip Code TX 78596	08 18 2011 Transaction ID : SA11AI.15664 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	C Occupation physician Aggregate Year-to-Date ▼ 2000.00	contribution
Full Name (Last, First, Middle Initial) B. Julio Lopez Mailing Address 1311 6th E. Street City weslaco FEC ID number of contributing	State Zip Code TX 78596	Date of Receipt 09 09 2011 Transaction ID : SA11AI.15884 Amount of Each Receipt this Period 250.00
federal political committee.          Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2250.00	contribution
Full Name (Last, First, Middle Initial) C. Julio Lopez Mailing Address 1311 6th E. Street	State Zip Code	Date of Receipt
City weslaco FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 78596	Transaction ID : SA11AI.16102         Amount of Each Receipt this Period         250.00         contribution
selfemployed Receipt For: Primary General Other (specify)	physician Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)	<u> </u>		,		3	75	50.00	
TOTAL This Period (last page this line number only)								

9

1

SCHEDULE A (FEC Form 3X)	)	Use separate schedule(s)	-	R LINE	-		R: PAGE 226 OF				
TEMIZED RECEIPTS		for each category of the Detailed Summary Page		_		11b 14	11c		12 16		
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	the name and a	ay not be sold or used by any pe ddress of any political committee	erson f to so	or the licit cor	purp ntribu	ose of utions f	soliciting rom sucl	g con h cor	itribution nmittee.		
Full Name (Last, First, Middle Initial) Julio Lopez Mailing Address 1311 6th E. Street				Date of		ceipt	) / Y		)11		
City weslaco	State TX	Zip Code 78596		Trans		on ID :	SA11AI. leceipt th	1632	22		
FEC ID number of contributing federal political committee.	С					,			231.19		
Name of Employer selfemployed Receipt For: Primary General Other (specify) V		Year-to-Date ▼ 2731.19		ontribul							
Full Name (Last, First, Middle Initial) Julio Lopez Mailing Address 1311 6th E. Street			[	Date of	Red	D D	/ Y		Y Y		
City weslaco	State TX	Zip Code 78596					<b>SA11AI.</b> leceipt th		5		
FEC ID number of contributing federal political committee.	С					,			247.71		
Name of Employer selfemployed	Occupation physician		— co	ontribut	ion						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2978.90									
Full Name (Last, First, Middle Initial) Dr. Sergio Lozano				Date of	Red	ceipt					
Mailing Address 2309 Spicewood Drive	State	Zip Code		09 Trans	actio	09 on ID :	SA11AI.	20			
Weslaco	тх	78596									

vveslaco Amount of Each Receipt this Period FEC ID number of contributing С 25.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) 503.90 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... . .

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17			
			berson for the purpose of soliciting contributions e to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC					
Full Name (Last, First, Middle Initial)         Dr. Sergio Lozano         Mailing Address 2309 Spicewood Drive         City         Weslaco         FEC ID number of contributing federal political committee.	State TX	Zip Code 78596	Date of Receipt			
Name of Employer selfemployed Receipt For: ☐ Primary _ General Other (specify) ▼	Occupation physician Aggregate	Year-to-Date ▼ 250.00				
B. Full Name (Last, First, Middle Initial) Mailing Address 2309 Spicewood Drive	Dr. Sergio Lozano Mailing Address 2309 Spicewood Drive					
Weslaco FEC ID number of contributing federal political committee.	ТХ	Transaction ID : SA11AI.16323         Amount of Each Receipt this Period         25.00				
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate	Year-to-Date ▼	contribution			
Other (specify)		]				
C. Dr. Sergio Lozano Mailing Address 2309 Spicewood Drive	Mailing Address 2309 Spicewood Drive					
Weslaco         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	TX C Occupation physician	78596	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 REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TTEMIZED RECEIPTS			for each category of the Detailed Summary Page		11a		11b 14	11c		12 16	17				
	nformation copied from such Reports and a commercial purposes, other than using th				for the		rpose o	f soliciting	g cont	tributi	ions				
	ORDER HEALTH FEDERAL	PAC													
AS	II Name (Last, First, Middle Initial) Sa <b>lil Mangi</b> ailing Address 3801 Sundown Court East				Date o	of R	·			Y	Y				
Cit	ty	State	Zip Code	_	07 15 2011 Transaction ID : SA11AI.15452										
m	callen	ТХ	78503		Amour	nt of	Each F	Receipt tl	nis Pe	riod					
	EC ID number of contributing deral political committee.	С					7			250.	00				
Na	ame of Employer	Occupation		c	ontribu	ltion	1								
	lfemployed														
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1750.00	1											
<b>B</b> . <u>S</u>	II Name (Last, First, Middle Initial) a <b>lil Mangi</b>	Date of Receipt													
Ma	ailing Address 3801 Sundown Court East		08 18 2011												
Ci		State	Zip Code		Transaction ID : SA11AI.15667										
m	callen	ТХ	78503	/	Amour	nt of	Each F	Receipt tl	nis Pe	riod					
	C ID number of contributing deral political committee.	С					,	3		250.0	00				
se	ame of Employer Ifemployed	Occupation physician		C0	- contribution										
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00												
	ll Name (Last, First, Middle Initial) Salil Mangi				Date o	of R	eceipt								
Ma	ailing Address 3801 Sundown Court East				09 09 _2011 _										
Cit	ty callen	State TX	Zip Code 78503		Transaction ID : SA11AI.15887 Amount of Each Receipt this Period										
	C ID number of contributing deral political committee.	С					,		_	250.	00				
Na	ame of Employer	Occupation		c	ontrib	utior	1								
	lfemployed	physician													
Re	eceipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify)		2250.00	]											
SUB	TOTAL of Receipts This Page (optional)									750.0	00				

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS			for each category of the Detailed Summary Page		11a		11b 14	11c		12 16	17										
	y information copied from such Reports and S for commercial purposes, other than using the				or the		rpose o	f soliciting		ntribut	ions										
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC																			
Α.	Full Name (Last, First, Middle Initial) Salil Mangi Mailing Address 3801 Sundown Court East	gi									Date of Receipt										
	City	State	Zip Code	Transaction ID : SA11AI.16105																	
	mcallen	ТХ	78503		Amour	nt of	Each F	Receipt th	his P	eriod											
	FEC ID number of contributing federal political committee.	С			250.00																
	Name of Employer	Occupation																			
	selfemployed	physician																			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00	1																	
	Full Name (Last, First, Middle Initial) Salil Mangi						Date of Receipt														
	Mailing Address 3801 Sundown Court East		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y																		
	City	State	Zip Code	Transaction ID : SA11AI.16325																	
	mcallen	TX	78503	Amount of Each Receipt this Period																	
	FEC ID number of contributing federal political committee.	С			250.	00															
	Name of Employer selfemployed	Occupation physician		contribution																	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2750.00	]																	
	Full Name (Last, First, Middle Initial) Salil Mangi				Date c	of R	eceipt														
	Mailing Address 3801 Sundown Court East		Date of Receipt																		
	City	State	Zip Code		Tran	sac	tion ID	: SA11AI	.165	58											
	mcallen	ТΧ	78503		Amour	nt of	Each F	Receipt th	nis P	eriod											
	FEC ID number of contributing federal political committee.	ů – Elektrik																			
	Name of Employer	Occupation		C	ontribu	utior	1														
	selfemployed	physician																			
	Receipt For:	Aggregate	Year-to-Date ▼																		
	Primary General Other (specify)		3000.00																		
s	UBTOTAL of Receipts This Page (optional)						7			750.	00										

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

FEC Schedule A (Form 3X) Rev. 02/2003

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TEMIZED RECEIPTS	tor each category of the Detailed Summary Page	X 11a 11b 11c 12
	ports and Statements may not be sold or used by an an using the name and address of any political comm	
NAME OF COMMITTEE (In Full) BORDER HEALTH FE		
Full Name (Last, First, Middle Init A. Carlos Manrique Mailing Address 116 Cardinal	al)	Date of Receipt
City mcallen	State Zip Code TX 78504	07     15     2011       Transaction ID : SA11AI.15453       Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2800.00	contribution
Full Name (Last, First, Middle Init <b>Carlos Manrique</b>	al)	Date of Receipt
Mailing Address 116 Cardinal	State Zip Code	08 18 .2011 . Transaction ID : SA11AI.15668
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3200.00	
Full Name (Last, First, Middle Init C. Carlos Manrique	al)	Date of Receipt
Mailing Address 116 Cardinal		09 / Y Y Y Y 2011
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.15888 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
	nd Statements may not be sold or used by any g the name and address of any political commit	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial)         A.       Carlos Manrique         Mailing Address 116 Cardinal		Date of Receipt
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.16106 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 4000.00	contribution
Full Name (Last, First, Middle Initial) B. Carlos Manrique Mailing Address 116 Cardinal		Date of Receipt
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.16327 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4400.00	
Full Name (Last, First, Middle Initial) C. Carlos Manrique		Date of Receipt
Mailing Address 116 Cardinal		12 09 2011
City mcallen	StateZip CodeTX78504	Transaction ID : SA11AI.16559 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
selfemployed Receipt For: Primary General Other (specify)	physician Aggregate Year-to-Date ▼ 4800.00	
SUBTOTAL of Receipts This Page (optiona	I)	1200.00

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

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

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

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS	Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
Any information copied from such Reports and S or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Full Name (Last, First, Middle Initial)         Agustin Martinez         Mailing Address 7603 N. 2nd Lane         City         mcallen         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify)	State TX       Zip Code 78504         C       Occupation         Occupation	Date of Receipt 07 15 2011 Transaction ID : SA11AI.15454 Amount of Each Receipt this Period 400.00 contribution
Full Name (Last, First, Middle Initial)         Agustin Martinez         Mailing Address 7603 N. 2nd Lane         City         mcallen         FEC ID number of contributing federal political committee.         Name of Employer selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TX       78504         C       Occupation         Occupation       Aggregate Year-to-Date ▼         Aggregate Year-to-Date ▼       3200.00	Date of Receipt 08 18 2011 Transaction ID : SA11AI.15669 Amount of Each Receipt this Period 400.00 contribution
Full Name (Last, First, Middle Initial)         Agustin Martinez         Mailing Address 7603 N. 2nd Lane         City         mcallen         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TX       78504         C       Occupation         Occupation       Aggregate Year-to-Date ▼         Aggregate Year-to-Date ▼       3600.00	Date of Receipt 09 09 2011 Transaction ID : SA11AI.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).....

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	
		any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial)         A. Agustin Martinez         Mailing Address 7603 N. 2nd Lane         City         mcallen         FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Date of Receipt 10 14 2011 Transaction ID : SA11AI.16107 Amount of Each Receipt this Period 400.00 contribution
Name of Employer selfemployed Receipt For: Primary General Other (specify) v	Occupation physician Aggregate Year-to-Date ▼ 4000.0	
B. Full Name (Last, First, Middle Initial) Mailing Address 7603 N. 2nd Lane	State Zip Code	Date of Receipt
mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed	TX 78504 C Occupation	Amount of Each Receipt this Period 400.00 contribution
Receipt For: Primary General Other (specify)	physician Aggregate Year-to-Date ▼ 4400.00	0
C. Full Name (Last, First, Middle Initial) Mailing Address 7603 N. 2nd Lane	State Zip Code	Date of Receipt
FEC ID number of contributing federal political committee.	TX 78504	Transaction ID : SA11AI.16561         Amount of Each Receipt this Period         400.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) v	Occupation physician Aggregate Year-to-Date ▼ 4800.0	
SUBTOTAL of Receipts This Page (optional	)	1200.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

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

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

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS	Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any name and address of any political committ	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Full Name (Last, First, Middle Initial)         Ricardo Martinez         Mailing Address 1903 W. Smith         City         edinburg         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary         General         Other (specify) ▼	State       Zip Code         TX       78539         C       Occupation         Occupation       physician         Aggregate Year-to-Date ▼       1750.00	Date of Receipt 07 15 2011 Transaction ID : SA11AI.15455 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial)         Ricardo Martinez         Mailing Address 1903 W. Smith         City         edinburg         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify)	State       Zip Code         TX       78539         C       Occupation         Occupation	Date of Receipt 08 18 2011 Transaction ID : SA11AI.15670 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial)         Ricardo Martinez         Mailing Address 1903 W. Smith         City         edinburg         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TX       78539         C       Occupation         Opposite       Aggregate         Year-to-Date       ✓         2250.00       2250.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		▶ 750.00

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS	tor each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
		y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
A. Ricardo Martinez Mailing Address 1903 W. Smith	State Zip Code	Date of Receipt 10 / 14 / 2011 Transaction ID : SA11AI.16108
edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: □ Primary □ General Other (specify) ▼	TX     78539       C     Occupation       physician       Aggregate Year-to-Date ▼       2500.00	Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial)         B. Ricardo Martinez         Mailing Address 1903 W. Smith         City         edinburg         FEC ID number of contributing federal political committee.         Name of Employer selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       TX     78539       C       Occupation       physician       Aggregate Year-to-Date ▼       2750.00	Date of Receipt  Date of Receipt  11 10 2011 Transaction ID : SA11AI.16329 Amount of Each Receipt this Period  250.00 contribution
Full Name (Last, First, Middle Initial)         C.       Ricardo Martinez         Mailing Address 1903 W. Smith         City         edinburg         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TX       78539         C       Occupation         Occupation       physician         Aggregate Year-to-Date ▼       3000.00	Date of Receipt  Date of Receipt  12 09 2011 Transaction ID : SA11AI.16562 Amount of Each Receipt this Period  250.00 contribution
SUBTOTAL of Receipts This Page (optional)	)	

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
		person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) A. Dr. Robert Martinez Mailing Address 2809 Santa Lydia		Date of Receipt
City Mission	StateZip CodeTX78572	Transaction ID : SA11AI.15456 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self-employee Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 700.00	contribution
Full Name (Last, First, Middle Initial)           Dr. Robert Martinez           Mailing Address 2809 Santa Lydia		Date of Receipt
City	State Zip Code	08 18 2011 Transaction ID : SA11AI.15671
Mission FEC ID number of contributing federal political committee.	TX 78572	Amount of Each Receipt this Period
Name of Employer self-employee	Occupation physician	contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) C. Dr. Robert Martinez		Date of Receipt
Mailing Address 2809 Santa Lydia		09 09 2011
City Mission	StateZip CodeTX78572	Transaction ID : SA11AI.15891 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self-employee Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 900.00	contribution
SUBTOTAL of Receipts This Page (optional	)	300.00

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TTEMIZED RECEIPTS		ategory of the summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDE	RAL PAC		
Full Name (Last, First, Middle Initial) A. Dr. Robert Martinez Mailing Address 2809 Santa Lydia			Date of Receipt
City	State Zip Code TX 78572	9	10 14 2011 Transaction ID : SA11AI.16109
Mission FEC ID number of contributing federal political committee.	TX 78572		Amount of Each Receipt this Period
Name of Employer self-employee Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date	▼ 1000.00	contribution
B. Full Name (Last, First, Middle Initial) Mailing Address 2809 Santa Lydia			Date of Receipt
City	State Zip Code	9	11         10         2011           Transaction ID : SA11AI.16330
Mission FEC ID number of contributing federal political committee.	TX 78572		Amount of Each Receipt this Period
Name of Employer self-employee	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	1100.00	]
Full Name (Last, First, Middle Initial) C. Dr. Robert Martinez			Date of Receipt
Mailing Address 2809 Santa Lydia			12 09 / Y Y Y Y Y 2011
City Mission	State Zip Code TX 78572	9	Transaction ID : SA11AI.16563 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer self-employee	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	1200.00	]
SUBTOTAL of Receipts This Page (opt	onal)		300.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>1</b> 1a		11b	11c	12	_
_			, ,		13		14	15	16	17
	y information copied from such Reports an for commercial purposes, other than using									
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC								
Α.	Full Name (Last, First, Middle Initial) Santos Martinez				Date o	f R	eceipt			
	Mailing Address 125 East Yucca				M M		/ D 15		у у 2011	Y
	City	State	Zip Code		Trans	sac	tion ID	: SA11AI	15457	
	mcallen	TX	78504	_	Amoun	t o	f Each	Receipt th	nis Perio	d
	FEC ID number of contributing federal political committee.	С			a set si la se		7	7	25	0.00
	Name of Employer	Occupation			ontribu	tior	1			
	self-employed	private inve	stor							
	Receipt For:	Aggregate	Year-to-Date <b>V</b>							
	Primary General		1750.00	11.						
	Other (specify)		1750.00	4						
в.	Full Name (Last, First, Middle Initial) Santos Martinez				Date o	f R	eceipt			
	Mailing Address 125 East Yucca				м м 08	1	/ 18		2011	Y
	City	State	Zip Code		Trans	sac	tion ID	: SA11AI.	15672	
	mcallen	ТХ	78504	_	Amoun	t o	f Each	Receipt th	nis Perior	d
	FEC ID number of contributing federal political committee.	С					7		25	0.00
	Name of Employer	Occupation		c	ontribu	tion	1			
	self-employed	private inve	stor							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		2000.00							
<u>с</u> .	Full Name (Last, First, Middle Initial) Santos Martinez				Date o	f R	eceipt			
	Mailing Address 125 East Yucca				м м 09		/ D 09		у у 2011	Ŷ
	City	State	Zip Code		Trans	sac	tion ID	: SA11AI	15892	
	mcallen	TX	78504		Amoun	t o	f Each	Receipt th	nis Perio	d
	FEC ID number of contributing federal political committee.	С					y	7		0.00
	Name of Employer	Occupation		- (	contribu	itior	n			
	self-employed	private inve	stor							
	Receipt For:	Aaareaate	Year-to-Date ▼							
	Primary General	3334		1						
	Other (specify)		2250.00							
s	UBTOTAL of Receipts This Page (optional)	)		•		l	7		75(	0.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17	
				erson for the purpose of soliciting contributions to solicit contributions from such committee.
	E OF COMMITTEE (In Full) RDER HEALTH FEDERAL	PAC		
A. San	lame (Last, First, Middle Initial) tos Martinez ng Address 125 East Yucca			Date of Receipt
City mcal	len	State TX	Zip Code 78504	Transaction ID : SA11AI.16110           Amount of Each Receipt this Period
	ID number of contributing al political committee.	С		250.00
	e of Employer mployed	Occupation private inve		contribution
	pt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00	
B. San	lame (Last, First, Middle Initial) I <b>tos Martinez</b>			Date of Receipt
Mailin	g Address 125 East Yucca			11 10 2011
City		State	Zip Code	Transaction ID : SA11AI.16331
mcall	en	ТХ	78504	Amount of Each Receipt this Period
	ID number of contributing al political committee.	С		250.00
	e of Employer mployed	Occupation private inve		contribution
Recei	pt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2750.00	
	lame (Last, First, Middle Initial) htos Martinez			Date of Receipt
Mailin	g Address 125 East Yucca			12 09 2011
City mcal	len	State TX	Zip Code 78504	Transaction ID : SA11AI.16564 Amount of Each Receipt this Period
	ID number of contributing al political committee.	С		250.00
Name	e of Employer	Occupation	1	contribution
	mployed	private inve	estor	
	pt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3000.00	
SUBTO	TAL of Receipts This Page (optional).			750.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a	11b	11c	12	
Any information copied from such a or for commercial purposes, other	Reports and Statements ma han using the name and a	ay not be sold or used by any p ddress of any political committe	erson for the e to solicit co	purpose ontributions	15 of soliciting from sucl	16 g contribut h committe	tions ee.
NAME OF COMMITTEE (In Full BORDER HEALTH FE	)						
Full Name (Last, First, Middle Ir A. Pedro McDougal Mailing Address 1516 Iris	itial)		Date o	of Receipt		2011	Ŷ
City mcallen FEC ID number of contributing	State TX	Zip Code 78501		saction ID			00
federal political committee. Name of Employer selfemployed	Occupation physician		contribu	ution		400	.00
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2800.00	]				
Full Name (Last, First, Middle In <b>B.</b> Pedro McDougal Mailing Address 1516 Iris	itial)		Date o	of Receipt		2011	Y
City mcallen FEC ID number of contributing federal political committee.	State TX	Zip Code 78501		saction ID nt of Each			.00
Name of Employer selfemployed	Occupation physician		contribu	ition			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3200.00	]				
Full Name (Last, First, Middle Ir C. Pedro McDougal Mailing Address 1516 Iris	itial)			of Receipt			
City mcallen	State TX	Zip Code 78501		saction ID	9 ) : SA11AI.		Y
FEC ID number of contributing federal political committee.	C		contribu	ution	-	400	.00
Name of Employer selfemployed Receipt For: Primary General Other (specify)		Year-to-Date ▼ 3600.00					
SUBTOTAL of Receipts This Page	e (optional)					1200.	00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS	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 State or for commercial purposes, other than using the na		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	С	
Name of Employer     O       selfemployed     pl	State       Zip Code         TX       78501         C       Image: Comparison of the state of the stat	Date of Receipt
Name of Employer     O       selfemployed     pt	State     Zip Code       TX     78501       C     C       Decupation       hysician       Aggregate Year-to-Date ▼       4400.00	Date of Receipt
Name of Employer     O       selfemployed     pl	State       Zip Code         TX       78501         C       Image: Comparison of the state of the stat	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		1200.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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11	Any information copied from such Reports and Statements m		IPIS for each category of the Detailed Summary Page				11b	11c	12		
Ar				Derson	13 for the		14 Irpose c	15 of soliciting	16 a contri		17
	for commercial purposes, other than using										
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC									
Α.	Full Name (Last, First, Middle Initial) Ms Kimberely McNutt				Date o	f R	eceipt				
	Mailing Address 7716 N. 27th				м м 09		/ D 09		2011		Y
	City	State	Zip Code		Trans	sac	tion ID	: SA11AI.	15895		
	McAllen	ТХ	78504		Amoun	t o	f Each	Receipt th	nis Peri	od	
	FEC ID number of contributing federal political committee.	С				tio.	7			25.	00
	Name of Employer	Occupation			contribu	itior	1				
	self-employed	private inve	stor								
	Receipt For:	Aggregate	Year-to-Date <b>V</b>								
	Primary General		225.00	11							
	Other (specify)		225.00	4							
в.	Full Name (Last, First, Middle Initial) Ms Kimberely McNutt				Date o	of R	eceipt				
	Mailing Address 7716 N. 27th				10 14 Y Y Y Y Y 10 14						
	City	State	Zip Code		Trans	sac	tion ID	: SA11AI.	16113	_	
	McAllen	TX	78504		Amoun	t o	f Each	Receipt th	nis Peri	od	
	FEC ID number of contributing federal political committee.	С		25.00							00
	Name of Employer	Occupation	1	c	ontribu	tion	n				
	self-employed	private inve	stor								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]							
	Full Name (Last, First, Middle Initial) Ms Kimberely McNutt				Date o	f R	eceint				
•	Mailing Address 7716 N. 27th				M M	_	/ D		2011		Y
	City	State	Zip Code		Trans	sac	tion ID	: SA11AL	.16334		
	McAllen	ТХ	78504		Amoun	t o	f Each	Receipt th	nis Peri	od	
	FEC ID number of contributing federal political committee.	С					7			25.	00
	Name of Employer	Occupation	1		contribution						
	self-employed	private inve	estor								
	Receipt For:		Year-to-Date ▼								
	Primary General	, .99109410		- L -							
	Other (specify)		275.00								
s	UBTOTAL of Receipts This Page (optional	)		•		l	3			75.0	00

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

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

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

(check only one)

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ITEMIZED RECEIPTS	Detailed Summar	iry Page X 11a 11b 11c 12
Any information copied from such Reports	and Statements may not be sold or us	sed by any person for the purpose of soliciting contributions cal committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDEI		
Full Name (Last, First, Middle Initial) A. Ms Kimberely McNutt		Date of Receipt
Mailing Address 7716 N. 27th		12 09 2011
City	State Zip Code	Transaction ID : SA11AI.16567
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	contribution
self-employed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify)		300.00
Full Name (Last, First, Middle Initial) B. Bertha Medina		Date of Receipt
Mailing Address 1300 1 1/2 Street		07 15 _2011 _
City	State Zip Code	Transaction ID : SA11AI.15461
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼		2800.00
Full Name (Last, First, Middle Initial) C. Bertha Medina		Date of Receipt
Mailing Address 1300 1 1/2 Street		08 18 _2011 _
City	State Zip Code	Transaction ID : SA11AI.15676
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify)		3200.00
SUBTOTAL of Receipts This Page (optic	nal)	

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

(check only one)

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TIEMIZED RECEIPTS	Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17		
Any information copied from such Reports or for commercial purposes, other than us	and Statements may not be sold or used by any sing the name and address of any political commit	person for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDEF	RAL PAC			
Full Name (Last, First, Middle Initial)		Date of Receipt		
Mailing Address 1300 1 1/2 Street		09 09 2011		
City	State Zip Code	Transaction ID : SA11AI.15896		
mcallen	TX 78501	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	400.00		
Name of Employer	Occupation	contribution		
selfemployed	physician			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General		-		
Other (specify)	3600.00			
Full Name (Last, First, Middle Initial) B. Bertha Medina		Date of Receipt		
Mailing Address 1300 1 1/2 Street		10 14 2011		
City	State Zip Code	Transaction ID : SA11AI.16114		
mcallen	TX 78501	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	400.00		
Name of Employer	Occupation	contribution		
selfemployed	physician			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General		_		
Other (specify)	4000.00			
Full Name (Last, First, Middle Initial) C. Bertha Medina		Date of Receipt		
Mailing Address 1300 1 1/2 Street				
City	State Zip Code	11 10 2011 Transaction ID : SA11AI.16335		
mcallen	TX 78501	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	400.00		
Name of Employer	Occupation	contribution		
selfemployed	physician			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General		_		
Other (specify)	4400.00			
SUBTOTAL of Receipts This Page (optic	nal)	1200.00		

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

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SCHEDULE A	(FEC Form 3X)				
ITEMIZED RECEIPTS					

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

11b

(check only one)

**X** 11a

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11c 12

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							13		14	15	1	16	17	7
	ny information copied from such Reports and St for commercial purposes, other than using the													
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC												
Α.	Full Name (Last, First, Middle Initial) Bertha Medina						Date o	f Re	ceipt					
	Mailing Address 1300 1 1/2 Street						12 09 2011							
	City	State	Zip Code	Э			Trans	sacti	ion ID :	SA11AL	.16568	3		
	mcallen	TX	78501				Amoun	t of	Each F	Receipt th	nis Pe	riod		
	FEC ID number of contributing federal political committee.	С			]				7			400.0	0	
	Name of Employer	Occupation				-	ontribu	ition						
	selfemployed	physician												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date		0.00									
В.	Full Name (Last, First, Middle Initial) Dr. Carlos Mego						Date o	f Re	ceipt					
	Mailing Address 602 McColl Circle						м м 07	/	15		201		1	
	City	State	Zip Code	Э				sacti		SA11AI.			1	
	McAllen	ТΧ	78501				Amoun	it of	Each F	Receipt th	nis Pe	riod		
	FEC ID number of contributing federal political committee.	С			]				7	7		400.0	0	1
	Name of Employer	Occupation				- c	ontribu	tion						
	self-employed	physician												
	Receipt For:	Aggregate	Year-to-Date	▼										
	Primary General Other (specify) ▼		, ,	2800	0.00									
с.	Full Name (Last, First, Middle Initial) Dr. Carlos Mego						Date o	f Re	ceipt					
	Mailing Address 602 McColl Circle						м м 08	/	D 18		201		1	
	City	State	Zip Code	Э				sacti		: SA11AI	_	_		
	McAllen	ТΧ	78501							Receipt th				
	FEC ID number of contributing federal political committee.	С							,			400.0	0	
	Name of Employer	Occupation				c	contribu	ution						
	self-employed	, physician												
	Receipt For:		Year-to-Date	•		-								
	Primary General	, iggi ogalo			_									
	Other (specify)	L	5	320	0.00									
s	UBTOTAL of Receipts This Page (optional)				····· •	·			7	- 7	1:	200.00	)	1
											_			

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a 13	11b	11c	12	17	
Any information copied from such Reports ar or for commercial purposes, other than using				or the	purpose	of solicitin	g contribu	tions	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC								
McAllen FEC ID number of contributing federal political committee.		Dr. Carlos Mego         Mailing Address 602 McColl Circle         City       State       Zip Code         McAllen       TX       78501         EEC ID number of contributing ederal political committee.       C							
self-employed Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3600.00	]						
B. Full Name (Last, First, Middle Initial) Dr. Carlos Mego Mailing Address 602 McColl Circle				Date of	f Receipt	D / Y	2011	Y	
City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) —	State TX C Occupation physician Aggregate	Zip Code 78501 Year-to-Date ▼ 4000.00	A		t of Each	D : SA11AI		_	
Other (specify) ▼         Full Name (Last, First, Middle Initial)         C. Dr. Carlos Mego         Mailing Address 602 McColl Circle         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General	State TX C Occupation physician Aggregate	Zip Code 78501	A	M M 11 Trans	saction II t of Each		his Period	0.00	
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional	)	4400.00			7		1200	.00	

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	for each category Detailed Summar	
		ed by any person for the purpose of soliciting contributions cal committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAI	- PAC	
A. Full Name (Last, First, Middle Initial) Mailing Address 602 McColl Circle	State Zip Code	Date of Receipt
McAllen FEC ID number of contributing federal political committee.	TX 78501	Amount of Each Receipt this Period
Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼	4800.00 contribution
Full Name (Last, First, Middle Initial)         B.       Manuel Mercado         Mailing Address 3002 Santa Susana		Date of Receipt
City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	State     Zip Code       TX     78572       C       Occupation       physician       Aggregate Year-to-Date ▼	Transaction ID : SA11AI.15463       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 FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 78572	Date of Receipt  Date of Receipt this Period  Contribution
selfemployed Receipt For: Primary General Other (specify) ▼	physician 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 REC	EIPTS	5	

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

FOR LINE NUMBER:

(check only one)

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	Detailed Summary Page	$\begin{array}{ c c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any a name and address of any political commit	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC	
Full Name (Last, First, Middle Initial)         Manuel Mercado         Mailing Address 3002 Santa Susana         City         mission         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify)	State       Zip Code         TX       78572         C       Occupation         physician       Aggregate Year-to-Date ▼         2250.00       2250.00	Date of Receipt 09 09 2011 Transaction ID : SA11AI.15898 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial)         Manuel Mercado         Mailing Address 3002 Santa Susana         City         mission         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TX       78572         C       Occupation         Occupation       Aggregate Year-to-Date ▼         Aggregate Year-to-Date ▼	Date of Receipt 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         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify)	State       Zip Code         TX       78572         C       Occupation         Opysician       Aggregate Year-to-Date ▼         2750.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		750.00

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	for each category of the Detailed Summary Page	
		13     14     15     16     17       any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDEF		
A. Full Name (Last, First, Middle Initial) Manuel Mercado Mailing Address 3002 Santa Susana City mission	State Zip Code TX 78572	Date of Receipt          12       09       2011         Transaction ID : SA11AI.16570       Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	C Occupation physician Aggregate Year-to-Date ▼ 3000.00	contribution
Full Name (Last, First, Middle Initial)         B. Scott Meyer         Mailing Address 2100 School Lane         City         Mission         FEC ID number of contributing federal political committee.         Name of Employer	State Zip Code TX 78572	Date of Receipt
selfemployed Receipt For: Primary General Other (specify) ▼	private investor Aggregate Year-to-Date ▼ 525.00	0
C. Scott Meyer Mailing Address 2100 School Lane City Mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	State Zip Code TX 78572 C Occupation private investor Aggregate Year-to-Date ▼	Date of Receipt 08 18 2011 Transaction ID : SA11AI.15679 Amount of Each Receipt this Period 75.00 contribution

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

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

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

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	EMIZED RECEIPTS		Detailed Summary Page		×	11a 13		11b 14	11c		12 16	17
Ar or	y information copied from such Reports and for commercial purposes, other than using the	Statements mane and a	I ay not be sold or used by any p uddress of any political committed	erson e to s	n fo sol	or the	pur pur	pose d	of solicitin	g co ch cc	ntribut	tions
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC										
<u> </u>	Full Name (Last, First, Middle Initial) Scott Meyer					Date o	of Re	eceipt				
	Mailing Address 2100 School Lane				I	M N	Λ /	0			011	Y
	City	State	Zip Code		2		sact		。 : SA11AI			
	Mission	ТХ	78572		A				Receipt t			
	FEC ID number of contributing federal political committee.	С			l			7				.00
	Name of Employer	Occupation	1		СС	ontribu	ution	l				
	selfemployed	private inve	estor									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General			11.								
	Other (specify)		675.00	1								
B	Full Name (Last, First, Middle Initial) Scott Meyer				Г	)ate o	of Re	eceipt				
	Mailing Address 2100 School Lane				I	M N					011	Y
	City	State	Zip Code		1	Tran	sact		: SA11AI			
	Mission	ТХ	78572		A				Receipt t			
	FEC ID number of contributing federal political committee.	С			l			7	7	_	75	.00
	Name of Employer	Occupation	1	_	со	ntribu	ition					
	selfemployed	private inve	stor									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General	7.99.09uto		11.								
	Other (specify)		750.00									
<u>с</u> .	Full Name (Last, First, Middle Initial) Scott Meyer	l				Date o	of Re	eceipt				
	Mailing Address 2100 School Lane				I	M N		D			011	Y
	City	State	Zip Code		Ľ,		sac		: SA11A			
	Mission	TX	78572		A				Receipt t			
	FEC ID number of contributing federal political committee.	С			Į			7				5.00
	Name of Employer	Occupation	1	_	С	ontrib	utior	1				
	selfemployed	private inve										
	Receipt For:		Year-to-Date ▼	$\neg$								
	Primary General	Aggregate		- L.								
	Other (specify)		825.00									
s	UBTOTAL of Receipts This Page (optional)			►	[			7		-	225.	.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	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 Stat or for commercial purposes, other than using the na		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	٨C	
selfemployed r	State       Zip Code         TX       78572         C       Occupation         Doccupation       Occupation         private investor       Aggregate Year-to-Date ▼         900.00       900.00	Date of Receipt
Full Name (Last, First, Middle Initial) <b>Dr. Fausto Meza</b> Mailing Address 4914 Edinburg Road City	State Zip Code	Date of Receipt
selfemployed p	TX     78539       C     C       Description     C       Drivate investor     Aggregate Year-to-Date ▼       Aggregate Year-to-Date ▼     350.00	Amount of Each Receipt this Period
selfemployed F	State       Zip Code         TX       78539         C       C         Dccupation       C         Drivate investor       Aggregate Year-to-Date ▼         400.00       2	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).....

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 11 \\ \hline 15 & 16 & 11 \\ \hline \end{array}$
			person for the purpose of soliciting contributions e to solicit contributions from such committee.
	L PAC		
Full Name (Last, First, Middle Initial)         Dr. Fausto Meza         Mailing Address 4914 Edinburg Road         City         Edinburg         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation private inve Aggregate		Date of Receipt
Full Name (Last, First, Middle Initial) <b>Dr. Fausto Meza</b> Mailing Address 4914 Edinburg Road City Edinburg	State TX	Zip Code 78539	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	C Occupation private inves Aggregate		50.00
Full Name (Last, First, Middle Initial)         Dr. Fausto Meza         Mailing Address 4914 Edinburg Road         City         Edinburg         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation private inve		Date of Receipt
SUBTOTAL of Receipts This Page (optiona	l)		150.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
Any information copied from such Reports an or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC		
Full Name (Last, First, Middle Initial)         Dr. Fausto Meza         Mailing Address 4914 Edinburg Road         City         Edinburg         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation private inve Aggregate		Date of Receipt
Full Name (Last, First, Middle Initial)         B. Dr. Emil Milano         Mailing Address 225 E. Cornell         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation private inve Aggregate		Date of Receipt
Full Name (Last, First, Middle Initial)         C.       Dr. Emil Milano         Mailing Address 225 E. Cornell         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation private inve		Date of Receipt          08       18       2011         Transaction ID : SA11AI.15681         Amount of Each Receipt this Period         100.00       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 REC	EIPTS

Use separate schedule(s) for each category of the

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c	12 16	17
Any information copied from such Reports or for commercial purposes, other than usin			erson for the	purpose c	of soliciting	contribut	tions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC						
Full Name (Last, First, Middle Initial)         A.       Dr. Emil Milano         Mailing Address 225 E. Cornell         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify)	State TX C Occupation private investo Aggregate Ye		09 Trans	os saction ID nt of Each		2011 <b>5901</b>	
Full Name (Last, First, Middle Initial)         B. Dr. Emil Milano         Mailing Address 225 E. Cornell         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation private investo Aggregate Ye		10 Trans	nt of Each			
Full Name (Last, First, Middle Initial)         C.       Dr. Emil Milano         Mailing Address 225 E. Cornell         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation private investo Aggregate Ye		11 Tran	10 saction ID nt of Each		s Period	0.00
SUBTOTAL of Receipts This Page (option	nal)					300.	.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a 13	11b	11c	12	17
Any information copied from such Reports a or for commercial purposes, other than using				or the	purpose of	of soliciting	g contribu	itions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC							
Full Name (Last, First, Middle Initial) A. Dr. Emil Milano Mailing Address 225 E. Cornell City	State	Zip Code		м м 12	Receipt		2011 . <b>16573</b>	Y
McAllen FEC ID number of contributing federal political committee. Name of Employer	TX C Occupation	78504		Amount ontribut	,	Receipt th		0.00
selfemployed Receipt For: Primary General Other (specify) ▼	Aggregate	stor Year-to-Date ▼ 1200.00	]					
Full Name (Last, First, Middle Initial)         B.       Carlos N Mohamed Jr.         Mailing Address 2821 Michael Angelo			[	Date of		р / ү 5	2011	Ŷ
City Edinburg FEC ID number of contributing federal political committee.	State TX	Zip Code 78539	A	Transa	action ID	: SA11AI. Receipt th	15467	_
Name of Employer self-employed Receipt For:	Occupation physician Aggregate	Year-to-Date ▼ 700.00	cc	ontributi	ion			
C. Full Name (Last, First, Middle Initial) C. Carlos N Mohamed Jr. Mailing Address 2821 Michael Angelo			[	Date of	Receipt		YYY	V
City Edinburg	State TX	Zip Code 78539		08 Trans	1 action ID	8 : SA11AI Receipt th	2011 . <b>15682</b>	
FEC ID number of contributing federal political committee.	C		G	ontribut	tion	7		0.00
Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation physician Aggregate	Year-to-Date ▼ 800.00						
federal political committee.          Name of Employer         self-employed         Receipt For:         Primary         General	Occupation physician Aggregate	Year-to-Date ▼ 800.00		ontribut	tion			300

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

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

Use separate schedule(s) for each category of the

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		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC		
Full Name (Last, First, Middle Initial)         A.         Carlos N Mohamed Jr.         Mailing Address 2821 Michael Angelo			Date of Receipt
City Edinburg	State TX	Zip Code 78539	09     09     2011       Transaction ID : SA11AI.15902       Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer self-employed Receipt For:	Occupation physician Aggregate	Year-to-Date ▼	— contribution
Other (specify)		900.00	
Full Name (Last, First, Middle Initial)         B.       Carlos N Mohamed Jr.         Mailing Address 2821 Michael Angelo			Date of Receipt
City	State	Zip Code	10 14 2011 Transaction ID : SA11AI.16120
Edinburg FEC ID number of contributing federal political committee.	С	78539	Amount of Each Receipt this Period
Name of Employer self-employed Receipt For:	Occupation physician		contribution
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	]
Full Name (Last, First, Middle Initial) C. Carlos N Mohamed Jr.			Date of Receipt
Mailing Address 2821 Michael Angelo			M = M         /         D = D         /         Y = Y = Y         Y           11         10         2011
City Edinburg	State TX	Zip Code 78539	Transaction ID : SA11AI.16341 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer	Occupation		
self-employed Receipt For:	physician		
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1100.00	]
SUBTOTAL of Receipts This Page (optional	)		300.00

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

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

FOR LINE NUMBER:

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12       City     State     Zip Code       Edinburg     TX     78539       FEC ID number of contributing federal political committee.     C       Name of Employer     Occupation       primary     General       Other (specify) ▼     Aggregate Year-to-Date ▼       Full Name (Last, First, Middle Initial)     Date of Rece       B. Dr. Armando Moncada     Date of Rece       Mailing Address 1421 North 2nd Street     O       City     State     Zip Code       TX     78504     Amount of Ea       FEC ID number of contributing federal political committee.     C       Name of Employer     Occupation physician     C       Receipt For:     Occupation physician     C       Mailing Address 1421 North 2nd Street     O     C       Other (specify) ▼     Occupation physician     contribution       Receipt For:     Occupation physician     contribution       Receipt For:     Qeneral Other (specify) ▼     Aggregate Year-to-Date ▼     C       Primary     General     Other (specify) ▼     2800,00	se of soliciting contributions ons from such committee.
Full Name (Last, First, Middle Initial)       Date of Rece         A. Carlos N Mohamed Jr.       Date of Rece         Mailing Address 2821 Michael Angelo       Transaction         City       State       Zip Code         Edinburg       TX       78539         FEC ID number of contributing federal political committee.       Occupation         Name of Employed       physician         Receipt For:       Occupation         Primary       General         Other (specify) ▼       Aggregate Year-to-Date ▼         Full Name (Last, First, Middle Initial)       B. Dr. Armando Moncada         Mailing Address 1421 North 2nd Street       Or         City       State       Zip Code         Receipt For:       Occupation       Aggregate Year-to-Date ▼         PEC 1D number of contributing federal political committee.       Date of Rece         Name of Employer       Occupation       C         PEC 1D number of contributing federal political committee.       C       Transaction         Name of Employer       Occupation       Contribution         Receipt For:       Aggregate Year-to-Date ▼       Contribution         Full Name (Last, First, Middle Initial)       C       C       Contribution         Full Name (Last, First, Middle	09 10: SA11AI.16574 ch Receipt this Period
A.       Carlos N Mohamed Jr.       Date of Rece         Mailing Address 2821 Michael Angelo       Transaction         City       State       Zip Code         Edinburg       TX       78539         FEC ID number of contributing federal political committee.       C       Amount of Ea         Name of Employed       physician       Aggregate Year-to-Date ▼       contribution         Primary       General       1200.00       Date of Rece         Full Name (Last, First, Middle Initial)       B.       Dr. Armando Moncada       Date of Rece         Mailing Address 1421 North 2nd Street       C       Transaction         City       State       Zip Code       Transaction         Maklen       TX       78504       Amount of Ea         FEC ID number of contributing federal political committee.       C       Transaction         Name of Employer self-employee       Occupation physician       C       C         Receipt For:       Qagregate Year-to-Date ▼       C       Contribution         Primary       General       Other (specify) ▼       2800.00       Contribution         Full Name (Last, First, Middle Initial)       C       D       2800.00       Contribution         Contribution       General <td< td=""><td>09 10: SA11AI.16574 ch Receipt this Period</td></td<>	09 10: SA11AI.16574 ch Receipt this Period
FEC ID number of contributing federal political committee.       C       contribution         Name of Employer self-employed Primary General Other (specify) ▼       Occupation physician       contribution         Full Name (Last, First, Middle Initial)       B. Dr. Armando Moncada       Date of Rece       07         City       State       Zip Code       Transaction         Mailing Address 1421 North 2nd Street       C       ontribution       contribution         FEC ID number of contributing federal political committee.       C       occupation physician       Amount of Ea         Name of Employer       Occupation       contribution       contribution       contribution         FEC ID number of contributing federal political committee.       C       occupation physician       contribution         Receipt For:       Aggregate Year-to-Date ▼       contribution       contribution         Receipt For:       Aggregate Year-to-Date ▼       contribution       contribution         Full Name (Last, First, Middle Initial)       C       Date of Rece       0         Full Name (Last, First, Middle Initial)       C       Date of Rece       0         Cother (specify) ▼       Quedee       Date of Rece       0       0         Full Name (Last, First, Middle Initial)       C       Dr. Armando Moncada	
B. Dr. Armando Moncada       Date of Rece         Mailing Address 1421 North 2nd Street       07         City       State       Zip Code         McAllen       TX       78504         FEC ID number of contributing federal political committee.       C       Transaction         Name of Employer       Occupation physician       C       Contribution         Receipt For:       Aggregate Year-to-Date ▼       2800.00       Contribution         Full Name (Last, First, Middle Initial)       C       Date of Rece       Date of Rece         C. Dr. Armando Moncada       Date of Rece       Mailing Address 1421 North 2nd Street       Date of Rece	
Name of Employer self-employee       Occupation physician       contribution         Receipt For: Primary       General Other (specify) ▼       Aggregate Year-to-Date ▼       2800.00         Full Name (Last, First, Middle Initial)       C.       Dr. Armando Moncada       Date of Received The Other         Mailing Address       1421 North 2nd Street       Image: Control of the Other       Image: Control of the Other	ipt 15 / 2011 10 : SA11AI.15468 ch Receipt this Period 400.00
C. Dr. Armando Moncada Date of Rece	
McAllen     TX     78504       FEC ID number of contributing federal political committee.     C     Amount of Ea       Name of Employer     Occupation     contribution       self-employee     physician     contribution	ipt 18 2011 10 : SA11AI.15683 ch Receipt this Period 400.00
Primary       General         Other (specify)       ✓         SUBTOTAL of Receipts This Page (optional)	900.00

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports an or for commercial purposes, other than using			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC		
Full Name (Last, First, Middle Initial)         Dr. Armando Moncada         Mailing Address 1421 North 2nd Street         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer         self-employee         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 3600.00	Date of Receipt
B. Full Name (Last, First, Middle Initial) Mailing Address 1421 North 2nd Street	State	Zip Code	Date of Receipt
McAllen FEC ID number of contributing federal political committee. Name of Employer		78504	Transaction ID : SA11AI.16121         Amount of Each Receipt this Period         400.00         contribution
self-employee Receipt For: Primary General Other (specify) ▼	physician	Year-to-Date ▼ 4000.00	]
C. Full Name (Last, First, Middle Initial) Dr. Armando Moncada Mailing Address 1421 North 2nd Street	State	Zin Code	Date of Receipt
City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: ☐ Primary ☐ General Other (specify) ▼	State TX Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 4400.00	Transaction ID : SA11AI.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).....

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEWIZED RECEIPTS		Detailed Summary Page		11a		11b	11c	12	<b>1</b> 7
Any information copied from such Reports ar or for commercial purposes, other than using				for the					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC								
Full Name (Last, First, Middle Initial)         Dr. Armando Moncada         Mailing Address 1421 North 2nd Street         City         McAllen         FEC ID number of contributing federal political committee.	State TX	Zip Code 78504			sact	09		nis Perioo	
Name of Employer self-employee Receipt For: Primary General Other (specify)	Occupation physician Aggregate	Year-to-Date ▼ 4800.00		contribu	ition	7			
Full Name (Last, First, Middle Initial)         B. Carlos Morales         Mailing Address 3325 Kent Lane         City       State         Zip Code						eceipt 15 ion ID :		2011 <b>15469</b>	Y
mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	TX C Occupation physician Aggregate	78503 Year-to-Date ▼			it of		Receipt th	nis Perioo	d 0.00
Primary       General         Other (specify) ▼         Full Name (Last, First, Middle Initial)         C.       Carlos Morales         Mailing Address 3325 Kent Lane		2800.00	]	Date o		eceipt		2011	Y
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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

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

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TIEMIZED RECEIPTS	Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$					
Any information copied from such Reports or for commercial purposes, other than u	I s and Statements may not be sold or used by any p sing the name and address of any political committe	person for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDEI	RAL PAC						
Full Name (Last, First, Middle Initial)		Date of Receipt					
Mailing Address 3325 Kent Lane		09 09 _ 2011 _					
City	State Zip Code	Transaction ID : SA11AI.15904					
mcallen	TX 78503	Amount of Each Receipt this Period					
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selfemployed	physician						
Receipt For:	Aggregate Year-to-Date ▼						
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City	State Zip Code						
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FEC ID number of contributing federal political committee.	C	400.00					
Name of Employer	Occupation	contribution					
selfemployed	physician						
Receipt For:	Aggregate Year-to-Date ▼						
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Full Name (Last, First, Middle Initial) C. Carlos Morales		Date of Receipt					
Mailing Address 3325 Kent Lane		M M / D D / Y Y Y Y 11 10 _2011 _					
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mcallen	TX 78503	Amount of Each Receipt this Period					
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federal political committee.	C	400.00					
Name of Employer	Occupation						
selfemployed	physician						
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SUBTOTAL of Receipts This Page (option	Dnal)	▶ 1200.00					

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

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

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			Detailed Summary Page		×	-		11b	11c		12	<b>_</b>
Any or fo	information copied from such Reports and or commercial purposes, other than using the	Statements ma	I ay not be sold or used by any p Iddress of any political committee	erson erson	n fe sol	13 or the licit co	e pu	14 rpose o butions	15 of solicitin from suc	ig coi ch co	16 ntribut mmitt	l 17 tions ee.
N	AME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL											
	ull Name (Last, First, Middle Initial) Carlos Morales					Date o	of R	eceipt				
	lailing Address 3325 Kent Lane				I	M 12	И	/ D 0			011	Y
C	ity	State	Zip Code		1		sac		SA11A			
r	ncallen	ТХ	78503		A				Receipt t			
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s	elfemployed	physician										
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	Primary General			11								
	Other (specify)		4800.00	4								
	ull Name (Last, First, Middle Initial) _eonel Moreno				Г	Date (	of B	eceipt				
	lailing Address 1608 Woods Drive				l	M 1					) 011	Y
C	ity	State	Zip Code		1	Tran	sact		: SA11AI			
n	nission	ТХ	78572		A				Receipt t			
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N	ame of Employer	Occupation	1	_	со	ontribu	ution					
S	elfemployed	physician										
F	eceipt For:	1	Year-to-Date ▼									
	Primary General	1.99.094.0		11								
	Other (specify)	L	1750.00	4								
	ull Name (Last, First, Middle Initial) Leonel Moreno					Date o	of R	eceipt				
N	lailing Address 1608 Woods Drive				I	м г 08	VI -	/ D	D / 1 8		) 011	Y
C	ity	State	Zip Code		2		sac		: SA11A		-	
r	nission	ТХ	78572		Α				Receipt t			
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N	ame of Employer	Occupation	1	_	С	ontrib	utior	ו				
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	eceipt For:		Year-to-Date ▼									
	Primary General	Aggregate		11								
	Other (specify)		2000.00									
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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

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

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		Detailed Summary Page		11a		1b	11c	12	
Any information copied from such Re or for commercial purposes, other that	ports and Statements man	l ay not be sold or used by any p ddress of any political committe	person	13 for the	purpo ptribut	se o	f soliciting	g contribu	utions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEE	-								
Full Name (Last, First, Middle Initia A. Leonel Moreno	al)			Date o	f Rece	eipt			
Mailing Address 1608 Woods Drive	1			м м 09	/	09		2011	Y
City mission	State TX	Zip Code 78572		Trans		n ID :	: SA11AI.	.15905	
FEC ID number of contributing federal political committee.							Receipt th		0.00
Name of Employer selfemployed	Occupation physician		c	ontribu	tion				
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 2250.00	]						
Full Name (Last, First, Middle Initia B. Leonel Moreno				Date o	f Rece	eipt			
Mailing Address 1608 Woods Drive				м м 10	/	D 14		ү ү 2011	Y
City	State TX	Zip Code					: SA11AI.		
mission FEC ID number of contributing federal political committee.	C	78572		Amoun	t of Ea	ach I	Receipt th		d D.00
Name of Employer selfemployed	Occupation physician		C	ontribut	tion				
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 2500.00	]						
Full Name (Last, First, Middle Initia C. Leonel Moreno	al)			Date o	f Rece	eipt			
Mailing Address 1608 Woods Drive	)			м м 11	1	D 10		2011	Y
City mission	State TX	Zip Code 78572					: SA11AI. Receipt th		
FEC ID number of contributing federal political committee.	C			ontribu	, tion		7	25	0.00
Name of Employer	Occupation			Jonthou	nion				
selfemployed	physician								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2750.00							
SUBTOTAL of Receipts This Page (	optional)				. ,			750	0.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

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

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

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TIEMIZED RECEIPTS		Detailed Summary Page		11a		11b	11c	12	
Any information copied from such F or for commercial purposes, other t	l ay not be sold or used by any p address of any political committe	person f	13 for the	purpo	14 ose o tions	f soliciting	g contribu	utions	
NAME OF COMMITTEE (In Full) BORDER HEALTH FE									
Full Name (Last, First, Middle In A. Leonel Moreno	tial)			Date o	f Rec	eipt			
Mailing Address 1608 Woods Dri	/e			M M 12	/	D 09		2011	Y
City	State	Zip Code			sactio		SA11AI		
mission	TX	78572	/	Amoun	t of E	ach F	Receipt th	nis Period	I
FEC ID number of contributing federal political committee.	C				,		7	250	0.00
Name of Employer	Occupation	1	C	ontribu	tion				
selfemployed	physician								
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) ▼		3000.00							
Full Name (Last, First, Middle In B. Lauren Naylor	tial)			Date o	f Rec	eipt			
Mailing Address 3020 Melinda Dr	ve			м м 07		15		2011	Y
City	State	Zip Code		Trans	actio	n ID :	SA11AI.	15471	_
Edinburg	ТХ	78539	/	Amoun	t of E	ach F	Receipt th	nis Perioc	1
FEC ID number of contributing federal political committee.	C				,			50	0.00
Name of Employer	Occupation	1	co	ontribut	tion				
selfemployed	physician								
Receipt For:	Aggregate	Year-to-Date <b>V</b>							
Primary General Other (specify) ▼		, 350.00	]						
Full Name (Last, First, Middle Ini C. Lauren Naylor	tial)			Date o	f Rec	eipt			
Mailing Address 3020 Melinda D	ive			м м 08	/	D 18		2011	Y
City	State	Zip Code		Trans	sactio	on ID	: SA11AI	15686	
Edinburg	ТХ	78539	/	Amoun	t of E	ach F	Receipt th	nis Period	ł
FEC ID number of contributing federal political committee.	C			ootribu	tion,		7	5	0.00
Name of Employer	Occupation	1		ontribu	llion				
selfemployed	physician								
Receipt For:	Aggregate	Year-to-Date <b>V</b>							
Other (specify) ▼		400.00	]						
SUBTOTAL of Receipts This Page	(optional)				. ,			350	0.00

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

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SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

Use separate schedule(s) for each category of the

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	for each category of the Detailed Summary Page	
		13     14     15     16     17       any person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER		mittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. Lauren Naylor Mailing Address 3020 Melinda Drive City Edinburg	State Zip Code TX 78539	Date of Receipt
FEC ID number of contributing federal political committee.	Occupation	50.00 contribution
selfemployed Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 450.00	0
Full Name (Last, First, Middle Initial)         B.       Lauren Naylor         Mailing Address 3020 Melinda Drive		Date of Receipt
City	State Zip Code TX 78539	Transaction ID : SA11AI.16124
Edinburg FEC ID number of contributing federal political committee.	TX 78539	Amount of Each Receipt this Period
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 500.00	contribution
Full Name (Last, First, Middle Initial) C. Lauren Naylor		Date of Receipt
Mailing Address 3020 Melinda Drive		11 10 2011
City Edinburg	StateZip CodeTX78539	Transaction ID : SA11AI.16345 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	contribution

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

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SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b 14	11c	12		17
Any information copied from such Reports or for commercial purposes, other than us				for the		pose o	f soliciting	g contrik		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC									
Full Name (Last, First, Middle Initial)         A.       Lauren Naylor         Mailing Address 3020 Melinda Drive         City         Edinburg         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78539 Year-to-Date ▼ 600.00	Date of Receipt							
Full Name (Last, First, Middle Initial)         Dr. Victor Ogunlana         Mailing Address 2604 Santa Teresa         City         Mission         FEC ID number of contributing federal political committee.         Name of Employer self-employed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation doctor Aggregate	Zip Code 78572 Year-to-Date ▼ 350.00		Date of Receipt						
Full Name (Last, First, Middle Initial)         Dr. Victor Ogunlana         Mailing Address 2604 Santa Teresa         City         Mission         FEC ID number of contributing federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation doctor Aggregate	Zip Code 78572 Year-to-Date ▼ 400.00			sact	18 ion ID Each F		his Perio		
SUBTOTAL of Receipts This Page (option	nal)					7	7	15	50.00	

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

FEC Schedule A (Form 3X) Rev. 02/2003

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS	for each category of Detailed Summary F	
		by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)         Dr. Victor Ogunlana         Mailing Address 2604 Santa Teresa         City         Mission         FEC ID number of contributing federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       TX     78572       C     Occupation       doctor     43	Date of Receipt         09       09         2011         Transaction ID : SA11AI.15907         Amount of Each Receipt this Period         50.00
Full Name (Last, First, Middle Initial)         B. Dr. Victor Ogunlana         Mailing Address 2604 Santa Teresa         City         Mission         FEC ID number of contributing federal political committee.         Name of Employer self-employed         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       TX     78572       C       Occupation       doctor       Aggregate Year-to-Date ▼	Date of Receipt  Date of Receipt  10 14 2011 Transaction ID : SA11AI.16125 Amount of Each Receipt this Period  50.00 contribution
Full Name (Last, First, Middle Initial)         Dr. Victor Ogunlana         Mailing Address 2604 Santa Teresa         City         Mission         FEC ID number of contributing federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TX       78572         C       Occupation         doctor       Aggregate Year-to-Date ▼         5	Date of Receipt  Date of Receipt  11 10 2011 Transaction ID : SA11AI.16346 Amount of Each Receipt this Period 50.00 50.00
SUBTOTAL of Receipts This Page (optional)		150.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17						
Any information copied from such Reports and or for commercial purposes, other than using			person for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC								
Full Name (Last, First, Middle Initial)         Dr. Victor Ogunlana         Mailing Address 2604 Santa Teresa			Date of Receipt						
City Mission	State TX	Zip Code 78572	Transaction ID : SA11AI.16579           Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		50.00						
Name of Employer self-employed Receipt For:	Occupation doctor	Year-to-Date ▼							
Other (specify) ▼	Aggregate	600.00	]						
Full Name (Last, First, Middle Initial) B. Dr. Noel Olveira	Date of Receipt								
Mailing Address 9917 Bentsen Road	failing Address 9917 Bentsen Road								
City	State	Zip Code	Transaction ID : SA11AI.15473						
McAllen	TX	78504	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		100.00						
Name of Employer selfemployed	Occupation physician	1	contribution						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00	]						
Full Name (Last, First, Middle Initial) C. Dr. Noel Olveira			Date of Receipt						
Mailing Address 9917 Bentsen Road			08 18 2011						
City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.15688 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		100.00						
Name of Employer	Occupation	1	contribution						
selfemployed	physician								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00	1						
SUBTOTAL of Receipts This Page (optional).			250.00						

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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		for each category of the Detailed Summary Page		-	11b	11c	12	
Any information copied from such Reports or for commercial purposes, other than us								
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDEF	-							
Full Name (Last, First, Middle Initial)         A.       Dr. Noel Olveira         Mailing Address 9917 Bentsen Road         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 900.00		09 Trans	( saction IE t of Each		nis Period	
Full Name (Last, First, Middle Initial)         Dr. Noel Olveira         Mailing Address 9917 Bentsen Road				Date o	2011	Ŷ		
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FEC Schedule A (Form 3X) Rev. 02/2003

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17							
	nd Statements may not be sold or used by any g g the name and address of any political committe	person for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC								
Full Name (Last, First, Middle Initial)         A.       Dr. Noel Olveira         Mailing Address 9917 Bentsen Road         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer selfemployed	State Zip Code TX 78504 C Occupation physician	Date of Receipt           12       09       2011         Transaction ID : SA11AI.16580         Amount of Each Receipt this Period         100.00         contribution							
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	]							
Full Name (Last, First, Middle Initial)         B.       Dr. Athanaji Orfanos         Mailing Address 3013 Lakeshore Drive         City	State Zip Code	Date of Receipt							
Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) v	TX     78539       C     Occupation       private investor       Aggregate Year-to-Date ▼       700.00	Amount of Each Receipt this Period  100.00  contribution							
Full Name (Last, First, Middle Initial)         Dr. Athanaji Orfanos         Mailing Address 3013 Lakeshore Drive         City         Edinburg         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TX       78539         C       Occupation         private investor       Aggregate Year-to-Date ▼         800.00       7	Date of Receipt          Main       18       2011         Transaction ID : SA11AI.15689         Amount of Each Receipt this Period         100.00         contribution							
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SCHEDULE A	(FEC Form 3X)
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TTEMIZED RECEIPTS			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12	17				
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SCHEDULE A	(FEC	Form	3X)
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or	for commercial purposes, other than using the	e name and a	ddress of any political committee	e to soli	icit coi	ntributi	ions	from suc	h com	mitte	е.
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SCHEDULE A	(FEC Form 3X)
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City       State       Zip Code         mcallen       TX       78504         FEC ID number of contributing federal political committee.       C       250.00         Name of Employer selfemployed       Occupation physician       250.00         Receipt For:       Other (specify) ▼       Occupation         City       Aggregate Year-to-Date ▼       Oate of Receipt         City       State       Zip Code         Mailing Address 600 Tulip       TX       78504         City       State       Zip Code         mcallen       TX       78504         FEC ID number of contributing federal political committee.       Date of Receipt         Mailing Address 600 Tulip       TX       78504         City       State       Zip Code         mcallen       TX       78504         FEC ID number of contributing federal political committee.       C         Name of Employed       Physician         Receipt For:       Aggregate Year-to-Date ▼         Primary       General       Occupation         Primary       General       Occupation         Physician       Aggregate Year-to-Date ▼       Contribution         Primary       General       2000.00       Contrib	в.					Date of	Receip	ot					
City       State       Zip Code         mcallen       TX       78504         FEC ID number of contributing federal political committee.       C         Name of Employer selfemployed       Occupation physician       C         Receipt For: Primary       General Other (specify) ▼       Occupation         Full Name (Last, First, Middle Initial)       C       Date of Receipt         City       TX       78504         Mailing Address 600 Tulip       TX       78504         City       TX       78504         FEC ID number of contributing federal political committee.       Date of Receipt         Mailing Address 600 Tulip       TX       78504         City       State       Zip Code         mcallen       TX       78504         FEC ID number of contributing federal political committee.       C         Name of Employed       physician         Receipt For: Primary       General       Occupation physician         Receipt For: Primary       Aggregate Year-to-Date ▼       250.00         Primary       General       Occupation physician       2000.00		Mailing Address 600 Tulip					/ D		/ Y			Y	
FEC ID number of contributing federal political committee.       C       250.00         Name of Employer selfemployed       Occupation physician       250.00         Receipt For: Primary       General Other (specify) ▼       Aggregate Year-to-Date ▼       C         FUI Name (Last, First, Middle Initial)       C       Aggregate Year-to-Date ▼       Date of Receipt         City mcallen       Tx       78504       Transaction ID : SA11AL15691       Amount of Each Receipt His Period         FEC ID number of contributing federal political committee.       C       250.00       Contribution         Name of Employed Precipt For: Primary       Occupation Physician       Aggregate Year-to-Date ▼       Date of Receipt His Period         City mcallen       Tx       78504       Transaction ID : SA11AL15691       Amount of Each Receipt His Period         FEC ID number of contributing federal political committee.       Occupation Physician       Aggregate Year-to-Date ▼       250.00         Name of Employed Primary       General Other (specify) ▼       Aggregate Year-to-Date ▼       2000.00       Contribution		City	State	Zip Code		Trans	action	ID : 5	SA11AI.				
federal political committee.       C       250.00         Name of Employer selfemployed       Occupation physician       contribution         Receipt For: Other (specify) ▼       Aggregate Year-to-Date ▼       contribution         C. Armando Osio       Date of Receipt         Mailing Address 600 Tulip       TX 78504       Date of Receipt         City mcallen       TX 78504       Tansaction ID : SA11AL15691         FEC ID number of contributing federal political committee.       Occupation physician       Aggregate Year-to-Date ▼         Name of Employed Beceipt For: Other (specify) ▼       Aggregate Year-to-Date ▼       contribution         Aggregate Year-to-Date ▼       250.00       contribution		mcallen	ТХ	78504		Amount	of Ead	ch Re	eceipt th	nis P	eriod		
Selfemployed       physician         Receipt For:       Aggregate Year-to-Date ▼         Other (specify) ▼       IT750.00         Full Name (Last, First, Middle Initial)       Date of Receipt         City       State       Zip Code         mcallen       TX       78504         FEC ID number of contributing       C       Aggregate Year-to-Date ▼         Mame of Employed       Physician       Amount of Each Receipt this Period         Receipt For:       Occupation       250.00         Name of Employed       Physician       Aggregate Year-to-Date ▼         Primary       General       Occupation         Primary       General       Aggregate Year-to-Date ▼         Other (specify) ▼       Aggregate Year-to-Date ▼       2000.00			С				,		,	_	250.0	00	1
Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       Aggregate Year-to-Date ▼         Full Name (Last, First, Middle Initial)       Date of Receipt         C. Armando Osio       Mailing Address 600 Tulip         City       State       Zip Code         mcallen       TX       78504         FEC ID number of contributing federal political committee.       C         Name of Employer       Occupation         selfemployed       physician         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       Aggregate Year-to-Date ▼		Name of Employer	Occupation			contribut	ion						
Primary       General         Other (specify) ▼       1750.00         Full Name (Last, First, Middle Initial)       Date of Receipt         C. Armando Osio       Date of Receipt         Mailing Address 600 Tulip       08         City       State       Zip Code         mcallen       TX       78504         FEC ID number of contributing federal political committee.       C         Name of Employer       Occupation physician         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       2000.00		selfemployed	physician										
Other (specify)       Image: specify in the specific term in		Receipt For:	Aggregate	Year-to-Date ▼									
C. Armando Osio       Date of Receipt         Mailing Address 600 Tulip       Image: City state Zip Code TX 78504         City mcallen       TX 78504         FEC ID number of contributing federal political committee.       City Occupation physician         Name of Employer selfemployed       Occupation physician         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       2000.00				, 1750.00									
Mailing Address 600 Tulip       Mailing Address 600 Tulip         City       State       Zip Code         mcallen       TX       78504         FEC ID number of contributing       C       Amount of Each Receipt this Period         Image: Contributing federal political committee.       C       250.00         Name of Employer       Occupation       250.00         selfemployed       physician       Aggregate Year-to-Date ▼         Primary       General       2000.00	<u> </u>					Date of	Receir	ot					
City       State       Zip Code       Transaction ID : SA11AI.15691         mcallen       TX       78504       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       250.00         Name of Employer       Occupation       250.00         selfemployed       physician       Aggregate Year-to-Date ▼       C         Primary       General       2000.00       C       C						M M		D	/ Y			Y	
mcallen       TX       78504       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       250.00         Name of Employer       Occupation       physician         selfemployed       physician       Aggregate Year-to-Date ▼         Primary       General       2000.00		City	State	Zip Code			action		SA11AI				
federal political committee.     250.00       Name of Employer     Occupation       selfemployed     physician       Receipt For:     Aggregate Year-to-Date ▼       Primary     General       Other (specify) ▼     2000.00		mcallen	TX	78504		Amount	of Ead	ch Re	eceipt th	nis P	eriod		
Name of Employer     Occupation       selfemployed     physician       Receipt For:     Aggregate Year-to-Date ▼       Primary     General       Other (specify) ▼     2000.00		0	С				7		,		250.	00	]
selfemployed     physician       Receipt For:     Aggregate Year-to-Date ▼       Primary     General       Other (specify)     2000.00		Name of Employer	Occupation		-	contribu	tion						
Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       2000.00													
Primary General Other (specify) ▼ 2000.00				Year-to-Date ▼	$\neg$								
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SUBTOTAL of Receipts This Page (optional)		Other (specify)		2000.00									
SUBTOTAL of Receipts This Page (optional)	_												_
	s	UBTOTAL of Receipts This Page (optional)		••••••	•		- 7				600.0	00	1

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

FEC Schedule A (Form 3X) Rev. 02/2003

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC		
Full Name (Last, First, Middle Initial)         Armando Osio         Mailing Address 600 Tulip         City         City         mcallen         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 2250.00	Date of Receipt
Full Name (Last, First, Middle Initial)         B. Armando Osio         Mailing Address 600 Tulip         City         mcallen         FEC ID number of contributing federal political committee.         Name of Employer selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 2500.00	Date of Receipt
Full Name (Last, First, Middle Initial)         C.       Armando Osio         Mailing Address 600 Tulip         City         mcallen         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify)	State TX C Occupation physician Aggregate	Zip Code 78504 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).....

FEC Schedule A (Form 3X) Rev. 02/2003

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

Use separate schedule(s) for each category of the

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 1 13 14 15	12 16 17
Any information copied from such Reports a or for commercial purposes, other than usir			erson for the purpose of soliciting con	tributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC			
Full Name (Last, First, Middle Initial)         A.         Armando Osio         Mailing Address 600 Tulip         City         City         mcallen         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify)	State TX C Occupation physician Aggregate V	Zip Code 78504 Year-to-Date ▼ 3000.00	Date of Receipt	3
Full Name (Last, First, Middle Initial)         B.       Carmen Osorio-Castillo         Mailing Address 1601 Sebastian Drive         City         Mission         FEC ID number of contributing federal political committee.         Name of Employer self-employee         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation private inves Aggregate	Zip Code 78572 tor Year-to-Date ▼ 350.00	Date of Receipt	7
Full Name (Last, First, Middle Initial)         C.       Carmen Osorio-Castillo         Mailing Address 1601 Sebastian Drive         City         Mission         FEC ID number of contributing federal political committee.         Name of Employer         self-employee         Receipt For:         Primary       General         Other (specify)	State TX C Occupation private inves Aggregate	Zip Code 78572 stor r/ear-to-Date ▼ 400.00	Date of Receipt	2
SUBTOTAL of Receipts This Page (option	al)			350.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b 14	11c		2 16	17								
	ny information copied from such Reports and for commercial purposes, other than using t																		
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC																	
Α.	Full Name (Last, First, Middle Initial) Carmen Osorio-Castillo Mailing Address 1601 Sebastian Drive				Date c		eceipt	D / Y	Ý	Y	Y								
	City Mission	State TX	Zip Code 78572					: <b>SA11AI</b> Receipt tl		2									
	FEC ID number of contributing federal political committee.	С			ontribu	ution	7			50.0	00								
	Name of Employer self-employee Receipt For:	Occupation private inve		C	ontribu	Ition													
	Primary General Other (specify) ▼		450.00																
в.	Full Name (Last, First, Middle Initial) Carmen Osorio-Castillo Mailing Address 1601 Sebastian Drive				Date c														
	City	State	Zip Code		10 Trans		14 ion ID :		201 <sup>-</sup> . <b>16130</b>	1	Ŷ								
	Mission	ТХ	78572					Receipt tl											
	FEC ID number of contributing federal political committee.	С					<b>y</b>			50.0	00								
	Name of Employer self-employee	Occupation private inve			ontribu	tion													
	Receipt For: Primary General Other (specify) ▼	ary General General																	
<u>с</u> .	Full Name (Last, First, Middle Initial) Carmen Osorio-Castillo				Date c	of Re	eceipt												
	Mailing Address 1601 Sebastian Drive				M N	/	D 10		201	Y 1	Y								
	City Mission	State TX	Zip Code 78572					<b>: SA11AI</b> Receipt tl											
	FEC ID number of contributing federal political committee.	U IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII									50.00								
	Name of Employer self-employee	Occupation private inve			ontribt														
	Receipt For: Primary General Other (specify) ▼	·	Year-to-Date ▼ 550.00	]															
Ģ	<b>UBTOTAL</b> of Receipts This Page (optional).									150.0	00								

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

SCHEDULE A	(FEC	Form 3X)
ITEMIZED REC	EIPTS	6

FOR LINE NUMBER:

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	X	-	11b		12				
Any information copied from such Reports an or for commercial purposes, other than using											
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA											
Full Name (Last, First, Middle Initial)         A.         Carmen Osorio-Castillo         Mailing Address         1601 Sebastian Drive				Date o M M	f Receip		2011	Y			
City Mission	State TX	Zip Code 78572	A			I <b>D : SA11A</b> h Receipt	1.16584	1			
FEC ID number of contributing federal political committee.	С						50	0.00			
Name of Employer self-employee Receipt For: Primary General Other (specify)	Occupation private inve Aggregate			ontribu	lion						
Full Name (Last, First, Middle Initial) B. Fernando Otero				Date o	f Receip	ot					
Mailing Address 121 E. Quamasia #148 City	State	Zip Code	_ [	м м 07 Trans		15 D : SA11A	2011	Y			
mcallen FEC ID number of contributing federal political committee.	тх С	78501				h Receipt	this Period	l ).00			
Name of Employer selfemployed	Occupation physician		co	ontribut	tion						
Receipt For: Primary General Other (specify) <del>V</del>	Aggregate	Year-to-Date ▼ 1750.00	]								
Full Name (Last, First, Middle Initial) C. Fernando Otero				Date o	f Receip	ot					
Mailing Address 121 E. Quamasia #148 City	State	Zip Code	_ [	м – м 08 <b>Trans</b>	J L	18 ID : SA11A	2011 2011	Ŷ			
mcallen FEC ID number of contributing federal political committee.	С	78501	A	Amount of Each Receipt this Period							
Name of Employer selfemployed Receipt For: ☐ Primary _ General Other (specify) ▼	Occupation physician	Year-to-Date ▼ 2000.00	co	ontribu	ition						
SUBTOTAL of Receipts This Page (optional	l)						550	0.00			

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

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS		

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$							
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC									
Full Name (Last, First, Middle Initial) A. Fernando Otero Mailing Address 121 E. Quamasia #148 City mcallen FEC ID number of contributing	State TX	Zip Code 78501	Date of Receipt 09 09 2011 Transaction ID : SA11AI.15913 Amount of Each Receipt this Period							
federal political committee.          Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	C Occupation physician Aggregate	Year-to-Date ▼ 2250.00	250.00							
Full Name (Last, First, Middle Initial) B. Fernando Otero Mailing Address 121 E. Quamasia #148 City mcallen FEC ID number of contributing federal political committee. Name of Employer	State TX C	Zip Code 78501	Date of Receipt							
selfemployed Receipt For: □ Primary □ General Other (specify) ▼	physician	Year-to-Date ▼ 2500.00	]							
C. Full Name (Last, First, Middle Initial) Fernando Otero Mailing Address 121 E. Quamasia #148 City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78501 Year-to-Date ▼ 2750.00	Date of Receipt							
SUBTOTAL of Receipts This Page (optiona	l)		750.00							

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TTEMIZED RECEIPTS	INIZED RECEIPTS for each category o Detailed Summary I			11a 13	11b	11c	12	17		
	I ny information copied from such Reports and Statements may not b r for commercial purposes, other than using the name and address					of soliciting	g contribu	utions		
	RAL PAC									
Full Name (Last, First, Middle Initial)         Fernando Otero         Mailing Address 121 E. Quamasia         #148         City         mcallen         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78501 Year-to-Date ▼ 3000.00	Date of Receipt							
Full Name (Last, First, Middle Initial)         Kip Owen         Mailing Address 2305 Red River         City         mcallen         FEC ID number of contributing federal political committee.         Name of Employer selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date ▼ 525.00		M M 07 Trans	a <b>ction ID</b> t of Each	5 2 : SA11AI. Receipt th	nis Period	ý 5.00		
Full Name (Last, First, Middle Initial)         Kip Owen         Mailing Address 2305 Red River         City         mcallen         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date ▼ 600.00	/	08 Trans	saction IE t of Each	B / Y B : SA11AI Receipt th	nis Period	5.00		
SUBTOTAL of Receipts This Page (optic	nal)						400	0.00		

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

SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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		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 or for commercial purposes, other than using		erson for the purpose of soliciting contributions to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAI	_ PAC		
Full Name (Last, First, Middle Initial)         A.         Kip Owen         Mailing Address 2305 Red River         City         mcallen         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify)	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date ▼ 675.00	Date of Receipt
Full Name (Last, First, Middle Initial)         B.       Kip Owen         Mailing Address 2305 Red River         City         mcallen         FEC ID number of contributing federal political committee.         Name of Employer selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date ▼ 750.00	Date of Receipt 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         mcallen         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date ▼ 825.00	Date of Receipt 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 REC	EIPTS

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

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			Detailed Summary		×	-		11b	11c		12	<b></b>					
An or	y information copied from such Reports and Sta for commercial purposes, other than using the	n such Reports and Statements may not be sold or used by any person s, other than using the name and address of any political committee to so						13     14     15     16     17       erson for the purpose of soliciting contributions to solicit contributions from such committee.									
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P																
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       C         Name of Employer       Occupation         selfemployed       physician         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       900.00						Date of Receipt											
	Full Name (Last, First, Middle Initial)         Mr. Esteban Palacios Jr.         Mailing Address P.O. Box 3669         City         Edinburg         FEC ID number of contributing federal political committee.         Name of Employer selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX Occupation private inves Aggregate	Zip Code 78540 stor Year-to-Date ▼	350.00			acti t of	15 ion ID :		20 . <b>154</b> 8		Y 00					
	Full Name (Last, First, Middle Initial)         Mr. Esteban Palacios Jr.         Mailing Address P.O. Box 3669         City         Edinburg         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation private inve Aggregate	Zip Code 78540 stor Year-to-Date ▼	400.00			sact	18 ion ID : Each F		20 . <b>156</b>							
s	UBTOTAL of Receipts This Page (optional)			•••••				<b>7</b>		-	175.(	00					

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS	The for each category Detailed Summary		×	11a 13	11b	11c	12	17	
	nformation copied from such Reports and Statements may not be s commercial purposes, other than using the name and address of a				ourpose o	f soliciting	contribu	itions	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC								
Full Name (Last, First, Middle Initial)         Mr. Esteban Palacios Jr.         Mailing Address P.O. Box 3669         City         Edinburg         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation private inves Aggregate	Zip Code 78540 stor Year-to-Date ▼ 450.00	Date of Receipt						
Full Name (Last, First, Middle Initial)         B. Mr. Esteban Palacios Jr.         Mailing Address P.O. Box 3669         City         Edinburg         FEC ID number of contributing federal political committee.         Name of Employer selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation private inves Aggregate	Zip Code 78540 stor Year-to-Date ▼ 500.00		10 Transa	of Each		is Period		
Full Name (Last, First, Middle Initial)         Mr. Esteban Palacios Jr.         Mailing Address P.O. Box 3669         City         Edinburg         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation private inves Aggregate	Zip Code 78540 stor Year-to-Date ▼ 550.00	[	11 Transa	of Each		is Period		
SUBTOTAL of Receipts This Page (option	nal)		•			- 7	150	.00	

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each catego Detailed Summa			11a 13		11b 14	11c	12	17
Any information copied from such Reports and S or for commercial purposes, other than using the				or the		ose of	soliciting	g contribu	utions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC								
Full Name (Last, First, Middle Initial)         Mr. Esteban Palacios Jr.         Mailing Address P.O. Box 3669         City         Edinburg         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX     Zip Code 78540       C     Occupation       private investor       Aggregate Year-to-Date ▼	600.00	A		/ action	09 09	SA11AI. Receipt th	nis Perioc	
Full Name (Last, First, Middle Initial)         Prakash Palimar         Mailing Address 121 Canary         City         mcallen         FEC ID number of contributing federal political committee.         Name of Employer selfemployed         Receipt For:         Primary         General         Other (specify) ▼	State     Zip Code       TX     78504       C     Occupation       physician     Aggregate Year-to-Date ▼	1750.00	A		/ action t of I	15	SA11AI. Receipt th	nis Perioc	ý J D.00
Full Name (Last, First, Middle Initial)         Prakash Palimar         Mailing Address 121 Canary         City         mcallen         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary         General         Other (specify) ▼	State TX     Zip Code 78504       C     Occupation       physician       Aggregate Year-to-Date ▼	2000.00	A		/ <b>saction</b>	18 0n ID :		iis Perioc	
SUBTOTAL of Receipts This Page (optional)						,		550	.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIP	15	for each category of the Detailed Summary Page	X 11a 11b 13 14	11c 12 15 16 17				
	such Reports and Statements ma other than using the name and a		erson for the purpose of	of soliciting contributions				
NAME OF COMMITTEE								
A. Prakash Palimar Mailing Address 121 Can				M = M / D = D / Y = Y = Y				
City mcallen	State TX	Zip Code 78504		Receipt this Period				
FEC ID number of contril federal political committee				250.00				
Name of Employer selfemployed	Occupation physician		contribution					
Receipt For: Primary G Other (specify) ▼	eneral Aggregate	Year-to-Date ▼ 2250.00	1					
Full Name (Last, First, M <b>B.</b> Prakash Palimar	iddle Initial)		Date of Receipt					
Mailing Address 121 Can				4 2011				
City	State TX	Zip Code		: SA11AI.16134				
mcallen FEC ID number of contril		78504	Amount of Each	Receipt this Period				
federal political committee				250.00				
Name of Employer selfemployed	Occupation physician							
Receipt For: Primary G Other (specify) ▼		Year-to-Date ▼ 2500.00	1					
Full Name (Last, First, M C. Prakash Palimar	iddle Initial)		Date of Receipt					
Mailing Address 121 Can	ary	M M / D	0 2011					
City mcallen	State TX	Zip Code 78504		<b>SA11AI.16355</b> Receipt this Period				
FEC ID number of contril federal political committee	Ű,		contribution	250.00				
Name of Employer	Occupation							
selfemployed	physician							
	eneral Aggregate	Year-to-Date ▼	1					
Other (specify)		2750.00	1					
SUBTOTAL of Receipts Th	is Page (optional)			750.00				

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

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS		

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$					
	ts and Statements may not be sold or used by any using the name and address of any political committ	person for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDE							
A. Prakash Palimar Mailing Address 121 Canary		Date of Receipt					
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.16588 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer selfemployed	Occupation physician	contribution					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	]					
Full Name (Last, First, Middle Initial) <b>B. Dr. Jerry Pallares</b>		Date of Receipt					
Mailing Address 24399 Dillworth Road		07 15 2011					
City	State Zip Code	Transaction ID : SA11AI.15482					
Harlingen	TX 78552	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	300.00					
Name of Employer selfemployed	Occupation physician	contribution					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00	]					
Full Name (Last, First, Middle Initial) C. Dr. Jerry Pallares		Date of Receipt					
Mailing Address 24399 Dillworth Road		08 18 _2011 _					
City Harlingen	StateZip CodeTX78552	Transaction ID : SA11AI.15697 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	300.00					
Name of Employer	Occupation						
selfemployed	physician						
Receipt For:	Aggregate Year-to-Date ▼						
Other (specify)	2400.00						
SUBTOTAL of Receipts This Page (opt	onal)	▶ 850.00					

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

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

FOR LINE NUMBER:

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a	111		1c 12 5 16	17
Any information copied from such Reports a or for commercial purposes, other than using				for the	purpose	e of soli	citing contrib	outions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC							
Full Name (Last, First, Middle Initial)         Dr. Jerry Pallares         Mailing Address 24399 Dillworth Road         City         Harlingen         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78552 Year-to-Date ▼ 2700.00		09 Trans	saction t of Ead	09 ID : SA1	2011 11AI.15917 ipt this Peric 30	
B. Full Name (Last, First, Middle Initial) B. Dr. Jerry Pallares Mailing Address 24399 Dillworth Road City Harlingen FEC ID number of contributing federal political committee. Name of Employer	State TX C	Zip Code 78552	Date of Receipt					
selfemployed Receipt For: Primary General Other (specify) v	physician           Aggregate	Year-to-Date ▼ 3000.00	]					
Full Name (Last, First, Middle Initial)         Dr. Jerry Pallares         Mailing Address 24399 Dillworth Road         City         Harlingen         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78552 Year-to-Date ▼ 3250.00		11 Trans	saction t of Ead	10 ID : SA1		
SUBTOTAL of Receipts This Page (optiona	l)				1.0		85	50.00

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

SCHEDULE A	(FEC	Form 3X)
ITEMIZED REC	EIPTS	6

FOR LINE NUMBER:

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TIEMIZED RECEIPTS			for each category of the Detailed Summary Page		11a		11b 14	11c	12			
	ny information copied from such Reports an for commercial purposes, other than using				for the	purp	ose o					
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA											
A. Full Name (Last, First, Middle Initial) Mailing Address 24399 Dillworth Road					Date o		ceipt		2011	Y		
	City Harlingen	State TX	•			Transaction ID : SA11AI.16589           Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С	С				250.00					
	Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate	Year-to-Date ▼ 3500.00	c	ontribu	Ition						
в.	Full Name (Last, First, Middle Initial) Dr. Guillermo Pechero			_	Date o	of Red	ceipt					
	Mailing Address 2312 La Condesa	Ctoto	Zin Code		м м 07	/	D 15	;	2011	Y		
	City Edinburg	State TX	Zip Code 78539	-	Transaction ID : SA11AI.15483				4			
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Po				400.00				
	Name of Employer self-employed	Occupation physician		c	- contribution							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2800.00	]								
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Guillermo Pechero				Date o	of Red	ceipt					
	Mailing Address 2312 La Condesa				м м 08	/	D 18		ү ү 2011	Y		
	City Edinburg	State TX	Zip Code 78539						ł			
	FEC ID number of contributing federal political committee.	С							40	0.00		
	Name of Employer	Occupation	I	(	contribu	ution						
	self-employed	physician										
	Receipt For:         Primary       General         Other (specify)	Aggregate	Year-to-Date ▼ 3200.00	]								
s	UBTOTAL of Receipts This Page (optional)			•			, ,	7	1050	).00		

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		itegory of the immary Page	X         11a         11b         11c         12           13         14         15         16         17							
			erson for the purpose of soliciting contributions to solicit contributions from such committee.							
	L PAC	·								
Full Name (Last, First, Middle Initial)           Dr. Guillermo Pechero           Mailing Address 2312 La Condesa			Date of Receipt							
City Edinburg	StateZip CodeTX78539		Transaction ID : SA11AI.15918           Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		400.00							
Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date	3600.00	contribution							
B. Dr. Guillermo Pechero Mailing Address 2312 La Condesa			Date of Receipt							
City	State Zip Code		10 14 2011 Transaction ID : SA11AI.16136							
Edinburg FEC ID number of contributing federal political committee.	TX 78539		Amount of Each Receipt this Period 400.00							
Name of Employer self-employed	Occupation physician		contribution							
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date	4000.00								
Full Name (Last, First, Middle Initial) C. Dr. Guillermo Pechero			Date of Receipt							
Mailing Address 2312 La Condesa	M M / D D / Y Y Y Y 11 10 2011									
City Edinburg	StateZip CodeTX78539		Transaction ID : SA11AI.16357           Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C									
Name of Employer self-employed Receipt For: Primary General Other (specify) v	Occupation physician Aggregate Year-to-Date	4400.00	contribution							
SUBTOTAL of Receipts This Page (optional	)		1200.00							

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

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the Detailed Sur V Dogo

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS	Detailed Summary F	Page X 11a 11b 11c 12
Any information copied from such Reports an	d Statements may not be sold or used	d by any person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA		I committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)         Dr. Guillermo Pechero         Mailing Address 2312 La Condesa         City         Edinburg         FEC ID number of contributing federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify)	State       Zip Code         TX       78539         C       Occupation         Occupation       Aggregate Year-to-Date ▼         Aggregate Year-to-Date ▼       480	Date of Receipt         12       09         12       09         2011         Transaction ID : SA11AI.16590         Amount of Each Receipt this Period         400.00         contribution
Full Name (Last, First, Middle Initial)         Eduardo Peguero         Mailing Address P.O.Box 5959         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer         Self-employed         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       TX     78502       C       Occupation       physcian       Aggregate Year-to-Date ▼       105	Date of Receipt Transaction ID : SA11AI.15484 Amount of Each Receipt this Period 150.00 050.00
Full Name (Last, First, Middle Initial)         Eduardo Peguero         Mailing Address P.O.Box 5959         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer         Self-employed         Receipt For:         Primary       General         Other (specify)	State     Zip Code       TX     78502       C       Occupation       physcian       Aggregate Year-to-Date ▼       12	Date of Receipt  Date of Receipt  N 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 REC	EIPTS	;	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a		11b 14	11c 15	12	17
Any information copied from such Reports or for commercial purposes, other than us						f soliciting	g contrib	utions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDEF	RAL PAC							
Full Name (Last, First, Middle Initial)         Eduardo Peguero         Mailing Address P.O.Box 5959         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer         Self-employed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physcian Aggregate	Zip Code 78502 Year-to-Date ▼ 1350.00		saction nt of E	09 on ID :		nis Perio	_
Full Name (Last, First, Middle Initial)         B. Eduardo Peguero         Mailing Address P.O.Box 5959         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer         Self-employed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physcian Aggregate	Zip Code 78502 Year-to-Date ▼ 1500.00		sactic	14		nis Perio	
Full Name (Last, First, Middle Initial)         C.       Eduardo Peguero         Mailing Address       P.O.Box 5959         City       McAllen         FEC ID number of contributing federal political committee.         Name of Employer         Self-employed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physcian Aggregate	Zip Code 78502 Year-to-Date ▼ 1650.00		saction nt of E	10 on ID :		nis Perioo 15	_
SUBTOTAL of Receipts This Page (optic	nal)	<u>, , , , , , , , , , , , , , , , , , , </u>			7	7	450	).00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13	11b	11c	12	17
Any information copied from such Reports a or for commercial purposes, other than usir			erson fo	r the	purpose	of soliciting	g contribu	itions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC							
Full Name (Last, First, Middle Initial)         A.       Eduardo Peguero         Mailing Address P.O.Box 5959         City         McAllen         FEC ID number of contributing federal political committee.	State TX	Zip Code 78502		12 Trans	action ID	): SA11AI. Receipt th	nis Period	
Name of Employer Self-employed Receipt For: Primary General Other (specify)	Occupation physcian Aggregate	Year-to-Date ▼ 1800.00		ntribut	tion			
Full Name (Last, First, Middle Initial)         Dr. Alberto Pena         Mailing Address 3716 Tigris				м м 07	1	D / Y 5	y y 2011	Y
City Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: □ Primary □ General Other (specify) ▼	State TX C Occupation doctor Aggregate	Zip Code 78539 Year-to-Date ▼ 350.00			t of Each	: SA11AI. Receipt th	nis Period	0.00
Full Name (Last, First, Middle Initial)         C.       Dr. Alberto Pena         Mailing Address 3716 Tigris         City         Edinburg         FEC ID number of contributing federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify)	State TX C Occupation doctor Aggregate	Zip Code 78539 Year-to-Date ▼ 400.00	Ar	08 Trans	action IE t of Each	B / Y B : SA11AI Receipt th	nis Period	
SUBTOTAL of Receipts This Page (option	al)				3		250	.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

(check only one)

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ITEMIZED RECEIPTS	Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports	and Statements may not be sold or used by any pe ng the name and address of any political committee	prson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER		
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 3716 Tigris		09 09 2011
City	State Zip Code	Transaction ID : SA11AI.15920
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
self-employed	doctor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify)	450.00	
Full Name (Last, First, Middle Initial) B. Dr. Alberto Pena		Date of Receipt
Mailing Address 3716 Tigris		
Maining Address 3710 Tights		10 14 _2011 _
City	State Zip Code	Transaction ID : SA11AI.16138
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	- contribution
self-employed	doctor	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General		
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) C. Dr. Alberto Pena		Date of Receipt
Mailing Address 3716 Tigris		11 10 2011
City	State Zip Code	Transaction ID : SA11AI.16360
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	
Name of Employer	Occupation	
self-employed	doctor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	550.00	
Other (specify)	550.00	
SUBTOTAL of Receipts This Page (option	nal) 🕨	150.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		< 11a		11b	11c	12			
Ar	y information copied from such Reports and	Statements ma		erson	13 for the	011	14 rpose o	15 If soliciting	16 a contrib		17 Dns	
	for commercial purposes, other than using th											
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC										
<b>A</b> .	Full Name (Last, First, Middle Initial)         Dr. Alberto Pena         Mailing Address 3716 Tigris         City         Edinburg         FEC ID number of contributing federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation doctor Aggregate	Zip Code 78539 Year-to-Date ▼ 600.00	_		sac it of	tion ID f Each I		nis Perio	-	ý 00	
в.	Full Name (Last, First, Middle Initial) Jose Pena Mailing Address 100 Bluebird				Date o		/ D		YYY		Y	
	City	State	_	07 15011 Transaction ID : SA11AI.15486								
	mcallen	ТΧ	Zip Code 78504					Receipt th		bc		
	FEC ID number of contributing federal political committee.	С			400.00							
	Name of Employer selfemployed	Occupation physician		— c	ontribu	tion						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2800.00									
— C.	Full Name (Last, First, Middle Initial) Jose Pena				Date o	of R	eceipt					
	Mailing Address 100 Bluebird				08 18 2011							
	City mcallen	State TX	Zip Code 78504					<b>: SA11AI</b> Receipt th		bc	_	
	FEC ID number of contributing federal political committee.	С					9		4	00.0	00	
	Name of Employer	Occupation			contribu	ltior	า					
	selfemployed	physician										
	Receipt For: Primary General Other (appeift)	Aggregate	Year-to-Date ▼ 3200.00	1								
	Other (specify)		7 7 7		_	_				_		
s	UBTOTAL of Receipts This Page (optional)			•	L.		7			50.0	0	

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b 14	11c	12			
	ny information copied from such Reports a for commercial purposes, other than using				or the		oose of					
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	-										
Α.	Full Name (Last, First, Middle Initial) Jose Pena Mailing Address 100 Bluebird				Date o		ceipt		_ 2011	Y		
	City	State	Zip Code			sacti		SA11AI				
	mcallen	ТХ	78504		Amoun	nt of	Each F	Receipt th	nis Perio	d		
	FEC ID number of contributing federal political committee.	С			4 - <sup>2</sup> h - 1		3		4(	00.00		
	Name of Employer	Occupation			ontribu	ition						
	selfemployed	physician										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3600.00									
			gg	11.1								
в.	Full Name (Last, First, Middle Initial) Jose Pena				Date o	of Re	ceipt					
	Mailing Address 100 Bluebird					10 D D / Y Y Y Y 10 14 2011						
	City	State	Zip Code	Transaction ID : SA11AI.16139								
	mcallen	ТХ	78504	/	Amoun	nt of	Each F	Receipt th	nis Perio	d		
	FEC ID number of contributing federal political committee.	C		400						00.00		
	Name of Employer	Occupation		cc	ontribu	tion						
	selfemployed	physician										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4000.00	]								
С.	Full Name (Last, First, Middle Initial) Jose Pena	I			Date o	of Re	ceipt					
	Mailing Address 100 Bluebird				<sup>M</sup> ■ <sup>M</sup>	/	D 10		2011	Y		
	City	State	Zip Code		Tran	sacti	ion ID :	: SA11AI	.16361			
	FEC ID number of contributing federal political committee.	D number of contributing					Each F	Receipt th		od 00.00		
				C	ontribu	ution	,		-			
	Name of Employer	Occupation										
	selfemployed	physician										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4400.00	1								
s	<b>SUBTOTAL</b> of Receipts This Page (optional	I)	* • • • • • • •						120	0.00		

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

FEC Schedule A (Form 3X) Rev. 02/2003

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TEMIZED RECEIPTS	tor each category of the Detailed Summary Page	
	l eports and Statements may not be sold or used by a nan using the name and address of any political com	any person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FE		
Full Name (Last, First, Middle In         Jose Pena         Mailing Address 100 Bluebird         City         mcallen         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General	State     Zip Code       TX     78504       C       Occupation       physician       Aggregate Year-to-Date ▼	Date of Receipt  Date of Receipt  12 09 2011 Transaction ID : SA11AI.16593 Amount of Each Receipt this Period  400.00 contribution
Other (specify) ▼         Full Name (Last, First, Middle In         B. Juan Pena		Date of Receipt
Mailing Address 905 S. Huisache	Court State Zip Code	07 15 2011 Transaction ID : SA11AI.15487
pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation private investor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.0	0
Full Name (Last, First, Middle In C. Juan Pena	tial)	Date of Receipt
Mailing Address 905 S. Huisache		08 / D D / Y Y Y Y 08 18 2011
City _pharr	StateZip CodeTX78577	Transaction ID : SA11AI.15702           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
self-employed	private investor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.0	00
SUBTOTAL of Receipts This Page	(optional)	900.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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ITEMIZED RECEIPTS		n category of the discussion o		-		11b	11c		2	<u> </u>	_
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be name and address of	sold or used by any p any political committee	erson f	13 for the licit co	purp	14 ose of utions	f soliciting	g conti	6 ributio	ons	7
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I											
Full Name (Last, First, Middle Initial)         Juan Pena         Mailing Address 905 S. Huisache Court         City         pharr         FEC ID number of contributing         federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify)	State Zip C TX 7857 C Occupation private investor Aggregate Year-to-Da	7			r sactio	09 on ID :		nis Pei	11 2	)0	]
Full Name (Last, First, Middle Initial)         B. Juan Pena         Mailing Address 905 S. Huisache Court         City         pharr         FEC ID number of contributing         federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State Zip C TX 7857 C Occupation private investor Aggregate Year-to-Da	7			/ <b>actic</b> t of E	14 on ID :		nis Pei	1	Y 00	]
Full Name (Last, First, Middle Initial)         Juan Pena         Mailing Address 905 S. Huisache Court         City         pharr         FEC ID number of contributing         federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify)	State Zip C TX 7857 C Occupation private investor Aggregate Year-to-Da	7			/ saction t of E	10 0n ID :		nis Pei	1 2	_	]
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SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	Detailed Summary Page				11b 14	11c	12 16	17
DERAL PAC								
Court	Zip Code	M	12	/	09	)	2011	Y
ТХ	78577						his Period	1 0.00
private inve	stor	con	tribu	ition				
		Da	te o	of Red		ע / ס	Y Y	Ŷ
State TX C Occupation	Zip Code 78504	Am	rans ioun	nt of I	on ID :	SA11AI	his Perioo	1 0.00
	Year-to-Date ▼ 1050.00	]						
nia	Zin Code	M	08	/	18	3	2011	Y
TX C Occupation physician	78504	Am	ioun	it of I			his Period	0.00
	an using the name and a DERAL PAC tial) Court Court Court Cocupation private inve Aggregate Lial) nia State TX C C C C C C C C C C C C C C C C C C	Detailed Summary Page         eports and Statements may not be sold or used by any plan using the name and address of any political committee         DERAL PAC         tial)         Court         C         Occupation         private investor         Aggregate Year-to-Date ▼         Occupation         physician         Aggregate Year-to-Date ▼	Detailed Summary Page       X 1         eports and Statements may not be sold or used by any person for         DERAL PAC         tial)       Date         Court       Date         State       Zip Code         TX       78577         Arr       Court         Occupation       or         private investor       Aggregate Year-to-Date ▼         Occupation       TX         TX       78504         Aggregate Year-to-Date ▼       Cont         Occupation       Cont         Ital)       Date         Aggregate Year-to-Date ▼       Cont         Ital)       Date         Ital)       Date         Aggregate Year-to-Date ▼       Cont         Occupation       Cont         Ital)       Date         Ital)       Date         Ital)       Date         Ital)       Date         Ital)       Date         Ital)       Date         Ital)       Ital         Ital)       Ital         Ital)       Ital         Ital)       Ital         Ital)       Ital         Ital)	Detailed Summary Page       11a 13         eports and Statements may not be sold or used by any person for the name using the name and address of any political committee to solicit cc         DERAL PAC         tial)       Date of 12 Trans         Court       12 Trans         State       Zip Code TX       78577         Occupation private investor       Aggregate Year-to-Date ▼       07 Trans         Aggregate Year-to-Date ▼       07 Trans         State       Zip Code TX       78504         Monur       Occupation private investor       07 Trans         Aggregate Year-to-Date ▼       07 Trans         Ital)       Date of 07 Trans       07 Trans         Ital)       Date of 07 Trans       07 Trans         Manur       07 Trans       07 Trans         Ital)       Date of 07 Trans       07 Trans         Ital)       Date of 00 Cocupation physician       07 Trans         Aggregate Year-to-Date ▼       08 Trans       08 Trans         TX       78504       78 Amour         Occupation physician       08 Trans       08 Trans         Aggregate Year-to-Date ▼       08 Trans       08 Trans         Aggregate Year-to-Date ▼       08 Trans       08 Trans	eports and Statements may not be sold or used by any person for the purplian using the name and address of any political committee to solicit contrib DERAL PAC  Table of Re  Table of Re	Detailed Summary Page     X     11a     11b       aports and Statements may not be sold or used by any person for the purpose or tan using the name and address of any political committee to solicit contributions       DERAL PAC       tial)     Date of Receipt       Court     12       State     Zip Code       TX     78577       Occupation     Aggregate Year-to-Date ▼       Occupation     0       private investor     3450.00       Aggregate Year-to-Date ▼     0       Occupation     0       physician     1050.00       fial)     Date of Receipt       C     0       Occupation     1050.00       fial)     Date of Receipt       Namount of Each     10       Occupation     1050.00       fial)     Date of Receipt       Namount of Each     10       Occupation     1050.00       fial)     Date of Receipt       Namount of Each     10       Occupation     1050.00       fial     1050.00       Aggregate Year-to-Date ▼     10       Occupation     1050.00       fial     0       Aggregate Year-to-Date ▼     10       Occupation     10       physician     10	Detailed Summary Page       X 11a       11b       11c         aports and Statements may not be sold or used by any person for the purpose of solicitin transuing the name and address of any political committee to solicit contributions from successful contribution         Ital       Date of Receipt         Court       C         Occupation       Aggregate Year-to-Date ▼         Ital       C         Ital       State       Zip Code         TX       78504       Transaction ID : SA11AL         Aggregate Year-to-Date ▼       Ital       Ital         Ital       Ital       Date of Receipt         Ital       Ital       Ital       Ital         Ital       Ital       Ital       Ital         Ital       Ital       Ital       Ital       Ital         Ital       Ital       Ital       Ital       Ital       Ital         Ital       Ital       Ital       Ital       Ital       Ital       Ital         Ital       I	Detailed Summary Page     X     11a     11b     11c     12       eports and Statements may not be sold or used by any person for the purpose of solid contributions from such commit tau using the name and address of any political committee to solicit contributions from such commit     Date of Receipt       Court     Image: Court     Image: Court     Image: Court     Image: Court       Court     Image: Court     Image: Court     Image: Court     Image: Court       State     Zip Code     TX     78577       Aggregate Year-to-Date ▼     Image: Court     Image: Court       Ital)     Image: Court     Image: Court       Ital)     Image: Court     Image: Court       Occupation     Image: Court     Image: Court       Ital)     Image: Co

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

FEC Schedule A (Form 3X) Rev. 02/2003

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		_		11b	11c	12	
	ny information copied from such Reports and for commercial purposes, other than using					purp				
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL									
Α.	Full Name (Last, First, Middle Initial) Dr. Nicholas Pereira Mailing Address 7005 North Cynthia				Date o	_	ceipt 09		2011	Ŷ
	City McAllen	State TX	Zip Code 78504					<b>SA11AI.</b> Receipt th		1
	FEC ID number of contributing federal political committee.	С					,	7	150	0.00
	Name of Employer self-employee Receipt For:	Occupation physician	Year-to-Date ▼	c	contribu	Ition				
	Primary General Other (specify) ▼		1350.00	]						
в.	Full Name (Last, First, Middle Initial) Dr. Nicholas Pereira				Date o	f Red	·			
	Mailing Address 7005 North Cynthia	Otata	7.0.0.1		10	/	14		2011	Y
	City McAllen	State TX	Zip Code 78504					SA11AL		1
	FEC ID number of contributing federal political committee.	C			Amoun		Each F	Receipt th		).00
	Name of Employer self-employee	Occupation physician		c	ontribu	tion				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00	]						
с.	Full Name (Last, First, Middle Initial) Dr. Nicholas Pereira				Date o	f Red	ceipt			
	Mailing Address 7005 North Cynthia				11	/	10		ү ү 2011	Ŷ
	City McAllen	State TX	Zip Code 78504					: SA11AI. Receipt th		1
	FEC ID number of contributing federal political committee.	C					,	7	150	0.00
	Name of Employer	Occupation	1	(	contribu	ution				
	self-employee	physician								
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 1650.00	]						
5	UBTOTAL 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

FOR LINE NUMBER:

(check only one)

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	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
		y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)         Dr. Nicholas Pereira         Mailing Address 7005 North Cynthia         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer         self-employee         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TX       78504         C       Occupation         physician       Aggregate Year-to-Date ▼         1800.00       1800.00	Date of Receipt
Full Name (Last, First, Middle Initial)         B. Ernie Perez         Mailing Address P.O. Box 5360         City         mcallen         FEC ID number of contributing federal political committee.         Name of Employer self-employed         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TX       78502         C       Occupation         private investor       Aggregate Year-to-Date ▼         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
Full Name (Last, First, Middle Initial)         C.       Ernie Perez         Mailing Address P.O. Box 5360         City         mcallen         FEC ID number of contributing         federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify)	State       Zip Code         TX       78502         C       Occupation         private investor       Aggregate Year-to-Date ▼         623.00       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).....

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one) X 11a 11b 11 13 14	PAGE 3	00 OF 12 16	
Any information copied from such Reports and Statements ma or for commercial purposes, other than using the name and a	, , , , , , , , , , , , , , , , , , , ,		0		
NAME OF COMMITTEE (In Full)					

$\bigvee$	BONDEN HEALTHTEDENAEF		
Α.	Full Name (Last, First, Middle Initial) Ernie Perez		Date of Receipt
	Mailing Address P.O. Box 5360		M M / D D / Y Y Y Y 09 09 2011
	City	State Zip Code	Transaction ID : SA11AI.15764
	mcallen	TX 78502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer	Occupation	contribution
	self-employed	private investor	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify)	673.00	
В.	Full Name (Last, First, Middle Initial)		Date of Receipt
	Mailing Address P.O. Box 5360		10 14 2011
	City	State Zip Code	Transaction ID : SA11AI.15982
	mcallen	TX 78502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer self-employed	Occupation private investor	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 698.00	
	Full Name (Last, First, Middle Initial) Ernie Perez		Date of Receipt
	Mailing Address P.O. Box 5360		M M / D D / Y Y Y Y 11 10 2011
	City mcallen	StateZip CodeTX78502	Transaction ID : SA11AI.16364 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer	Occupation	Contribution
	self-employed	private investor	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify)	723.00	

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SUBTOTAL of Receipts This Page (optional)			7		7	10	0.00	0
TOTAL This Period (last page this line number only)	Γ							

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS			for each category of the Detailed Summary Page		11a 13		1b 4	11c	12 16	17
			y not be sold or used by any p ddress of any political committee							
	IMITTEE (In Full) HEALTH FEDER	AL PAC								
A. Ernie Perez	0	State TX	Zip Code 78502			actio	09 09	SA11AI. Receipt th	is Period	
Name of Emplo self-employed Receipt For: Primary Other (sp	yer General	Occupation private inver Aggregate	stor Year-to-Date ▼ 748.00	co	ntribut	tion				
B. Dr. Florence Mailing Address		<b>.</b>		D	ate of M M 07	Rece	eipt D D D 15	) / Y	y y 2011	Y
City McAllen FEC ID numbe federal political Name of Emplo selfemployed Receipt For:	committee.	State TX C Occupation private inves Aggregate	Zip Code 78503 stor Year-to-Date ▼ 659.39	Ai		of Ea		SA11AI.	iis Perioo	7.42
Full Name (Las Dr. Florence Mailing Address City McAllen FEC ID number federal political Name of Employed Receipt For:	4600 Victoria  r of contributing committee.  yer  General	State TX C Occupation private inve Aggregate	Zip Code 78503 stor Year-to-Date ▼ 844.86	A		action of Ea	18 n ID :		iis Perioo	9 5.47
SUBTOTAL of Re	eceipts This Page (option	al)				. ,			437	7.89

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

Use separate schedule(s) for each category of the

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC		
Full Name (Last, First, Middle Initial)         Dr. Florencia Perez         Mailing Address 4600 Victoria         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation private inve Aggregate		Date of Receipt 09 09 2011 Transaction ID : SA11AI.15924 Amount of Each Receipt this Period 209.96 contribution
Full Name (Last, First, Middle Initial)         Dr. Florencia Perez         Mailing Address 4600 Victoria         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation private inve Aggregate		Date of Receipt
Full Name (Last, First, Middle Initial)         C.       Dr. Florencia Perez         Mailing Address 4600 Victoria         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation private inve Aggregate		Date of Receipt
SUBTOTAL of Receipts This Page (option	nal)		538.90

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDEF	RAL PAC		
Full Name (Last, First, Middle Initial) A. Dr. Florencia Perez Mailing Address 4600 Victoria			Date of Receipt
City McAllen	State TX	Zip Code 78503	12     09     2011       Transaction ID : SA11AI.16597       Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		157.47
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation private inve Aggregate		<pre> contribution </pre>
B. Full Name (Last, First, Middle Initial) Mailing Address 6912 N. Peking			Date of Receipt
City	State	Zip Code	07 15 2011 Transaction ID : SA11AI.15491
mcallen FEC ID number of contributing federal political committee.	С	78501	Amount of Each Receipt this Period
Name of Employer selfemployed	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1602.92	]
Full Name (Last, First, Middle Initial) C. Claudia Pierson			Date of Receipt
Mailing Address 6912 N. Peking			M = M         /         D = D         /         Y = Y = Y = Y         Y         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O
City mcallen	State TX	Zip Code 78501	Transaction ID : SA11AI.15706 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		213.03
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate	Year-to-Date ▼	contribution
Primary General Other (specify) ▼		1815.95	]
SUBTOTAL of Receipts This Page (optic	nal)		620.50

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13	11b	11c	12	17
Any information copied from such Reports or for commercial purposes, other than usi				or the	purpose	of soliciting	g contribu	itions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC							
Full Name (Last, First, Middle Initial)         A.       Claudia Pierson         Mailing Address 6912 N. Peking         City         mcallen         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78501 Year-to-Date ▼ 2057.12		09 Trans	saction II t of Each		his Period	
Full Name (Last, First, Middle Initial)         B.       Claudia Pierson         Mailing Address 6912 N. Peking         City	State	Zip Code		M M 10		14 / Y	2011	Y
mcallen FEC ID number of contributing federal political committee.	С	78501			t of Each	D : SA11AI.		_
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate	Year-to-Date ▼ 2246.04	]					
C. Full Name (Last, First, Middle Initial) Claudia Pierson Mailing Address 6912 N. Peking	State	Zip Code		м м 11		D / Y 10	2011	Y
City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: □ Primary □ General Other (specify) ▼	TX C Occupation physician	78501			t of Each	D:SA11AI	his Period	3.92
SUBTOTAL of Receipts This Page (option	nal)						619	.01

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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TTEMIZED RECEIPTS			for each category of the Detailed Summary Page	X	11a 13	11b	11c	12	17
	formation copied from such Reports and commercial purposes, other than using				r the p	purpose c	of soliciting	contribu	itions
	ME OF COMMITTEE (In Full) ORDER HEALTH FEDERAI	L PAC							
<b>A.</b> <u>CI</u> Mai	Name (Last, First, Middle Initial) audia Pierson ling Address 6912 N. Peking			_	ate of <sup>M M</sup> 12	Receipt		y y 2011	Y
	allen	State TX	Zip Code 78501				: SA11AI. Receipt th		
fede	C ID number of contributing eral political committee.	С		CO	ntributi	ion		180	).88
self	ne of Employer employed ceipt For: Primary General Other (specify) <del>v</del>	Occupation physician Aggregate	Year-to-Date ▼ 2615.84	]	in iou				
<b>B</b> . <u>M</u>	Name (Last, First, Middle Initial) r. Francisco Pina ling Address 129 E. Jones	·		D	M = M	Receipt		2014	Y
City		State	Zip Code				: SA11AI.		
	arr C ID number of contributing eral political committee.	С	78577	Ai	mount	of Each	Receipt th		i 5.00
self	ne of Employer employed	Occupation private inve		cor	ntributi	on			
	eeipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00						
	Name (Last, First, Middle Initial) r. Francisco Pina			D	ate of	Receipt			
	ling Address 129 E. Jones			41	м м 10	/ D 1	4	ууу 2011	Y
City Ph		State TX	Zip Code 78577				: SA11AI. Receipt th		
	C ID number of contributing eral political committee.	С			otributi	ion	7	25	5.00
self	ne of Employer employed	Occupation private inve		co	ntributi	ion			
Rec	eeipt For: Primary General Other (specify) <del>V</del>	Aggregate	Year-to-Date ▼ 250.00						
SUBT	TOTAL of Receipts This Page (optional)							230	.88

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA			
Full Name (Last, First, Middle Initial)         A.         Mr. Francisco Pina         Mailing Address 129 E. Jones			Date of Receipt           M M / D D / Y Y Y Y Y           11         10
City Pharr	State TX	Zip Code 78577	Transaction ID : SA11AI.16367
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer selfemployed Receipt For: Primary General	Occupation private inves Aggregate	Year-to-Date ▼	— contribution
Full Name (Last, First, Middle Initial) B. Mr. Francisco Pina		275.00	Date of Receipt
Mailing Address 129 E. Jones			12 09 / Y Y Y Y
City Pharr	State TX	Zip Code 78577	Transaction ID : SA11AI.16599 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer selfemployed	Occupation private inves	tor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Y	Year-to-Date ▼ 300.00	]
Full Name (Last, First, Middle Initial) C. Ms Jessica Porras			Date of Receipt
Mailing Address 5128 North 10th Street			M = M / D = D / Y = Y = Y = Y 09 09 2011
City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.15927 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer	Occupation		
self-employee	private inves	stor	_
Receipt For: Primary General 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 Fo ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 307 OF           (check only one)         (check 11a)           X         11a           13         14
	Reports and Statements may not be sold or used by ar han using the name and address of any political comm	
NAME OF COMMITTEE (In Full) BORDER HEALTH FE		
Full Name (Last, First, Middle Init A. Ms Jessica Porras	itial)	Date of Receipt
Mailing Address 5128 North 10th	Street	10 14 2011
City	State Zip Code	Transaction ID : SA11AI.16145

Full Name (Last, First, Middle Initial) <b>A.</b> Ms Jessica Porras		Date of Receipt
Mailing Address 5128 North 10th Street		10 14 _ 2011
City	State Zip Code	Transaction ID : SA11AI.16145
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	- contribution
self-employee	private investor	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) B. Ms Jessica Porras		Date of Receipt
Mailing Address 5128 North 10th Street		M M / D D / Y Y Y Y 11 10 2011
City	State Zip Code	Transaction ID : SA11AI.16368
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	- contribution
self-employee	private investor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial) C. Ms Jessica Porras		Date of Receipt
Mailing Address 5128 North 10th Street		12 09 2011
City McAllen	StateZip CodeTX78504	Transaction ID : SA11AI.16600 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	contribution
self-employee	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>	300.00	
SUBTOTAL of Receipts This Page (optio	nal)	75.00

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17

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			berson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC		
Full Name (Last, First, Middle Initial)         Sergio Preciado         Mailing Address 521 E. Bluebird         City         mcallen         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 1748.63	Date of Receipt
Full Name (Last, First, Middle Initial)         B. Sergio Preciado         Mailing Address 521 E. Bluebird         City         mcallen         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 1998.63	Date of Receipt          Mom       /       D       /       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y
Full Name (Last, First, Middle Initial)         C.       Sergio Preciado         Mailing Address 521 E. Bluebird         City         mcallen         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify)	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 2248.63	Date of Receipt
SUBTOTAL of Receipts This Page (option	al)		750.00

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

1 9 1 9 1 1 9 1 1 M

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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			for each category of the Detailed Summary Page		<b>(</b> 11a		11b	11c	12		
<u> </u>			, ,		13		14	15	16		17
	y information copied from such Reports ar for commercial purposes, other than using										
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC									
<u> </u>	Full Name (Last, First, Middle Initial) Sergio Preciado				Date o	fR	eceipt				
	Mailing Address 521 E. Bluebird				м м 10	1	/ 14		2011	Y	
	City	State	Zip Code		Trans	sac	tion ID	: SA11AI.	16146		
	mcallen	ТХ	78504		Amoun	t of	f Each	Receipt th	nis Perio	d	
	FEC ID number of contributing federal political committee.	С					7		25	50.0	0
	Name of Employer	Occupation			contribu	tior	ו				
	selfemployed	physician									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		0,400,00	11.							
	Other (specify)		2498.63								
в.	Full Name (Last, First, Middle Initial) Sergio Preciado				Date o	f R	eceipt				
	Mailing Address 521 E. Bluebird				1_1	1	10		_ 2011	Y	
	City	State	Zip Code		Trans	act	tion ID	: SA11AI.			
	mcallen	ТХ	78504		Amoun	t of	f Each	Receipt th	nis Perio	d	
	FEC ID number of contributing federal political committee.	С					7		23	2.0	5
	Name of Employer	Occupation		c	ontribu	tion					
	selfemployed	physician									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2730.68	]							
<u>с</u> .	Full Name (Last, First, Middle Initial) Sergio Preciado				Date o	f R	eceipt				
	Mailing Address 521 E. Bluebird				<sup>M</sup> 12		/ D		2011	Y	
	City	State	Zip Code		Trans	sac	tion ID	: SA11AI	16601		_
	mcallen	ТХ	78504		Amoun	t of	f Each	Receipt th	nis Perio	d	
	FEC ID number of contributing federal political committee.	С					7		24	18.6	53
	Name of Employer	Occupation			contribu	itior	1				
	selfemployed	physician									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General	33 - 3 - 4									
	Other (specify)		2979.31								
s	UBTOTAL of Receipts This Page (optional	)		•		1	7		73	0.68	8

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a 13	11b	11c	12	17
Any information copied from such Reports or for commercial purposes, other than usi				or the	purpose	of solicitin	g contribu	itions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC							
A. Sergio Ramirez Mailing Address 1608 Woods Drive	State	Zip Code		м м 07		15 15 2 : SA11AI	2011	Y
mission FEC ID number of contributing federal political committee.	Тх	78572		mount	t of Each	Receipt t	his Period	).00
Name of Employer selfemployed Receipt For: Primary General Other (specify) v	Occupation physician Aggregate	Year-to-Date ▼ 1750.00	]	ontribut	lion			
B. Full Name (Last, First, Middle Initial) Mailing Address 1608 Woods Drive	State	Zip Code		м м 08	Ŀ	D / Y 18	2011	Y
mission FEC ID number of contributing federal political committee.	ТХ	78572	A		t of Each	D : SA11AI		_
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate	Year-to-Date ▼ 2000.00	]					
C. Full Name (Last, First, Middle Initial) Mailing Address 1608 Woods Drive				Date of			2011	Y
City mission	State TX	Zip Code 78572		Trans	action II	D : SA11A	1.15929	
FEC ID number of contributing federal political committee.	С			ontribu	tion		250	0.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) v	Occupation physician Aggregate	Year-to-Date ▼ 2250.00		Jinnou				
SUBTOTAL of Receipts This Page (option	nal)						750	.00

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

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

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

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS	Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and S or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (IN Full) BORDER HEALTH FEDERAL F	PAC	
Full Name (Last, First, Middle Initial)         A.         Sergio Ramirez         Mailing Address 1608 Woods Drive         City         mission         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify)	State       Zip Code         TX       78572         C       Occupation         Occupation       physician         Aggregate Year-to-Date ▼       2500.00	Date of Receipt 10 14 2011 Transaction ID : SA11AI.16147 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial)         Sergio Ramirez         Mailing Address 1608 Woods Drive         City         mission         FEC ID number of contributing federal political committee.         Name of Employer selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       TX     78572       C       Occupation       physician       Aggregate Year-to-Date ▼       2750.00	Date of Receipt
Full Name (Last, First, Middle Initial)         Sergio Ramirez         Mailing Address 1608 Woods Drive         City         mission         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify)	State       Zip Code         TX       78572         C       Occupation         physician       Aggregate Year-to-Date ▼         3000.00       7	Date of Receipt 12 09 2011 Transaction ID : SA11AI.16602 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).....

FEC Schedule A (Form 3X) Rev. 02/2003

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		each category of the etailed Summary Page	X 11a	11b 14	11c	12 16	17			
Any information copied from such Reports ar or for commercial purposes, other than using			erson for the pu	irpose of	f soliciting	contribut	tions			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC									
Full Name (Last, First, Middle Initial)     Gustavo Ramos     Mailing Address 1301 S. Perking     City     mcallen     FEC ID number of contributing     federal political committee.     Name of Employer     selfemployed     Receipt For:	TX C	Zip Code 78501	Date of Receipt							
Primary General Other (specify)	Aggregate Year-	to-Date ▼ 2800.00	]							
Full Name (Last, First, Middle Initial) B. Gustavo Ramos Mailing Address 1301 S. Perking City	State Z	Zip Code	Date of R	/ D 18		2011 <b>5711</b>	Ŷ			
mcallen FEC ID number of contributing federal political committee. Name of Employer	TX 7	78501	Amount o	y 1	Receipt this	s Period 400.	.00			
selfemployed Receipt For: Primary General Other (specify) ▼	physicain Aggregate Year-	to-Date ▼ 3200.00	1							
Full Name (Last, First, Middle Initial) C. Gustavo Ramos Mailing Address 1301 S. Perking	State Z	Tim Oa da	Date of R	/ D 09	)	у у 2011	Y			
City mcallen FEC ID number of contributing federal political committee.		Zip Code 78501			: SA11AI.1 Receipt this					
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physicain Aggregate Year-	to-Date ▼ 3600.00	contribution	ſ						
SUBTOTAL of Receipts This Page (optional	)					1200.	.00			

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

SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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111	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
				erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
A.	Full Name (Last, First, Middle Initial) Gustavo Ramos Mailing Address 1301 S. Perking City	State	Zip Code	Date of Receipt 10 14 2011 Transaction ID : SA11AI.16148
	mcallen FEC ID number of contributing federal political committee.	TX C	78501	Amount of Each Receipt this Period
	Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physicain Aggregate	Year-to-Date ▼ 4000.00	
	Full Name (Last, First, Middle Initial) Gustavo Ramos Mailing Address 1301 S. Perking			Date of Receipt
	City mcallen	State TX	Zip Code 78501	Transaction ID : SA11AI.16371           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer selfemployed	Occupation physicain		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4400.00	]
	Full Name (Last, First, Middle Initial) Gustavo Ramos			Date of Receipt
	Mailing Address 1301 S. Perking City	State	Zip Code	12 09 / Y Y Y Y 2011
	mcallen	TX	78501	Transaction ID : SA11AI.16603 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer selfemployed	Occupation physicain	I	contribution
	Receipt For: Primary General Other (specify) ▼	1. 2	Year-to-Date ▼ 4800.00	]
s	UBTOTAL of Receipts This Page (optional)			1200.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
		person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAI	_ PAC	
Full Name (Last, First, Middle Initial)         A.       Mr. Mario Rangel         Mailing Address 3213 Lance Lot Lane         City         Edinburg         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General Other (specify)	State       Zip Code         TX       78539         C       Occupation         Occupation       private investor         Aggregate Year-to-Date ▼       350.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Mr. Mario Rangel Mailing Address 3213 Lance Lot Lane City	State Zip Code	Date of Receipt
Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed	TX 78539 C Occupation private investor	Amount of Each Receipt this Period 50.00 contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 400.00	
C. Full Name (Last, First, Middle Initial) Mailing Address 3213 Lance Lot Lane	State Zip Code TX 78539	Date of Receipt 09 09 2011 Transaction ID : SA11AI.15932
Edinburg         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify)	C Occupation private investor Aggregate Year-to-Date ▼ 450.00	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 REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page						
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements ma the name and a	ny not be sold or used by any p ddress of any political committe	Derson f	13 or the licit cor	urpose purpose	e of solicitin ns from suc	g contribu	17 Itions tee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA								
Full Name (Last, First, Middle Initial)         A.       Mr. Mario Rangel         Mailing Address 3213 Lance Lot Lane         City         Edinburg         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation private inver Aggregate			10 Trans	action t of Eac		his Period	
Full Name (Last, First, Middle Initial)         B. Mr. Mario Rangel         Mailing Address 3213 Lance Lot Lane         City         Edinburg         FEC ID number of contributing federal political committee.         Name of Employer selfemployed         Receipt For:         Primary       General Other (specify) ▼	State TX C Occupation private inves Aggregate			11 Trans	t of Eac	ot 10 ID : SA11AI ch Receipt t	his Period	
Full Name (Last, First, Middle Initial)         C.       Mr. Mario Rangel         Mailing Address 3213 Lance Lot Lane         City         Edinburg         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 78539		12 Trans	action t of Eac		his Period	
SUBTOTAL of Receipts This Page (optiona	l)						150	.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a 11b 11c 12 13 14 15 16			17		
Any information copied from such Reports a or for commercial purposes, other than usin				or the		pose of	f soliciting	g contrib	utions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC								
Full Name (Last, First, Middle Initial)         A.       Ms Soraya Rangel         Mailing Address 2010 S. Cynthia Ste 110         City         McAllen	State TX	Zip Code 78503			sact	09 ion ID :	SA11AI	2011 . <b>15933</b> his Period	
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	C Occupation private inve Aggregate		c	ontribu	ition	A.		2	5.00
Full Name (Last, First, Middle Initial) B. Ms Soraya Rangel Mailing Address 2010 S. Cynthia Ste 110 City	State	Zip Code			sacti	14 ion ID :	SA11AI.		Y
McAllen         FEC ID number of contributing federal political committee.         Name of Employer selfemployed         Receipt For:         Primary       General         Other (specify) ▼	TX C Occupation private inve Aggregate			Amoun		Each F	Receipt th	his Period 2	d 5.00
Full Name (Last, First, Middle Initial)         C.       Ms Soraya Rangel         Mailing Address 2010 S. Cynthia Ste 110         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation private inve Aggregate				sact	10 ion ID : Each F	: SA11AI	his Perio	
SUBTOTAL of Receipts This Page (optiona	al)							7!	5.00

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TOTAL This Period (last page this line number only)	L	 	7	 	7	_		-

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EIP15		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16			17			
			y not be sold or used by any p ddress of any political committe		or the	purp	ose of	f soliciting	g contribu	itions
	ITTEE (In Full) EALTH FEDER	AL PAC								
Full Name (Last, F A. Ms Soraya Rat Mailing Address 2		)			Date o		ceipt 09		2011	Ŷ
City McAllen		State TX	Zip Code 78503		Trans		on ID :	SA11AI	2011 . <b>16606</b> nis Period	
FEC ID number of federal political co		С					,	10001011		5.00
Name of Employer selfemployed Receipt For:	·	Occupation private inves		co	ontribu	ition				
Other (speci	General fy) ▼	Aggregate	Year-to-Date ▼ 300.00	]						
Full Name (Last, F <b>B.</b> R.V. Reddy					Date o	f Rec	ceipt			
	500 Southland Drive	Ctoto	Zin Code	_ [	м м 07	/	15		2011	Y
City weslaco		State TX	Zip Code 78596					SA11AI.	<u>15500</u> nis Period	
FEC ID number of federal political co	0	С		[			,		125	_
Name of Employer selfemployed	ſ	Occupation physician		co	ntribut	tion				
Receipt For: Primary Other (specif	General fy) ▼	Aggregate	Year-to-Date ▼ 875.00	]						
Full Name (Last, F C. R.V. Reddy	First, Middle Initial)				Date o	f Rec	ceipt			
Mailing Address 1	500 Southland Drive				м м	/	18		2011	Y
City weslaco		State TX	Zip Code 78596	A				<b>: SA11AI</b> Receipt th	<b>.15715</b> nis Period	1
FEC ID number of federal political con	0	C					,		125	5.00
Name of Employer	ſ	Occupation			ontribu	lion				
selfemployed Receipt For:		physician								
Primary Other (specif	General fy) ▼	Aggregate	Year-to-Date ▼ 1000.00	]						
SUBTOTAL of Rece	ipts This Page (option	al)							275	.00

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

SCHEDULE A (FEC Form 3X)	
ITEMIZED RECEIPTS	
Any information conied from such Penerte and Statemente may	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TTEMIZED RECEIPTS			for each category of the Detailed Summary Page		11a		11b 14	11c		2	17	
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and					for the		pose of	f soliciting	g conti	ributi	ions	
	IAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC										
<b>A</b> .	Full Name (Last, First, Middle Initial) R.V. Reddy Mailing Address 1500 Southland Drive				Date c		eceipt 09		y 201	ү  1	Y	
	City Meslaco	State TX	Zip Code 78596					SA11AI				
F fe	weslaco     TX     78596       FEC ID number of contributing federal political committee.     C					it of	7	Receipt th		riod 125.(	00	
	Jame of Employer	Occupation			oninot							
	selfemployed     physician       Receipt For:     Aggregate Year-to-Date ▼       Primary     General       Other (specify) ▼     1125.00											
В	Full Name (Last, First, Middle Initial) R.V. Reddy				Date c	of Re	eceipt					
_	Aailing Address 1500 Southland Drive			M N	/	D 14		201 <sup>°</sup>		Y		
	Dity	State	Zip Code		Transaction ID : SA11AI.16152							
_	veslaco	ТХ	78596	/	Amour	nt of	Each F	Receipt th	nis Pei	riod	_	
	EC ID number of contributing ederal political committee.	С					7			125.0	00	
	lame of Employer elfemployed	Occupation physician		co	contribution							
Ē	Receipt For: Primary General Other (specify) <del>V</del>	Aggregate	Year-to-Date ▼ 1250.00	]								
	ull Name (Last, First, Middle Initial)				Date c	of Re	eceipt					
_	Aailing Address 1500 Southland Drive				M 11	1	10		201		Y	
	City weslaco	State TX	Zip Code 78596		Transaction ID : SA11AI.16375 Amount of Each Receipt this Period							
	EC ID number of contributing ederal political committee.			e a taile i		3			125.	00		
N		C	ontribu	Juion	1							
selfemployed physician												
F	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify)		1375.00									
su	BTOTAL of Receipts This Page (optional)								;	375.0	00	

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

SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS			for each category of the Detailed Summary Page		11a 13		11b 14	11c	12	17					
	ny information copied from such Reports and for commercial purposes, other than using														
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAI	_ PAC													
Α.	Full Name (Last, First, Middle Initial) R.V. Reddy Mailing Address 1500 Southland Drive	State	Zip Code		Date o	/	09	D / Y SA11AI	2011	Y					
	weslaco	TX	78596				-	Receipt th		4					
	FEC ID number of contributing federal political committee.	С					1			5.00					
	Name of Employer	Occupation			ontribu	tion									
	selfemployed	physician													
Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       1500.00															
в.	Full Name (Last, First, Middle Initial) Dr. Manuel Reinoso			[	Date o	f Re	ceipt								
Mailing Address 1400 E Ridge suite 7							09 09 _2011 _								
	City	State	Zip Code		Trans	acti	on ID :	SA11AI.	15935						
	McAllen	TX	78503	A	Amoun	t of	Each I	Receipt th	nis Period	b					
FEC ID number of contributing federal political committee.							,	7	2	5.00					
	Name of Employer self-employee	Occupation physician		cc	ontribut	tion									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00												
с.	Full Name (Last, First, Middle Initial) Dr. Manuel Reinoso				Date o	f Re	ceipt								
	Mailing Address 1400 E Ridge suite 7				м м 10	/	D 14		у у 2011	Y					
	City	State	Zip Code		Trans	sact	ion ID	: SA11AI	.16153						
	McAllen	TX	78503	A	Amoun	t of	Each I	Receipt th	nis Perioo	b					
	FEC ID number of contributing federal political committee.					,		2	5.00						
	Name of Employer	1	C(	ontribu	tion										
	self-employee	physician													
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00												
S	<b>UBTOTAL</b> of Receipts This Page (optional)						7		17:	5.00					

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

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b 14	11c	12	17
Any information copied from such Report or for commercial purposes, other than							f soliciting	g contrib	utions
NAME OF COMMITTEE (In Full) BORDER HEALTH FED	ERAL PAC								
Full Name (Last, First, Middle Initial A. Dr. Manuel Reinoso Mailing Address 1400 E Ridge suite City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) ▼		Zip Code 78503 ar-to-Date ▼ 275.00			sactic	10 200 ID :		nis Period	
B. Full Name (Last, First, Middle Initial Dr. Manuel Reinoso Mailing Address 1400 E Ridge suite				Date o	of Rec	ceipt 09		_2011	Y
City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For:	State TX C Occupation physician	Zip Code 78503			nt of E		SA11AI. Receipt th	16608 his Period	d 5.00
Full Name (Last, First, Middle Initial	Aggregate Ye	ar-to-Date ▼ 300.00	]						
C. William Restrepo Mailing Address 1117 S. Cynthia City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate Ye	Zip Code 78504 ar-to-Date ▼ 1750.00			saction	15 on ID :		nis Perioo	_
SUBTOTAL of Receipts This Page (o	otional)					,	. ,	300	0.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a	11b		12			
Any information copied from such Reports and Statements n or for commercial purposes, other than using the name and										
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER										
A. Full Name (Last, First, Middle Initial) Mailing Address 1117 S. Cynthia	State	Zip Code		м м 08			2011	Y		
mcallen FEC ID number of contributing federal political committee.	mcallen     TX     78504       FEC ID number of contributing     C					h Receipt t	his Period	1 D.00		
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate	/ear-to-Date ▼ 2000.00	co	ntribut	tion					
B. Full Name (Last, First, Middle Initial) William Restrepo Mailing Address 1117 S. Cynthia			D	M M	f Receip	- D / T		Y		
City mcallen FEC ID number of contributing federal political committee.	State TX	Zip Code 78504	A	mount	t of Eac	09 D : SA11AI h Receipt t	his Period	1 ).00		
Name of Employer selfemployed Receipt For: Primary General Other (specify) V	Occupation physician Aggregate	/ear-to-Date ▼ 2250.00		ntribut	ion					
Full Name (Last, First, Middle Initial) C. William Restrepo Mailing Address 1117 S. Cynthia			D	ate of	f Receip		YYYY	Y		
City mcallen	State TX	Zip Code 78504		10     14     2011       Transaction ID : SA11AI.16154       Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.			ontribu				0.00			
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate	⁄ear-to-Date ▼ 2500.00		minou	uon					
SUBTOTAL of Receipts This Page (option	nal)				7		750	.00		

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and Sta or for commercial purposes, other than using the r		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	AC	
Full Name (Last, First, Middle Initial)         A.         William Restrepo         Mailing Address 1117 S. Cynthia         City         mcallen         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify)	State     Zip Code       TX     78504       C       Occupation       physician       Aggregate Year-to-Date ▼       2750.00	Date of Receipt
Full Name (Last, First, Middle Initial) William Restrepo Mailing Address 1117 S. Cynthia		Date of Receipt
City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: □ Primary □ General Other (specify) ▼	State     Zip Code       TX     78504       C       Occupation       physician       Aggregate Year-to-Date ▼       3000.00	Transaction ID : SA11AI.16609         Amount of Each Receipt this Period         250.00         contribution
Full Name (Last, First, Middle Initial)         Ms Maria J. Rios         Mailing Address P.O. Box 3606         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TX       78502         C       Occupation         private investor       Aggregate Year-to-Date ▼         Aggregate Year-to-Date ▼       225.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		525.00

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a 13	11b	11c	12	17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and				or the	purpose	of soliciting	g contribu	tions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC							
Full Name (Last, First, Middle Initial)         Ms Maria J. Rios         Mailing Address P.O. Box 3606         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation private inve Aggregate	Zip Code 78502 stor Year-to-Date ▼ 250.00	A	M M 10 Trans	action ID t of Each	4 : SA11AI. Receipt th	nis Period	
Full Name (Last, First, Middle Initial)         B. Ms Maria J. Rios         Mailing Address P.O. Box 3606         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer	State TX C	Zip Code 78502	A	M M 11 Trans	1 <u>action ID</u> t of Each	D / Y 0 : SA11AI. Receipt th	nis Period	Y .00
selfemployed Receipt For: Primary General Other (specify) $\checkmark$	Aggregate	stor Year-to-Date ▼ 275.00	]					
C. Full Name (Last, First, Middle Initial) Ms Maria J. Rios Mailing Address P.O. Box 3606			D	ate of	Receipt		YYY	V
City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: □ Primary □ General Other (specify) ▼	State TX C Occupation private inve Aggregate	Zip Code 78502 stor Year-to-Date ▼ 300.00	A	12 Trans	C saction ID t of Each	99 <b>SA11AI.</b> Receipt th	2011 . <b>16610</b> his Period	5.00
SUBTOTAL of Receipts This Page (optional	I)				- 7	- 7	75	.00

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			person for the purpose of soliciting contributions be to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC		
Full Name (Last, First, Middle Initial)         Homero Rivas         Mailing Address 100 E. Houston         City       State       Zip Code         mcallen       TX       78501         FEC ID number of contributing federal political committee.       C         Name of Employer       Occupation         selfemployed       physician			Date of Receipt 07 15 2011 Transaction ID : SA11AI.15504 Amount of Each Receipt this Period 250.00 contribution
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 1750.00	]
B. Homero Rivas Mailing Address 100 E. Houston	State TX	Zip Code 78501	Date of Receipt
FEC ID number of contributing federal political committee.         Name of Employer selfemployed         Receipt For:         Primary       General         Other (specify) ▼	C Occupation physician Aggregate	Year-to-Date ▼ 2000.00	contribution
Full Name (Last, First, Middle Initial)         C.       Homero Rivas         Mailing Address 100 E. Houston         City         mcallen         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78501 Year-to-Date ▼ 2250.00	Date of Receipt 09 09 2011 Transaction ID : SA11AI.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 REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TEMIZED RECEIPTS for each category of the Detailed Summary Page		11a	11b	11c	12	17	
Any information copied from such Reports a or for commercial purposes, other than usir			for the	purpose	of soliciting	g contribu	utions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC						
Full Name (Last, First, Middle Initial)         Homero Rivas         Mailing Address 100 E. Houston         City         mcallen         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify)	State TX C Occupation physician Aggregate	Zip Code 78501 Year-to-Date ▼ 2500.00	 10 Trans	saction II t of Each		nis Period	
Full Name (Last, First, Middle Initial)         B. Homero Rivas         Mailing Address 100 E. Houston         City         mcallen         FEC ID number of contributing federal political committee.         Name of Employer selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78501 Year-to-Date ▼ 2750.00	 11 Trans	action II t of Each	D / Y D : SA11AI. n Receipt ti	nis Period	ý 1 0.00
Full Name (Last, First, Middle Initial)         C.       Homero Rivas         Mailing Address 100 E. Houston         City         mcallen         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify)	State TX C Occupation physician Aggregate	Zip Code 78501 Year-to-Date ▼ 3000.00	12 Trans	saction II t of Each		nis Period	1 0.00
SUBTOTAL of Receipts This Page (option	al)					750	.00

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

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

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

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	Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
Any information copied from such Reports and or for commercial purposes, other than using th	Statements may not be sold or used by an ne name and address of any political comm	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)         Benjamin Robalino         Mailing Address 1217 S. Cynthia         City         mcallen         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TX       78501         C       Occupation         physcian       Aggregate Year-to-Date ▼         1750.00       1750.00	Date of Receipt 07 15 2011 Transaction ID : SA11AI.15505 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) B. Benjamin Robalino Mailing Address 1217 S. Cynthia	State Zin Code	Date of Receipt
City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: □ Primary □ General Other (specify) ▼	State     Zip Code       TX     78501       C     Occupation       physcian     Aggregate Year-to-Date ▼       2000.00	Transaction ID : SA11AI.15720         Amount of Each Receipt this Period         250.00         contribution
Full Name (Last, First, Middle Initial)         Benjamin Robalino         Mailing Address 1217 S. Cynthia         City         mcallen         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TX       78501         C       Occupation         physcian       Aggregate Year-to-Date ▼         2250.00       2250.00	Date of Receipt 09 09 2011 Transaction ID : SA11AI.15939 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional)		

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	P15	for each category of the Detailed Summary Page	X 11a		1b 110		
	I s may not be sold or used by any nd address of any political committe			se of solicit	ting contribu		
Full Name (Last, First, <b>A.</b> Benjamin Robalin Mailing Address 1217	0		Date		eipt □ □ / 14	Y Y Y 2011	Ŷ
City mcallen	State TX	Zip Code 78501			<b>ID:SA11</b> ach Receipt	AI.16157 t this Period	
FEC ID number of cor federal political commi				7		25	0.00
Name of Employer selfemployed	Occupa physcia		contri	bution			
Receipt For: Primary Other (specify)	General	ate Year-to-Date ▼ 2500.00					
Full Name (Last, First, Benjamin Robalir	10		Date	of Rece	eipt		
Mailing Address 1217	•		M 1	<sup>™</sup> / 1	D D / 10	2011	Y
City	State	I	Tra	nsaction	ID : SA11	AI.16380	
mcallen	TX	78501	Amo	unt of Ea	ach Receipt	t this Period	Ł
FEC ID number of cor federal political commi						250	0.00
Name of Employer selfemployed	Occupa physcia		contril	oution			
Receipt For: Primary Other (specify)	General	ate Year-to-Date ▼ 2750.00					
Full Name (Last, First, C. Benjamin Robal			Date	of Rece	eipt		
Mailing Address 1217	-		M 1	2	09 /	2011	Y
City mcallen	State TX	Zip Code 78501			n ID : SA11 ach Receipt	AI.16612 t this Period	d
FEC ID number of cor federal political commi	<u> </u>			ibution 1			0.00
Name of Employer	Occupa	ation	contri	bution			
selfemployed	physcia	in					
Receipt For: Primary Other (specify)	General	ate Year-to-Date ▼ 3000.00					
SUBTOTAL of Receipts	This Page (optional)						0.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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		nmary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports or for commercial purposes, other than us	and Statements may not be sold on ng the name and address of any p	or used by any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDEF	AL PAC		
Full Name (Last, First, Middle Initial)         A.       Mr. Martin Rocha         Mailing Address P.O. Box 662         City         Santa Rosa         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX     Zip Code 78593       C       Occupation private investor       Aggregate Year-to-Date ▼	350.00	Date of Receipt
B. Full Name (Last, First, Middle Initial) Mr. Martin Rocha Mailing Address P.O. Box 662	State Zip Code		Date of Receipt
Santa Rosa         FEC ID number of contributing federal political committee.         Name of Employer selfemployed         Receipt For:         Primary       General         Other (specify) ▼	TX     78593       C     Occupation       private investor       Aggregate Year-to-Date ▼	400.00	Transaction ID : SA11AI.15721         Amount of Each Receipt this Period         50.00         contribution
Full Name (Last, First, Middle Initial)         Mr. Martin Rocha         Mailing Address P.O. Box 662         City         Santa Rosa         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TX       78593         C       Occupation         private investor       Aggregate Year-to-Date ▼	450.00	Date of Receipt
SUBTOTAL of Receipts This Page (optio	nal)		150.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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(check only one)

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		for each category of the Detailed Summary Page	X 11a	11b	11c	12	<b>—</b>
Any information copied from such Reports a or for commercial purposes, other than usir	y not be sold or used by any p Idress of any political committee	erson for the e to solicit co	purpose ontributions	15 of soliciting from such	16 contribut committe	tions ee.	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER							
Full Name (Last, First, Middle Initial)         A.       Mr. Martin Rocha         Mailing Address P.O. Box 662         City         Santa Rosa         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify)	State TX C Occupation private inves Aggregate	Zip Code 78593 tor /ear-to-Date ▼ 500.00	10 Trans	1 saction ID at of Each		s Period	Y .00
Full Name (Last, First, Middle Initial)         B.       Mr. Martin Rocha         Mailing Address P.O. Box 662         City         Santa Rosa	State	Zip Code 78593	11 Trans	1 saction ID	0 : <b>SA11AI.1</b>		Y
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	Occupation private inves		Contribu		Receipt this	50.	00
Full Name (Last, First, Middle Initial)         C.       Mr. Martin Rocha         Mailing Address P.O. Box 662         City         Santa Rosa         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify)	State TX C Occupation private inves Aggregate	Zip Code 78593 stor /ear-to-Date ▼ 600.00	12 Tran	0 <u>saction ID</u> It of Each		s Period	Y .00
SUBTOTAL of Receipts This Page (option	al)					150.	00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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IEWIZED RECEIPTS for each category of the Detailed Summary Page		X         11a         11b         11c         12           13         14         15         16         17
	and Statements may not be sold or used by any p ng the name and address of any political committe	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC	
✓       Full Name (Last, First, Middle Initial)         A.       Paulette Saca         Mailing Address 109 Condor         City         mcallen         FEC ID number of contributing federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General	State       Zip Code         TX       78504         C       Occupation         Occupation       Private investor         Aggregate Year-to-Date ▼	Date of Receipt 07 15 2011 Transaction ID : SA11AI.15507 Amount of Each Receipt this Period 75.00 contribution
Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Paulette Saca	525.00	Date of Receipt
Mailing Address 109 Condor City mcallen	State Zip Code TX 78504	M = M       /       D = D       /       Y = Y = Y = Y         08       18       2011         Transaction ID : SA11AI.15722         Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer self-employed	Occupation	contribution
Receipt For: Primary General Other (specify) ▼	private investor       Aggregate Year-to-Date ▼       600.00	]
C. Full Name (Last, First, Middle Initial) Mailing Address 109 Condor		Date of Receipt
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.15941         Amount of Each Receipt this Period         75.00
Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation       private investor       Aggregate Year-to-Date ▼       675.00	contribution
SUBTOTAL of Receipts This Page (option	nal)	225.00

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

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS		

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (IN Full) BORDER HEALTH FEDERAL	PAC		
Full Name (Last, First, Middle Initial)         A.       Paulette Saca         Mailing Address 109 Condor         City         mcallen         FEC ID number of contributing         federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation private inve		Date of Receipt
Full Name (Last, First, Middle Initial)         B. Paulette Saca         Mailing Address 109 Condor         City         mcallen         FEC ID number of contributing federal political committee.         Name of Employer self-employed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation private inve Aggregate		Date of Receipt
Full Name (Last, First, Middle Initial)         C.       Paulette Saca         Mailing Address 109 Condor         City         mcallen         FEC ID number of contributing         federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation private inve Aggregate		Date of Receipt
SUBTOTAL of Receipts This Page (optional)			225.00

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

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

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

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ITEMIZED RECEIPTS	Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and S or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Full Name (Last, First, Middle Initial)         Javier Saenz         Mailing Address 2308 Monaco Drive         City         mission         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TX       78574         C       Occupation         Occupation       Aggregate Year-to-Date ▼         Aggregate Year-to-Date ▼       2800.00	Date of Receipt 07 15 2011 Transaction ID : SA11AI.15508 Amount of Each Receipt this Period 400.00 contribution
Full Name (Last, First, Middle Initial)         Javier Saenz         Mailing Address 2308 Monaco Drive         City         mission         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TX       78574         C       Occupation         Physician       Aggregate Year-to-Date ▼         3200.00       3200.00	Date of Receipt 08 1 2011 Transaction ID : SA11AI.15723 Amount of Each Receipt this Period 400.00 contribution
Full Name (Last, First, Middle Initial)         Javier Saenz         Mailing Address 2308 Monaco Drive         City         mission         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TX       78574         C       Occupation         Occupation       Aggregate Year-to-Date ▼         3600.00	Date of Receipt 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).....

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 13		11b	11c	12		17
Any information copied from such Reports and or for commercial purposes, other than using			or the		pose o	f solicitin	g contri	buti	ons
✓       Full Name (Last, First, Middle Initial)         A. Javier Saenz         Mailing Address 2308 Monaco Drive         City         mission         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify)	State TX C Occupation physician Aggregate	Zip Code 78574 Year-to-Date ▼ 4000.00		sact	14 ion ID Each F		his Peri		00
Full Name (Last, First, Middle Initial)         Javier Saenz         Mailing Address 2308 Monaco Drive         City         mission         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify)	State TX C Occupation physician Aggregate	Zip Code 78574 Year-to-Date ▼ 4400.00		sact	10 ion ID :		his Peri	-	Y 00
Full Name (Last, First, Middle Initial)         Javier Saenz         Mailing Address 2308 Monaco Drive         City         mission         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify)	State TX C Occupation physician Aggregate	Zip Code 78574 Year-to-Date ▼ 4800.00		sact t of	09 tion ID Each F		his Peri		
SUBTOTAL of Receipts This Page (optional)					7		12(	00.0	)0

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17					
			person for the purpose of soliciting contributions be to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC							
A. JJ Saenz Mailing Address 2400 S.E. Augusta Square			Date of Receipt					
City mcallen FEC ID number of contributing	State TX	Zip Code 78503	Transaction ID : SA11AI.15509         Amount of Each Receipt this Period         250.00					
federal political committee.          Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	Occupation physician	Year-to-Date ▼ 1750.00	contribution					
Full Name (Last, First, Middle Initial) B. JJ Saenz Mailing Address 2400 S.E. Augusta Square City	State	Zip Code	Date of Receipt					
mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed	Occupation physician	78503	Transaction ID : SA11AI.15724         Amount of Each Receipt this Period         250.00         contribution					
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 2000.00						
C. JJ Saenz Mailing Address 2400 S.E. Augusta Square	9		Date of Receipt					
City mcallen	State TX	Zip Code 78503	Transaction ID : SA11AI.15943 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee. Name of Employer	Occupation		250.00					
selfemployed Receipt For: Primary General	physician	Year-to-Date ▼	-					
Other (specify)		2250.00						

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	TTEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b 14	11c		12 16	17			
	ny information copied from such Reports and store for commercial purposes, other than using th				for the		pose o	f soliciting		ntribut	tions			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL													
Α.					Date o									
	Mailing Address 2400 S.E. Augusta Square				10	/	D 14			ү 011	Y			
	City mcallen	State TX	Zip Code 78503		Transaction ID : SA11AI.16161 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			contribution									
	Name of Employer selfemployed	Occupation physician		c										
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00	]										
В.	Full Name (Last, First, Middle Initial) JJ Saenz			Date of Receipt										
	Mailing Address 2400 S.E. Augusta Square	iling Address 2400 S.E. Augusta Square			M M	/	10			) 11	Y			
	City mcallen	State Zip Code TX 78503					Transaction ID : SA11AI.16384 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С					250.00							
	Name of Employer selfemployed	Occupation physician		C	- contribution									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2750.00	]										
— С.	Full Name (Last, First, Middle Initial) JJ Saenz				Date o	of Re	eceipt							
•.	Mailing Address 2400 S.E. Augusta Square				M N 12		09			у 011	Y			
	City mcallen	State TX	Zip Code 78503					: SA11AI Receipt th						
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period										
	Name of Employer	Occupation												
	selfemployed         Receipt For:         Primary       General         Other (specify) ▼	physician Aggregate	Year-to-Date ▼ 3000.00											
	<b>SUBTOTAL</b> of Receipts This Page (optional)									750.	00			

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC		
Full Name (Last, First, Middle Initial)         A.       Larry Safir         Mailing Address 3300 S. 2nd         suite 10         City         mcallen         FEC ID number of contributing         federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation private inves Aggregate	Zip Code 78503 stor Year-to-Date ▼ 1750.00	Date of Receipt 07 15 2011. Transaction ID : SA11AI.15510 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial)         B.       Larry Safir         Mailing Address 3300 S. 2nd	State TX C Occupation private inves Aggregate	Zip Code 78503 stor Year-to-Date ▼ 2000.00	Date of Receipt          08       18       2011         Transaction ID : SA11AI.15725         Amount of Each Receipt this Period       250.00         contribution
Full Name (Last, First, Middle Initial)         C.       Larry Safir         Mailing Address 3300 S. 2nd         suite 10         City         mcallen         FEC ID number of contributing         federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify)	State TX C Occupation private invest Aggregate	Zip Code 78503 stor Year-to-Date ▼ 2250.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional	al)		750.00

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC		
Full Name (Last, First, Middle Initial) A. Larry Safir Mailing Address 3300 S. 2nd	State TX C Occupation private inve		Date of Receipt 10 1 2011 Transaction ID : SA11AI.16162 Amount of Each Receipt this Period 250.00 contribution
Primary General Other (specify) ▼	Aggregate	2500.00	
Full Name (Last, First, Middle Initial) B. Larry Safir Mailing Address 3300 S. 2nd suite 10 City mcallen	State TX	Zip Code 78503	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer	Occupation		Amount of Each Receipt this Period 400.00 contribution
self-employed Receipt For: Primary General Other (specify) v	Aggregate	stor Year-to-Date ▼ 2900.00	
Full Name (Last, First, Middle Initial)         C.       Larry Safir         Mailing Address 3300 S. 2nd	State TX C Occupation private inve		Date of Receipt          12       09       2011         Transaction ID : SA11AI.16617         Amount of Each Receipt this Period         400.00         contribution
SUBTOTAL of Receipts This Page (option	al)		1050.00

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

Mailing Address 801 E Nolana Loop       07         City       State       Zip Code         McAllen       Tx       78504         FEC ID number of contributing federal political committee.       C       Image: Committee in the second sec	rm 3X)		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 338 OF 435           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17
A. Juan Salazar       Date o         Mailing Address 801 E Nolana Loop       07         City       State       Zip Code         McAllen       TX       78504         FEC ID number of contributing federal political committee.       C       Image: Contributing federal political committee.         Name of Employed       physician       Aggregate Year-to-Date ▼       Contribution         Primary       General       Aggregate Year-to-Date ▼       Date o         Other (specify) ▼       Image: State       Zip Code       Image: State       Zip Code         Mailing Address 801 E Nolana Loop       Tx       78504       Amoun       Image: State       Zip Code         McAllen       TX       78504       Trans       Amoun       Image: State       Zip Code         McAllen       TX       78504       Trans       Amoun       Image: State       Zip Code         McAllen       TX       78504       Trans       Amoun       Image: State       Zip Code         McAllen       TX       78504       Trans       Amoun       Image: State       Zip Code         McAllen       TX       78504       Trans       Amoun       Image: State       Zip Code         McAllen       Trans	DERAL P	name and ad		
City       State       Zip Code         McAllen       TX       78504         FEC ID number of contributing       C       Amoun         gederal political committee.       C       contribution         Name of Employer       Occupation       physician         Receipt For:       Aggregate Year-to-Date ▼       contribution         Other (specify) ▼       Aggregate Year-to-Date ▼       Date o         Mailing Address 801 E Nolana Loop       TX       78504         City       State       Zip Code       Trans         McAllen       TX       78504       Trans         FEC ID number of contributing federal political committee.       C       08       Trans         McAllen       TX       78504       Trans       Amoun         FEC ID number of contributing federal political committee.       C       08       Trans         Name of Employer       Occupation       physician       Contribution         Receipt For:       Aggregate Year-to-Date ▼       Contribution       Contribution         Primary       General       Occupation       Date o       Contribution         Primary       General       Aggregate Year-to-Date ▼       Contribution       Contribution <t< th=""><th>-</th><th></th><th></th><th>Date of Receipt</th></t<>	-			Date of Receipt
federal political committee.   Name of Employer   selfemployed   Receipt For:   Primary   General   Other (specify) ▼     Aggregate Year-to-Date ▼   Primary   General   Other (specify) ▼     Date o     Mailing Address 801 E Nolana Loop     City   McAllen   TX   78504     FEC ID number of contributing   federal political committee.   Name of Employer   Selfemployed   Primary   General   Occupation   physician   Receipt For:   Primary   General   Other (specify) ▼     Aggregate Year-to-Date ▼   Full Name (Last, First, Middle Initial)   Aggregate Year-to-Date ▼   Primary   General   Other (specify) ▼     Aggregate Year-to-Date ▼   Primary   General   Other (specify) ▼     Aggregate Year-to-Date ▼   Primary   General   Other (specify) ▼   Aggregate Year-to-Date ▼   Primary   General   Other (specify) ▼   Aggregate Year-to-Date ▼   Primary   General   Other (specify) ▼   Aggregate Year-to-Date ▼   Primary   General   Other (specify) ▼				07     15     2011       Transaction ID : SA11AI.15511       Amount of Each Receipt this Period
Name of Employer       Occupation         selfemployed       physician         Receipt For:       Aggregate Year-to-Date ▼         Other (specify) ▼       IT50.00         Full Name (Last, First, Middle Initial)       Date o         Mailing Address 801 E Nolana Loop       Tx         City       State       Zip Code         McAllen       TX       78504         FEC ID number of contributing federal political committee.       Occupation         Name of Employer       Occupation         selfemployed       physician         Receipt For:       Occupation         Primary       General         Other (specify) ▼       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       Aggregate Year-to-Date ▼         Full Name (Last, First, Middle Initial)       2000.00         Mailing Address 801 E Nolana Loop       Date o		С		250.00
B. Juan Salazar       Date of Mailing Address 801 E Nolana Loop         Mailing Address 801 E Nolana Loop       Tx         City       State       Zip Code         McAllen       TX       78504         FEC ID number of contributing federal political committee.       C       Amount federal political committee.         Name of Employer selfemployed       Occupation physician       contribution federal political committee.         Primary       General       Aggregate Year-to-Date ▼       contribution federal political committee.         Primary       General       2000.00       Date of federal political committee.         Primary       General       Date of federal political committee.       Date of federal political committee.         Primary       General       Date of federal political committee.       Date of federal political committee.         Mailing Address 801 E Nolana Loop       Mailing Address 801 E Nolana Loop       Mailing Address 801 E Nolana Loop		physician		
City       State       Zip Code       Trans         McAllen       TX       78504       Amount         FEC ID number of contributing federal political committee.       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C <t< td=""><td></td><td></td><td></td><td>Date of Receipt</td></t<>				Date of Receipt
federal political committee.       C       C       C         Name of Employer selfemployed       Occupation physician       C       Contribut         Receipt For:       Aggregate Year-to-Date ▼       C       C         Primary       General       2000.00       C       C         Full Name (Last, First, Middle Initial)       Date o       Date o       C         Mailing Address 801 E Nolana Loop       M       M       M			•	Transaction ID : SA11AI.15726           Amount of Each Receipt this Period
Name of Employed     Deception       selfemployed     physician       Receipt For:     Aggregate Year-to-Date ▼       Other (specify) ▼     2000.00       Full Name (Last, First, Middle Initial)     2000.00       Juan Salazar     Date o       Mailing Address 801 E Nolana Loop     Mailing Address 801 E Nolana Loop				contribution
Primary       General         Other (specify)       ✓         Full Name (Last, First, Middle Initial)       2000.00         Juan Salazar       Date o         Mailing Address 801 E Nolana Loop       Mailing Address 801 E Nolana Loop		physician		
Date on       Mailing Address 801 E Nolana Loop		Aggregate		
				Date of Receipt
City State Zip Code Trans	ор			09       09       2011         Transaction ID : SA11AI.15945         Amount of Each Receipt this Period

McAllen	IX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
selfemployed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	
SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line numbe	r only)	

SCHEDULE A (FEC Form 3 TEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 339 OF           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         16
	ng the name and address of any political comm	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Juan Salazar Mailing Address 801 E Nolana Loop		Date of Receipt
City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.16163         Amount of Each Receipt this Period         250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2500.00	contribution
Full Name (Last, First, Middle Initial) Juan Salazar Mailing Address 801 E Nolana Loop City McAllen	State Zip Code TX 78504	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer selfemployed	Occupation physician	Amount of Each Receipt this Period 250.00 contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	
Full Name (Last, First, Middle Initial) Juan Salazar Mailing Address 801 E Nolana Loop		Date of Receipt

City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.16618 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	250.00 contribution
selfemployed Receipt For: Primary General Other (specify)	physician Aggregate Year-to-Date ▼ 3000.00	
SUBTOTAL of Receipts This Page (optional)	·····	750.00
TOTAL This Period (last page this line number	only)	

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports an or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC		
Full Name (Last, First, Middle Initial)         Elisa Garza Sanchez         Mailing Address 3509         N. Glasscock         City         Mission         FEC ID number of contributing federal political committee.         Name of Employer         Self employed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78574 Year-to-Date ▼ 875.00	Date of Receipt
Full Name (Last, First, Middle Initial)         B. Elisa Garza Sanchez         Mailing Address 3509         N. Glasscock         City         Mission         FEC ID number of contributing federal political committee.         Name of Employer         Self employed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78574 Year-to-Date ▼ 1000.00	Date of Receipt          08       18       2011         Transaction ID : SA11AI.15727         Amount of Each Receipt this Period         125.00         contribution
Full Name (Last, First, Middle Initial)         C.       Elisa Garza Sanchez         Mailing Address 3509         N. Glasscock         City         Mission         FEC ID number of contributing federal political committee.         Name of Employer         Self employed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78574 Year-to-Date ▼ 1125.00	Date of Receipt 09 2011 Transaction ID : SA11AI.15946 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 REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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		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 or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC								
Primary General Other (specify) ▼		Zip Code 78574 Year-to-Date ▼ 1250.00	Date of Receipt 10 14 2011 Transaction ID : SA11AI.16164 Amount of Each Receipt this Period 125.00 contribution						
Full Name (Last, First, Middle Initial)         B. Elisa Garza Sanchez         Mailing Address 3509         N. Glasscock         City         Mission         FEC ID number of contributing federal political committee.         Name of Employer         Self employed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78574 Year-to-Date ▼ 1375.00	Date of Receipt						
Full Name (Last, First, Middle Initial)         C.       Elisa Garza Sanchez         Mailing Address 3509         N. Glasscock         City         Mission         FEC ID number of contributing federal political committee.         Name of Employer         Self employed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78574 Year-to-Date ▼ 1500.00	Date of Receipt 12 09 2011 Transaction ID : SA11AI.16619 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 REC	EIPTS	;	

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

(check only one)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		< 11a		11b	11c	12	ſ			
Any information copied from such Reports and or for commercial purposes, other than using th									ibutic			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC											
Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Victor Sanchez				Date o	of Re	eceipt						
Mailing Address P.O. Box 1868				07	/	D - 15		2011				
City	State	Zip Code		Transaction ID : SA11AI.15513								
McAllen	TX	78503	_	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С					,		2	250.0	00		
Name of Employer	Occupation	I	- (	contribu	ition							
selfemployed	private inve	stor										
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General			11									
Other (specify)		1750.00										
Full Name (Last, First, Middle Initial) B. Mr. Victor Sanchez				Date o	of Re	eceipt						
Mailing Address P.O. Box 1868				M M	/	18	D / Y	2011		ſ		
City	State	Zip Code			sacti		: SA11AI.					
McAllen	ТΧ	78503					Receipt th		od			
FEC ID number of contributing federal political committee.	С					,		2	50.0	0		
Name of Employer	Occupation	1	— c	ontribu	tion							
selfemployed	private inve	stor										
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General												
Other (specify) V		2000.00										
Full Name (Last, First, Middle Initial) C. Mr. Victor Sanchez				Date o	of Re	eceipt						
Mailing Address P.O. Box 1868				м – м 09	/	D 09		2011				
City	State	Zip Code		Tran	sact	ion ID	: SA11AI	.15947				
McAllen	ТХ	78503		Amoun	t of	Each	Receipt th	nis Peri	od			
FEC ID number of contributing	С								250.0	0		
federal political committee.			contribu	ution	7	7						
Name of Employer	Occupation											
selfemployed Receipt For:	private inve		_									
Primary General	Aggregate	Year-to-Date ▼										
Other (specify) ▼		2250.00										
				_	-			7	50.0	0		
SUBTOTAL of Receipts This Page (optional)		••••••	► _	÷	÷	7	- 7	<del>++</del>				

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		1a 3	11b	11c	12	17
Any information copied from such Reports or for commercial purposes, other than us			person for	the p	urpose o	f soliciting	g contribu	itions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDEF	RAL PAC							
Full Name (Last, First, Middle Initial)         Mr. Victor Sanchez         Mailing Address P.O. Box 1868         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation private inves Aggregate	Zip Code 78503 stor Year-to-Date ▼ 2500.00	An	10 ransa	of Each		nis Period	
Full Name (Last, First, Middle Initial)         B.       Mr. Victor Sanchez         Mailing Address P.O. Box 1868         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation private inves Aggregate	Zip Code 78503 stor Year-to-Date ▼ 2750.00	<b>T</b> Am	11 ransa	of Each			
Full Name (Last, First, Middle Initial)         Mr. Victor Sanchez         Mailing Address P.O. Box 1868         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation private inve Aggregate	Zip Code 78503 stor Year-to-Date ▼ 3000.00	Am	12 iransa	of Each		is Period	
SUBTOTAL of Receipts This Page (optio	nal)				3	7	750	.00

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

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

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

(check only one)

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			Detailed Summary Page		<b>K</b> 11a		11b	11c	12						
An	y information copied from such Reports and for commercial purposes, other than using	d Statements ma	l ay not be sold or used by any p ddress of any political committee	erson	13 for the	purp	14 Dose o	f soliciting	g contril	outio	0ns				
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL														
<u> </u>	Full Name (Last, First, Middle Initial) Luis San Miguel						Date of Receipt								
	Mailing Address 1912 Fair Oak				07	/	15		2011		Ý				
	City		Tran	sacti		: SA11AI									
	Mission	ТХ	78574		Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С					7		1	00.0	)0				
	Name of Employer	Occupation	l	-	contribu	ution									
	Self employed	physician													
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General		700.00	11.											
	Other (specify)		700.00												
в.	Full Name (Last, First, Middle Initial) Luis San Miguel				Date o	of Red	ceipt								
	Mailing Address 1912 Fair Oak						08 18 2011								
	City		Trans	sactio	on ID :	SA11AI.									
	Mission	ТΧ	78574	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	C					7		1(	0.00	0				
	Name of Employer	Occupation	I	- 0	- contribution										
	Self employed	physician													
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General	55 - 5		11.											
	Other (specify)		800.00												
<u>с</u> .	Full Name (Last, First, Middle Initial) Luis San Miguel				Date o	of Red	ceipt								
	Mailing Address 1912 Fair Oak				09 09 2011										
	City	State	Zip Code		Tran	sacti		: SA11AI							
	Mission	ТХ	78574		Amour	nt of I	Each I	Receipt th	nis Perio	bd					
	FEC ID number of contributing federal political committee.					7	7	1	00.0	00					
	Name of Employer	Occupation	I		contribu	Jtion									
	Self employed	physician													
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General														
	Other (specify)		900.00												
s	UBTOTAL of Receipts This Page (optional).		······ )	<u> </u>			,		30	0.0	0				

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

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

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

(check only one)

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			Detailed Summary Page		X	11a 13		11b 14	11c	$\square$	12 16	17					
	y information copied from such Reports and for commercial purposes, other than using th					or the		pose c	of soliciting		ntribut	ions					
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC															
<u>к</u>	Full Name (Last, First, Middle Initial) Luis San Miguel							Date of Receipt									
	Mailing Address 1912 Fair Oak										) ) ) 11	Y					
	City		1	10 Tran	sact		: SA11AI										
	Mission	ТХ	Amount of Each Receipt this Period														
	FEC ID number of contributing federal political committee.	С						,			100.	.00					
	Name of Employer	Occupation	 		С	ontribu	ution										
	Self employed	physician															
	Receipt For:	Aggregate	Year-to-Date ▼														
	Primary General	Aggregate		11													
	Other (specify)		1000.00	4													
	Full Name (Last, First, Middle Initial) Luis San Miguel	-			[	Date c	of Re	eceipt									
	Mailing Address 1912 Fair Oak						11 10 2011										
	City	State Zip Code							: SA11AI			_					
	Mission	ТХ	78574		Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С								_	100.	00					
	Name of Employer	Occupation	I	_	- contribution												
	Self employed	physician															
	Receipt For:		Year-to-Date ▼	-													
	Primary General	7.99.094.0		11.													
	Other (specify)		1100.00	4													
	Full Name (Last, First, Middle Initial) Luis San Miguel				[	Date c	of Re	eceipt									
	Mailing Address 1912 Fair Oak				I	M 12	/	0			) 11	Y					
	City	State	Zip Code		1	Tran	sact	tion ID	: SA11AI	.1662	21						
	Mission	ТХ	78574		A	Amour	nt of	Each	Receipt tl	his P	eriod						
	FEC ID number of contributing	С			100.00							00					
	federal political committee.			ł			7		_	100.							
	Name of Employer		C	ontribu	ltion	1											
	Self employed	physician															
	Receipt For:	Aggregate	Year-to-Date ▼														
	Primary General		1000.00														
	Other (specify)		1200.00														
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s	UBTOTAL of Receipts This Page (optional)				ļ	_	+	7		+	300.	00					

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and s or for commercial purposes, other than using the			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Full Name (Last, First, Middle Initial)         A.       Dr. Manuel Seas         Mailing Address 5714 N. 6th Street         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 210.00	Date of Receipt
Full Name (Last, First, Middle Initial)         B. Dr. Manuel Seas         Mailing Address 5714 N. 6th Street         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer selfemployed         Receipt For:         Primary	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼	Date of Receipt 08 / 18 / 2011 Transaction ID : SA11AI.15730 Amount of Each Receipt this Period 30.00 contribution
Primary       General         Other (specify)       ▼         Full Name (Last, First, Middle Initial)       C.         Dr. Manuel Seas       Mailing Address 5714 N. 6th Street         City       McAllen         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify)	State TX C Occupation physician Aggregate	240.00 Zip Code 78504 Year-to-Date ▼ 270.00	Date of Receipt 09 09 2011 Transaction ID : SA11AI.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)..... 1 9 1 9 1 1 9 1 1 M

SCHEDULE A (FEC Form 3X)	
ITEMIZED RECEIPTS	

Use separate schedule(s) for each category of the

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		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC		
Full Name (Last, First, Middle Initial)         Dr. Manuel Seas         Mailing Address 5714 N. 6th Street         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 300.00	Date of Receipt
Full Name (Last, First, Middle Initial)         B. Dr. Manuel Seas         Mailing Address 5714 N. 6th Street         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 330.00	Date of Receipt
Full Name (Last, First, Middle Initial)         C.       Dr. Manuel Seas         Mailing Address 5714 N. 6th Street         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 360.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)	)		90.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b 14	11c	12	17					
	y information copied from such Reports and for commercial purposes, other than using th				for the		oose o	f soliciting	g contribu	utions					
<u> </u>	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL														
Α.	Full Name (Last, First, Middle Initial) A. Michael Seiba Mailing Address P. O. Box 4556 City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General		Zip Code 78502 Year-to-Date ▼			saction it of	14 on ID		nis Perioc						
	Conter (specify) ▼ Full Name (Last, First, Middle Initial)		250.00	-											
	Mailing Address P. O. Box 4556					Date of Receipt									
	City	State Zip Code						Transaction ID : SA11AI.16391							
	mcallen	ТХ	78502		Amoun	t of	Each I	Receipt th	nis Perioc	k					
	FEC ID number of contributing federal political committee.	С			250.00										
	Name of Employer selfemployed	Occupation physician		C	ontribu	tion									
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	]											
<u>с.</u>	Full Name (Last, First, Middle Initial) Michael Seiba				Date o	f Re	ceipt								
	Mailing Address P. O. Box 4556				12 09 _2011 _										
	City mcallen	State TX	Zip Code 78502					<b>: SA11AI</b> Receipt th		ł					
	FEC ID number of contributing federal political committee.	С			a n tuile i		7		25	0.00					
	Name of Employer	Occupation			ontribu	ition									
	selfemployed	physician													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	]											
s	UBTOTAL of Receipts This Page (optional)						7	7	750	0.00					

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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TIEIMIZED RECEIPIS	Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports or for commercial purposes, other than us	and Statements may not be sold or used by any pering the name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC	
Full Name (Last, First, Middle Initial)         Dr. Samuel Serna         Mailing Address 125 E. Cornell         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer         self-employee         Receipt For:         Primary       General	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt
Other (specify) ▼ Full Name (Last, First, Middle Initial)	700.00	
B. Dr. Samuel Serna Mailing Address 125 E. Cornell City	State Zip Code	Date of Receipt
McAllen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period
Name of Employer self-employee Receipt For: Primary General Other (specify) v	Occupation physician Aggregate Year-to-Date ▼ 800.00	
C. Full Name (Last, First, Middle Initial) Dr. Samuel Serna Mailing Address 125 E. Cornell		Date of Receipt
City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	State     Zip Code       TX     78504       C       Occupation       physician       Aggregate Year-to-Date ▼       900.00	Transaction ID : SA11AI.15950         Amount of Each Receipt this Period         100.00         contribution
SUBTOTAL of Receipts This Page (option	nal)	300.00

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

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

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

FOR LINE NUMBER:

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			Detailed Summary Page			1a 3		11b 14	11c		12	47
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	y not be sold or used by any poddress of any political committee	erson e to s	for	the	purp ntrib	pose d	15 of soliciting from suc	g co h cc	16 ntribut pmmitte	17 ions ee.
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC										
Α.	Full Name (Last, First, Middle Initial) Dr. Samuel Serna Mailing Address 125 E. Cornell						Re	ceipt				
		Ctoto	Zin Codo		L	10		14	4	2	011	Y
	City McAllen	State TX	Zip Code 78504					-	: SA11AI			
	FEC ID number of contributing federal political committee.	С				iourn		J	Receipt th		100-	00
	Name of Employer	Occupation		-	con	tribut	tion					
	self-employee	physician										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		1000.00									
Þ	Full Name (Last, First, Middle Initial) Dr. Samuel Serna				Da	uto of	E Do	ceipt				
D.	Mailing Address 125 E. Cornell				M	11	/	1	D / Y		у 011	Y
	City	State	Zip Code		T		acti		: SA11AI			
	McAllen	ТХ	78504					-	Receipt th		-	
	FEC ID number of contributing federal political committee.	С			100.00						00	
	Name of Employer	Occupation		-	cont	tribut	ion					
	self-employee	physician										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary     General       Other (specify) ▼		, 1100.00									
С.	Full Name (Last, First, Middle Initial) Dr. Samuel Serna				Da	ite of	Re	ceipt				
	Mailing Address 125 E. Cornell				M	12	/	09			011	Y
	City	State	Zip Code		Т	rans	act	ion ID	: SA11AI	.166	24	_
	McAllen	ТХ	78504		Am	nount	t of	Each	Receipt th	nis F	<sup>•</sup> eriod	
	FEC ID number of contributing federal political committee.	С			CON	ıtribu	tion	,		_	100	.00
	Name of Employer	Occupation			551							
	self-employee	physician										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify) ▼		1200.00									
s	UBTOTAL of Receipts This Page (optional)			<u> </u>				7	- 1	_	300.	00
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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC		
A. Full Name (Last, First, Middle Initial) Mailing Address 4000 Burns Drive	State	Zip Code	Date of Receipt 07 / 15 / 2011 Transaction ID : SA11AI.15517
mcallen         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	TX C Occupation physician Aggregate	78503 Year-to-Date ▼ 2800.00	Amount of Each Receipt this Period 400.00 contribution
Full Name (Last, First, Middle Initial)         B. Tawhid Shuaib         Mailing Address 4000 Burns Drive         City         mcallen         FEC ID number of contributing federal political committee.         Name of Employer selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78503 Year-to-Date ▼ 3200.00	Date of Receipt          Date of Receipt         08       18         2011         Transaction ID : SA11AI.15732         Amount of Each Receipt this Period         400.00         contribution
Full Name (Last, First, Middle Initial)         C.       Tawhid Shuaib         Mailing Address 4000 Burns Drive         City         mcallen         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify)	State TX C Occupation physician Aggregate	Zip Code 78503 Year-to-Date ▼ 3600.00	Date of Receipt 09 09 2011 Transaction ID : SA11AI.15951 Amount of Each Receipt this Period 400.00 contribution
SUBTOTAL of Receipts This Page (optional	al)		1200.00

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

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

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

FOR LINE NUMBER:

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			Detailed Summary Page		< 11a 13		11b 14	11c	12	17
	y information copied from such Reports and Si for commercial purposes, other than using the				for the		pose o	f soliciting	g contrib	outions
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC								
Α.	Full Name (Last, First, Middle Initial) Tawhid Shuaib				Date	of Re	eceipt			
	Mailing Address 4000 Burns Drive				м 10	VI /	D 14		у у 2011	Y
	City	State	Zip Code		Tran	sact	ion ID	: SA11AI.	16169	
	mcallen	ТХ	78503		Amou	nt of	Each	Receipt th	is Perio	d
	FEC ID number of contributing federal political committee.	С					7		40	00.00
	Name of Employer	Occupation			contrib	ution				
	selfemployed	physician								
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General	00 0								
	Other (specify)		4000.00							
в.	Full Name (Last, First, Middle Initial) Tawhid Shuaib				Date	of Re	eceipt			
	Mailing Address 4000 Burns Drive				11	VI /	10		_ 2011	Y
	City	State	Zip Code		Tran	sact		: SA11AI.		
	mcallen	ТΧ	78503		Amou	nt of	Each	Receipt th	is Peric	d
	FEC ID number of contributing federal political committee.	С					7		40	0.00
	Name of Employer	Occupation		c	ontribu	ution				
	selfemployed	physician								
	Receipt For:		Year-to-Date ▼							
	Primary General	1.99.094.0								
	Other (specify)	L	4400.00							
C.	Full Name (Last, First, Middle Initial) Tawhid Shuaib				Date	of Re	eceipt			
	Mailing Address 4000 Burns Drive				<sup>™</sup> 12		09		y y 2011	Y
	City	State	Zip Code		Trar	sact	tion ID	: SA11AI	16625	
	mcallen	ТХ	78503		Amou	nt of	Each	Receipt th	is Perio	d
	FEC ID number of contributing federal political committee.	С				<i>i</i>	3		4(	00.00
	Name of Employer	Occupation		(	contrib	ution	1			
	selfemployed	physician								
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General		4000.00							
	Other (specify)		4800.00							
s	UBTOTAL of Receipts This Page (optional)			•			7		120	0.00
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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
			person for the purpose of soliciting contributions e to solicit contributions from such committee.			
	-					
A. Ms Pamela Sifuentes Mailing Address 1801 Conch Key			Date of Receipt			
City Weslaco	State TX	Zip Code 78596	Transaction ID : SA11AI.15952 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		25.00			
Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation private inves Aggregate Y	tor 'ear-to-Date ▼ 225.00	contribution			
B. Hull Name (Last, First, Middle Ini Ms Pamela Sifuentes Mailing Address 1801 Conch Key	ial)	Date of Receipt				
City	State	10 14 2011 Transaction ID : SA11AI.16170				
Weslaco	TX	78596	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		25.00			
Name of Employer self-employed	Occupation private invest	or	contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Y	fear-to-Date ▼ 250.00	]			
Full Name (Last, First, Middle Ini C. Dennis Slavin	ial)		Date of Receipt			
Mailing Address 1501 S. Oklahor	าล		07 15 / Y Y Y Y Y			
City weslaco	State TX	Zip Code 78596	Transaction ID : SA11AI.15519 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	ů – Li – L					
Name of Employer	Occupation		contribution			
selfemployed	physician					
Receipt For: Primary General Other (specify) ▼	Aggregate Y	'ear-to-Date ▼ 350.00	1			
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 354 OF           (check only one)         X           11a         11b         11c         12           13         14         15         16			
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribution or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC					

V	BORDER HEAEITH EDERAEI		
Α.	Full Name (Last, First, Middle Initial) Dennis Slavin	Date of Receipt	
	Mailing Address 1501 S. Oklahoma	M M / D D / Y Y Y Y Y 08 18 2011	
	City	State Zip Code	Transaction ID : SA11AI.15734
	weslaco	TX 78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer	contribution	
	selfemployed	physician	
	Receipt For: Primary General Other (specify) ▼		
в.	Full Name (Last, First, Middle Initial) Dennis Slavin		Date of Receipt
	Mailing Address 1501 S. Oklahoma	M M / D D / Y Y Y Y 09 09 2011	
	City	State Zip Code	Transaction ID : SA11AI.15953
	weslaco	TX 78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer	Occupation	contribution
	selfemployed	physician	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 450.00	
C.	Full Name (Last, First, Middle Initial) Dennis Slavin		Date of Receipt
	Mailing Address 1501 S. Oklahoma		10 14 2011
	City	State Zip Code	Transaction ID : SA11AI.16171
	weslaco	TX 78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer	Occupation	contribution
	selfemployed	physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify)		
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SUBTOTAL of Receipts This Page (optional)	Г					15	0.00	П
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TOTAL This Period (last page this line number only)		1	7	1	7	-		and a

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDEF	RAL PAC		
Full Name (Last, First, Middle Initial)         A.       Dennis Slavin         Mailing Address 1501 S. Oklahoma         City         weslaco         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78596 Year-to-Date ▼ 550.00	Date of Receipt
Full Name (Last, First, Middle Initial) <b>Dennis Slavin</b> Mailing Address 1501 S. Oklahoma         City         weslaco         FEC ID number of contributing federal political committee.         Name of Employer selfemployed         Receipt For:         Primary	State TX C Occupation physician Aggregate	Zip Code 78596	Date of Receipt          12       09       2011         Transaction ID : SA11AI.16626         Amount of Each Receipt this Period         50.00         contribution
Primary       General         Other (specify)       ▼         Full Name (Last, First, Middle Initial)       Full Name (Last, First, Middle Initial)         C.       Hilda Solis         Mailing Address       P.O.Box 3302         City       McAllen         FEC ID number of contributing federal political committee.         Name of Employer         Self employed         Receipt For:         Primary       General         Other (specify)	State TX C Occupation private inve Aggregate		Date of Receipt 09 09 2011 Transaction ID : SA11AI.15954 Amount of Each Receipt this Period 25.00 contribution
SUBTOTAL of Receipts This Page (optio	nal)		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

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TIEMIZED RECEIPTS	The sector of the Detailed Summary Page						11c	12	17
Any information copied from such Reports or for commercial purposes, other than usi							f soliciting	g contrib	outions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC								
✓       Full Name (Last, First, Middle Initial)         A.       Hilda Solis         Mailing Address P.O.Box 3302         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer         Self employed         Receipt For:         Primary       General         Other (specify) ▼	Zip Code 78502 stor Year-to-Date ▼ 250.00			sact	14 ion ID Each F		his Perio		
Full Name (Last, First, Middle Initial)         B.       Hilda Solis         Mailing Address P.O.Box 3302         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer         Self employed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation private inver Aggregate				sact	10 ion ID :		his Perio	
Full Name (Last, First, Middle Initial)         C.         Hilda Solis         Mailing Address P.O.Box 3302         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer         Self employed         Receipt For:         Primary       General	State TX C Occupation private inve Aggregate	Zip Code 78502 stor Year-to-Date ▼			sact	09 tion ID Each F		his Peric	
Other (specify) ▼ SUBTOTAL of Receipts This Page (option	nal)	300.00						7	<b>'</b> 5.00

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

SCHEDULE A (FEC Form 3)	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 357 OF           (check only one)         (check 112           11a         11b         11c         12           13         14         15         16
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	g the name and a	ay not be sold or used by any Iddress of any political commit	person for the purpose of soliciting contribution tee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)         Joel Solis         Mailing Address 405 E. Avocet         City         Mcallen         FEC ID number of contributing federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 78501 Year-to-Date ▼ 959.93	Date of Receipt
Full Name (Last, First, Middle Initial) Joel Solis Mailing Address 405 E. Avocet City Mcallen	State TX	Zip Code 78501	Date of Receipt 08 18 2011 Transaction ID : SA11AI.15736 Amount of Each Receipt this Period

Oity		Transaction ID : SA11AI.15736
Mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	129.96
Name of Employer self-employed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1089.89	
Full Name (Last, First, Middle Initial)		

c. Joel Solis Date of Receipt Mailing Address 405 E. Avocet M M / D 09 09 2011 City State Zip Code Transaction ID : SA11AI.15955 ТΧ Mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing С 147.12 federal political committee. contribution Name of Employer Occupation self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1237.01 Other (specify) 436.43 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS	MIZED RECEIPTS			11a 13		11b 14	11c		12 16	17
Any information copied from such Reports and S or for commercial purposes, other than using the				or the		pose of	f soliciting	g con	ntribut	ions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F										
A. Joel Solis Mailing Address 405 E. Avocet				Date o		eceipt			)11	Ŷ
City Mcallen	State TX	Zip Code 78501		Trans		ion ID :	: <b>SA11AI</b> Receipt tl	.1617	73	
FEC ID number of contributing federal political committee.	С					,			115.	.24
Name of Employer self-employed	Occupation physician			ontribu	tion					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1352.25	]							
Full Name (Last, First, Middle Initial) B. Joel Solis				Date o	f Re	· · ·				
Mailing Address 405 E. Avocet	State	Zip Code	11 10 2011 Transaction ID : SA11AI.16397				11	Y		
Mcallen	ТХ	78501	A				Receipt th			
FEC ID number of contributing federal political committee.	С					7			102.	98
Name of Employer self-employed	Occupation physician		co	ontribut	tion					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1455.23	1							
Full Name (Last, First, Middle Initial) C. Joel Solis				Date o	f Re	eceipt				
Mailing Address 405 E. Avocet	-			м м 12	J.	D 09		20	in the second	Y
City Mcallen	State TX	Zip Code 78501					<b>SA11AI</b> Receipt th			
FEC ID number of contributing federal political committee.	С		contribution				110			
Name of Employer	Occupation			onunbu	lion					
self-employed	physician									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1565.57								
SUBTOTAL of Receipts This Page (optional)		y							328.	56

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

FOR LINE NUMBER:

(check only one)

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Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
and Statements may not be sold or used by ar ing the name and address of any political comm	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
AL PAC	
State Zip Code TX 78502 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt
	Date of Receipt
State       Zip Code         TX       78502         C       Occupation         physician       Aggregate Year-to-Date ▼	Mmm       /       D D       /       2011         Transaction ID : SA11AI.15737         Amount of Each Receipt this Period         400.00         contribution
3200.00	Date of Receipt
State     Zip Code       TX     78502       C       Occupation       physician       Aggregate Year-to-Date ▼       3600.00	09     09     2011       Transaction ID : SA11AI.15956       Amount of Each Receipt this Period     400.00       contribution
	Detailed Summary Page         and Statements may not be sold or used by an ing the name and address of any political comm         C         C         Occupation         physician         Aggregate Year-to-Date ▼         State       Zip Code         TX       78502         C       3200.00

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

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

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

(check only one)

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	EMIZED RECEIPIS		Detailed Summary Page		11a		11b	11c		12				
					13		14	15		16	17			
Ar or	ny information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any ddress of any political committee	person ee to so	for the olicit co	purp ntrib	oose o utions	f soliciting from suc	j co h co	ntribut mmitte	ions ee.			
$\rangle$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	PAC												
Α.	Full Name (Last, First, Middle Initial) Dr. Hector Soto					Date of Receipt								
	Mailing Address 101 South Greenbriar					10 14 2011								
	City	State	Zip Code		Trans	acti	on ID	: SA11AI	.161	74				
	McAllen	TX	78502		Amoun	t of	Each I	Receipt th	nis F	'eriod				
	FEC ID number of contributing federal political committee.	С			400.00 contribution									
	Name of Employer	Occupation		C										
	self-employee	physician												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General			11										
	Other (specify)		4000.00											
B.	Full Name (Last, First, Middle Initial) Dr. Hector Soto				Date o	f Re	ceipt							
	Mailing Address 101 South Greenbriar				<sup>M</sup> <sup>M</sup> <sup>M</sup>	/	D 10		ү 20	у 011	Y			
	City	State	Zip Code		Trans	acti	on ID :	SA11AI.	163	98				
	McAllen	ТХ	78502		Amount of Each Receipt this Period 400.00									
	FEC ID number of contributing federal political committee.	С									00			
	Name of Employer	Occupation		C	ontribut	ion								
	self-employee	physician												
	Receipt For:	Aggregate	Year-to-Date ▼		1									
	Primary General		4400.00	1										
	Other (specify) <b>v</b>		4400.00											
C.	Full Name (Last, First, Middle Initial) Dr. Hector Soto					Date of Receipt								
	Mailing Address 101 South Greenbriar					M M / D D / Y Y Y Y 12 09 2011								
	City	State	Zip Code		Trans	sacti	ion ID	: SA11AI	.166	29				
	McAllen	ТХ	78502		Amoun	t of	Each I	Receipt th	nis P	'eriod				
	FEC ID number of contributing federal political committee.			ontribu		7		_	400	00				
	Name of Employer Occupation													
	self-employee	physician												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General		4000.00											
	Other (specify)		4800.00											
s	UBTOTAL of Receipts This Page (optional)			•			7	7		1200.	00			
									-			1		

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TTEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	ts and Statements may not be sold or used by any pusing the name and address of any political committed	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDE	RAL PAC	
Full Name (Last, First, Middle Initial) A. Dr. Nelson Spinetti		Date of Receipt
Mailing Address 2707 Cornerstone Bl		M = M         /         D = D         /         Y = Y = Y         Y           11         10
City Edinburg	StateZip CodeTX78539	Transaction ID : SA11AI.16399           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer selfemployed	Occupation self-employee physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	1
Full Name (Last, First, Middle Initial)           B.         Dr. Nelson Spinetti		Date of Receipt
Mailing Address 2707 Cornerstone Blv	rd	12 09 2011
City Edinburg	StateZip CodeTX78539	Transaction ID : SA11AI.16630 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer selfemployed	Occupation self-employee physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	]
Full Name (Last, First, Middle Initial) C. Mr. Raul Sustaita		Date of Receipt
Mailing Address 1602 Scobey		M = M / D = D / Y = Y = Y 09 09 2011
City Donna	State Zip Code TX 78537	Transaction ID : SA11AI.15958 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	contribution
selfemployed Receipt For: Primary General Other (specify)	private investor       Aggregate Year-to-Date ▼       225.00	]
SUBTOTAL of Receipts This Page (opt	ional)	65.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EIMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
				erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC		
Α.	Mailing Address 1602 Scobey			Date of Receipt           M = M         /         D = D         /         Y = Y = Y = Y           10         14         2011
	City Donna	State TX	Zip Code 78537	Transaction ID : SA11AI.16176
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer selfemployed Receipt For:	Occupation private inve	stor	contribution
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]
в.	Full Name (Last, First, Middle Initial) Mr. Raul Sustaita			Date of Receipt
	Mailing Address 1602 Scobey			11 10 2011
	City	State	Zip Code	Transaction ID : SA11AI.16400
	Donna	тх	78537	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer selfemployed	Occupation private inve		
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00	]
<u>с</u> .	Full Name (Last, First, Middle Initial) Mr. Raul Sustaita			Date of Receipt
	Mailing Address 1602 Scobey			12 09 2011
	City Donna	State TX	Zip Code 78537	Transaction ID : SA11AI.16631 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer	Occupation	1	contribution
	selfemployed	private inve	estor	
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]
5	SUBTOTAL of Receipts This Page (optional	)		75.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

(check only one)

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TEMIZED RECEIPTS	Detailed Summary		X	11a		11b	11c	12	_	_
		-		13		14	15	16		17
Any information copied from such Reports and or for commercial purposes, other than using th	Statements may not be sold or used e name and address of any politica	d by any pe I committee	to so	or the licit cor	purpo ntribu	ose of itions	f soliciting from sucl	contrib	ution ittee.	IS
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC									
Full Name (Last, First, Middle Initial) A. Alejandro Tey				Date of	f Rec	eipt				
Mailing Address 3012 Laurie Lane				м м 07	/	D 15		2011	Y	
City	State Zip Code TX 78539			Trans	sactio	on ID :	SA11AI.	15525		
Edinburg	TX 78539		_ /	Amount	t of E	Each F	Receipt th	is Perio	d	
FEC ID number of contributing federal political committee.	С					,	7	25	50.00	
Name of Employer	Occupation		- c	ontribut	tion					
Self employed	physician									
Receipt For:	Aggregate Year-to-Date ▼									
Primary General		750.00								
Other (specify)	1	750.00								
Full Name (Last, First, Middle Initial) <b>B. Alejandro Tey</b>			1	Date of	f Rec	eipt				
Mailing Address 3012 Laurie Lane				м м 08	/	18		2011	Y	]
City	State Zip Code			Trans	actio	n ID :	SA11AL	15740		
Edinburg	TX 78539		/	Amount	t of E	Each F	Receipt th	is Perio	ď	
FEC ID number of contributing federal political committee.	С					,		25	50.00	
Name of Employer	Occupation		co	ontribut	tion					
Self employed	physician									
Receipt For:	Aggregate Year-to-Date ▼									
Primary General	2	000.00								
Other (specify)		000.00								
Full Name (Last, First, Middle Initial) C. Alejandro Tey				Date of	f Rec	eipt				
Mailing Address 3012 Laurie Lane				м м 09	/	D 09		2011	Y	]
City	State Zip Code			Trans	sactio	on ID :	SA11AI.	15959		
Edinburg	TX 78539		_ /	Amount	t of E	Each F	Receipt th	is Perio	d	
FEC ID number of contributing federal political committee.	C			ontribu	tion		7	25	50.00	)
Name of Employer	Occupation			udininou	uon					
Self employed	physician									
Receipt For:	Aggregate Year-to-Date ▼									
Primary General		250.00								
Other (specify)	7 7 7	230.00								
SUBTOTAL of Receipts This Page (optional)		····· •					7	75	0.00	

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

(check only one)

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	EMIZED RECEIPTS		Detailed Summary Page		11a		11b	11c		12	_	
					13		14	15		16	17	
Ar or	ny information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any pe ddress of any political committee	to so	for the licit co	pur ntrib	pose o outions	f soliciting from suc	j co h co	ntribut	ions ee.	
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	PAC										
Α.	Full Name (Last, First, Middle Initial) Alejandro Tey				Date o	f Re	eceipt					
	Mailing Address 3012 Laurie Lane				м м 10	/	D 14			ү 011	Y	
	City	State	Zip Code		Trans	sact	ion ID	: SA11AI	.161	77		_
	Edinburg	ТХ	78539	_ /	Amoun	t of	Each I	Receipt th	nis P	'eriod		
	FEC ID number of contributing federal political committee.	С					7			250.	00	
	Name of Employer	Occupation		c	ontribu	tion						
	Self employed	physician										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General	33 - 3 - 4										
	Other (specify)		2500.00									
B.	Full Name (Last, First, Middle Initial) Alejandro Tey				Date o	f Re	eceipt					
	Mailing Address 3012 Laurie Lane				M M	/	10		2(	) 011	Y	
	City	State	Zip Code		Trans	acti	ion ID :	SA11AI.	164	01		
	Edinburg	ТΧ	78539		Amoun	t of	Each I	Receipt th	nis F	'eriod		
	FEC ID number of contributing federal political committee.	С					7		_	250.	00	
	Name of Employer	Occupation		co	ontribut	tion						
	Self employed	physician										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		0750.00									
	Other (specify) <b>v</b>		, 2750.00									
C.	Full Name (Last, First, Middle Initial) Alejandro Tey				Date o	f Re	eceipt					
	Mailing Address 3012 Laurie Lane				<sup>M</sup> 12	1	09			у 011	Y	
	City	State	Zip Code		Trans	sact	ion ID	: SA11AI	.166	32		
	Edinburg	ТХ	78539	_ '	Amoun	t of	Each I	Receipt th	nis F	'eriod		
	FEC ID number of contributing federal political committee.	С					,		_	250	.00	
	Name of Employer	Occupation		C	ontribu	ition						
	Self employed	physician										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General											
	Other (specify)		3000.00									
S	UBTOTAL of Receipts This Page (optional)						7			750.	00	
_										-		1

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	RECEIPTS		for each category of the Detailed Summary Page		-		11b	11c	12		
Any information copied from such Reports and Statements										buti	
NAME OF	rcial purposes, other th COMMITTEE (In Full) ER HEALTH FE	-	ddress of any political committee	e to so	licit co	ntrib	outions	from suc	n comm	nitte	ee.
A. Jose Tro Mailing Ad City mcallen FEC ID nu federal pol Name of E self-emplo Receipt Fo	dress 112 S. Broadway	V State TX C Occupation private invest	Zip Code 78501 stor Year-to-Date ▼ 1750.00			sact	15 ion ID		nis Perio	-	Y D0
B. Jose Tr Mailing Ad City mcallen FEC ID nu federal pol Name of E self-employ Receipt Fo	dress 112 S. Broadway	State TX Occupation private inves	Zip Code 78501 stor Year-to-Date ▼ 2000.00			sacti	18 18		nis Perio		Y 00
C. Jose T Mailing Ad City mcallen FEC ID nu federal pol Name of E self-emplo Receipt Fo	dress 112 S. Broadway	State TX C Occupation private inve	Zip Code 78501 stor Year-to-Date ▼ 2250.00			sact	ion ID Each F		nis Perio		
SUBTOTAL	of Receipts This Page	(optional)					<u>.</u>		7	50.0	00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
		y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) A. Jose Trejo Mailing Address 112 S. Broadway City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78501	Date of Receipt Date of Receipt 10 14 2011 Transaction ID : SA11AI.16178 Amount of Each Receipt this Period 250.00
Name of Employer self-employed Receipt For: Primary General Other (specify) v	Occupation private investor Aggregate Year-to-Date ▼ 2500.00	contribution
B. Full Name (Last, First, Middle Initial) Mailing Address 112 S. Broadway	State Zip Code	Date of Receipt
mcallen         FEC ID number of contributing federal political committee.         Name of Employer self-employed         Receipt For:         Primary       General         Other (specify) ▼	TX     78501       C     Occupation       private investor       Aggregate Year-to-Date ▼       2750.00	Amount of Each Receipt this Period  250.00  contribution
C. Jose Trejo Mailing Address 112 S. Broadway	State Zip Code	Date of Receipt 12 Transaction ID : SA11AI.16633
mcallen         FEC ID number of contributing federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify) ▼	TX     78501       C     Occupation private investor       Aggregate Year-to-Date ▼       3000.00	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 REC	EIPTS	;	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TTEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
		ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) A. Dr. Krishna Turlapati Mailing Address 9123 1st Street		Date of Receipt
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.15528
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 100.00 contribution
Name of Employer selfemployed Receipt For:	Occupation physician	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) B. Dr. Krishna Turlapati		Date of Receipt
Mailing Address 9123 1st Street		08 18 2011
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.15743
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) C. Dr. Krishna Turlapati		Date of Receipt
Mailing Address 9123 1st Street		09 09 / Y Y Y Y Y
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.15962 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
selfemployed	physician	
Receipt For: Primary General 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 REC	EIPTS	;	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC		
Full Name (Last, First, Middle Initial)         Dr. Krishna Turlapati         Mailing Address 9123 1st Street         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 1000.00	Date of Receipt
Full Name (Last, First, Middle Initial)         B. Dr. Krishna Turlapati         Mailing Address 9123 1st Street         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 1100.00	Date of Receipt          MIM       10       2011         Transaction ID : SA11AI.16404         Amount of Each Receipt this Period         100.00         contribution
Full Name (Last, First, Middle Initial)         Dr. Krishna Turlapati         Mailing Address 9123 1st Street         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 1200.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)	)		300.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

(check only one)

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TEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports and Sta or for commercial purposes, other than using the	atements may not be sold or used by any per	13     14     15     16     17       rson for the purpose of soliciting contributions to solicit contributions from such committee
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P		
Full Name (Last, First, Middle Initial) Susan Turley Mailing Address 312 Thunderbird City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Date of Receipt 07 15 2011 Transaction ID : SA11AI.15529 Amount of Each Receipt this Period 250.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1750.00	- contribution
Full Name (Last, First, Middle Initial) B. Susan Turley Mailing Address 312 Thunderbird City	State Zip Code	Date of Receipt
mcallen         FEC ID number of contributing federal political committee.         Name of Employer self-employed         Receipt For:         Primary       General         Other (specify) ▼	TX  78504    C    Occupation    physician    Aggregate Year-to-Date ▼    2000.00	Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial)         Susan Turley         Mailing Address 312 Thunderbird         City         mcallen         FEC ID number of contributing         federal political committee.         Name of Employer         self-employed         Receipt For:         Primary       General         Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 2250.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		750.00

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

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

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

(check only one)

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>&lt;</b> 11a		11b	11c	12	2	
				13		14	15	16		17
Any information copied from such Reports or for commercial purposes, other than us	and Statements may ing the name and ac	y not be sold or used by any p Idress of any political committee	erson e to so	for the plicit co	purp ntrib	oose of utions	f soliciting from suc	g contri h comn	butio nitte	ons e.
	_									
BORDER HEALTH FEDER	AL PAC									
Full Name (Last, First, Middle Initial) A. Susan Turley				Date o	f Do	coint				
Mailing Address 312 Thunderbird			_			D		Y	V	V
				10		14		2011		Y
City	State	Zip Code		Trans	sacti	on ID :	: SA11AI			
mcallen	ТХ	78504	_	Amoun	t of	Each F	Receipt th	nis Peri	od	
FEC ID number of contributing	С							2	250.0	00
federal political committee.	0					7	7			
Name of Employer	Occupation		C	contribu	tion					
self-employed	physician									
Receipt For:	Aggregate `	lear-to-Date ▼								
Primary General Other (specify)		2500.00	11							
		9 9 9	11.							
Full Name (Last, First, Middle Initial)										
B. Susan Turley			_	Date o	f Re	ceipt				
Mailing Address 312 Thunderbird				M M	1			Y		Y
City	State	Zip Code		11 Trong	a a ti	10 an ID 1	) : SA11AI.	2011	_	_
mcallen	ТХ	78504					Receipt th		od	
FEC ID number of contributing	0									
federal political committee.	С					7	7	2	250.0	)0
Name of Employer	Occupation		— c	ontribut	tion					
self-employed	physician									
Receipt For:		lear-to-Date ▼								
Primary General			11							
Other (specify)		, 2750.00								
Full Name (Last, First, Middle Initial)										
C. Susan Turley Mailing Address 312 Thunderbird			_	Date o						
Maning Address 312 Munderbird				м м 12		09		2011		Y
City	State	Zip Code		Trans	sacti	ion ID :	: SA11AI	.16636		
mcallen	ТХ	78504	_	Amoun	t of	Each F	Receipt th	nis Peri	od	
FEC ID number of contributing	С							2	250.0	00
federal political committee.	0			contribu	tion	7	7			
Name of Employer	Occupation		`	Jonunou	luon					
self-employed	physician									
Receipt For:	Aggregate `	lear-to-Date ▼								
Other (specify)		3000.00	11							
		7	•							
	I		(	_	-				_	_
SUBTOTAL of Receipts This Page (option	nal)			L.				7	50.0	0
			_					-		

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

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

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

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and S or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (IN Full) BORDER HEALTH FEDERAL F	PAC	
Full Name (Last, First, Middle Initial)         Marcel Twahirwa         Mailing Address 2403 El Encino Drive         City         mission         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TX       78572         C       Occupation         Opposition       Aggregate Year-to-Date ▼         Aggregate Year-to-Date ▼       1750.00	Date of Receipt 07 15 2011 Transaction ID : SA11AI.15530 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial)         Marcel Twahirwa         Mailing Address 2403 El Encino Drive         City         mission         FEC ID number of contributing federal political committee.         Name of Employer selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TX       78572         C       Occupation         Opysician       Aggregate Year-to-Date ▼         2000.00       2000.00	Date of Receipt 08 18 2011 Transaction ID : SA11AI.15745 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial)         Marcel Twahirwa         Mailing Address 2403 El Encino Drive         City         mission         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify)	State       Zip Code         TX       78572         C       Occupation         Opposition       Aggregate Year-to-Date ▼         2250.00       2250.00	Date of Receipt 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 REC	EIPTS	;	

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

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			Detailed Summary Page		×	11a 13		11b 14	11c	12		17
	information copied from such Reports and or commercial purposes, other than using the					r the		pose c	of soliciting	g contri	ibuti	ons
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC										
Α.	Full Name (Last, First, Middle Initial) Marcel Twahirwa Mailing Address 2403 El Encino Drive				D	ate o M M	f Re	eceipt		2011		Y
C	Dity	State	Zip Code		7	Trans	sact	ion ID	: SA11AI			
_	mission	ТХ	78572		A	moun	t of	Each	Receipt th	nis Peri	od	
	EC ID number of contributing ederal political committee.	С			l			7		2	250.0	00
1	Name of Employer	Occupation	1	- '	со	ntribu	tion					
s	selfemployed	physician										
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00	]								
	Full Name (Last, First, Middle Initial) Marcel Twahirwa				D	ate o	f Re	eceipt				
Ν	Aailing Address 2403 El Encino Drive				ľ	м м 11	/	D 1		2011		Y
Ċ	City	State	Zip Code		2	Trans	act	ion ID	: SA11AI	.16406		
_	mission	ΤX	78572		A	moun	t of	Each	Receipt th	nis Peri	od	
	EC ID number of contributing ederal political committee.	С						,		2	250.0	00
1	Name of Employer	Occupation		-	cor	ntribu	tion					
S	elfemployed	physician										
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2750.00	]								
	Full Name (Last, First, Middle Initial) Marcel Twahirwa	l			D	ate o	f Re	eceipt				
_	Mailing Address 2403 EI Encino Drive				ľ	м м 12	1	D 0		2011		Y
	City	State	Zip Code	L		Trans	sact	ion ID	: SA11AI	.16637		
_	mission	ТХ	78572		A	moun	t of	Each	Receipt th	nis Peri	od	
	EC ID number of contributing ederal political committee.	С			l			7		2	250.0	00
1	Name of Employer	Occupation		- '	C0	ntribu	uon					
	selfemployed	physician										
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3000.00	]								
su	BTOTAL of Receipts This Page (optional)			 ▶	[			7		7	50.0	0

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

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

Use separate schedule(s) for each category of the

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TTEMIZED RECEIPTS		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 or for commercial purposes, other than using the			
NAME OF COMMITTEE (IN Full) BORDER HEALTH FEDERAL	PAC		
Full Name (Last, First, Middle Initial)         Dr. Theresa Valladares         Mailing Address 2302 Red River Drive         City         Mission         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date ▼ 700.00	Date of Receipt
Full Name (Last, First, Middle Initial)         B. Dr. Theresa Valladares         Mailing Address 2302 Red River Drive         City         Mission         FEC ID number of contributing federal political committee.         Name of Employer selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date ▼ 800.00	Date of Receipt
Full Name (Last, First, Middle Initial)         C.       Dr. Theresa Valladares         Mailing Address 2302 Red River Drive         City         Mission         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify)	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date ▼ 900.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)			300.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	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 S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)         Dr. Theresa Valladares         Mailing Address 2302 Red River Drive         City         Mission         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TX       78572         C       Occupation         Opposition       Physician         Aggregate Year-to-Date ▼       1000.00	Date of Receipt
Full Name (Last, First, Middle Initial)         B. Dr. Theresa Valladares         Mailing Address 2302 Red River Drive         City         Mission         FEC ID number of contributing federal political committee.         Name of Employer selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TX       78572         C       Occupation         physician       Aggregate Year-to-Date ▼         Aggregate Year-to-Date ▼       1100.00	Date of Receipt
Full Name (Last, First, Middle Initial)         Dr. Theresa Valladares         Mailing Address 2302 Red River Drive         City         Mission         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TX       78572         C       Occupation         physician       Aggregate Year-to-Date ▼         1200.00       1200.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		300.00

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

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

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

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			Detailed Summary Page		11a		11b	11c		12	17
	y information copied from such Reports and St.				for the		pose o				
	for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P					11111		nom suc			
A.	Full Name (Last, First, Middle Initial) Jose Vasquez				Date o	of Re	eceipt				
	Mailing Address 2548 Palm Circle				<sup>M</sup> ■ N 07	/	D 15			ү 011	Y
	City rio grande city	State TX	Zip Code 78582					: SA11AI Receipt tl			
	FEC ID number of contributing federal political committee.	С					<b>y</b>		_	250.	00
	Name of Employer selfemployed	Occupation physician		c	ontribu	ition					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1750.00								
B.	Full Name (Last, First, Middle Initial)         Jose Vasquez         Mailing Address 2548 Palm Circle			_	Date o		eceipt	D / Y	Y	Y	Y
	City	State TX	Zip Code	_				: SA11AI	1574		
	rio grande city FEC ID number of contributing federal political committee.	C	78582	Amount of Each Receipt this P			Period 250.	00			
	Name of Employer selfemployed	Occupation physician		c	ontribu	tion					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00								
C.	Full Name (Last, First, Middle Initial) Jose Vasquez				Date o	of Re	eceipt				
	Mailing Address 2548 Palm Circle				м м 09	/	09			) )11	Y
	City rio grande city	State TX	Zip Code 78582					: SA11AI Receipt tl			
	FEC ID number of contributing federal political committee.	С					7		_	250.	00
	Name of Employer selfemployed	Occupation physician			contribu	ution					
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 2250.00								
s	UBTOTAL of Receipts This Page (optional)		•	•			7		-	750.(	00

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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ITEMIZED RECEIPTS	Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any name and address of any political committ	person for the purpose of soliciting contributions
NAME OF COMMITTEE (IN Full) BORDER HEALTH FEDERAL F	PAC	
Full Name (Last, First, Middle Initial)         Jose Vasquez         Mailing Address 2548 Palm Circle         City         rio grande city         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify)	State       Zip Code         TX       78582         C       Occupation         Occupation	Date of Receipt 10 14 2011 Transaction ID : SA11AI.16184 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial)         Jose Vasquez         Mailing Address 2548 Palm Circle         City         rio grande city         FEC ID number of contributing federal political committee.         Name of Employer selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       TX     78582       C       Occupation       physician       Aggregate Year-to-Date ▼	Date of Receipt  Transaction ID : SA11AI.16408  Amount of Each Receipt this Period  Contribution
Full Name (Last, First, Middle Initial)         Jose Vasquez         Mailing Address 2548 Palm Circle         City         rio grande city         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TX       78582         C       Occupation         Occupation       physician         Aggregate Year-to-Date ▼       3000.00	Date of Receipt 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).....

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

Use separate schedule(s) for each category of the

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	TIEMIZED RECEIPTS		Detailed Summary Page		11a 13	$\left  - \right $	11b 14	11c	12	17
	ny information copied from such Reports and for commercial purposes, other than using				or the		ose of	f soliciting	contribu	tions
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC								
A.	Full Name (Last, First, Middle Initial)         Dr. Efraim Vela         Mailing Address 100 E. Ridge Road #B         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78503 Year-to-Date ▼ 1750.00			saction	15 on ID :			
в.	Full Name (Last, First, Middle Initial) Dr. Efraim Vela Mailing Address 100 E. Ridge Road #B City McAllen FEC ID number of contributing federal political committee.	State TX C	Zip Code 78503		Amount	actio	18 0n ID :			
	Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate	Year-to-Date ▼ 2000.00		ontribut	lion				
c.	Full Name (Last, First, Middle Initial)         Dr. Efraim Vela         Mailing Address 100 E. Ridge Road #B         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General	State TX C Occupation physician Aggregate	Zip Code 78503 Year-to-Date ▼	A		saction t of I	09 on ID		iis Period	
	Other (specify)		2250.00	<u> </u>		_			750	00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13	11b	11c	12 16	17
Any information copied from such Reports a or for commercial purposes, other than usir			erson fo	r the	purpose	of solicitin	g contribu	tions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC							
Full Name (Last, First, Middle Initial)         A.       Dr. Efraim Vela         Mailing Address 100 E. Ridge Road #B         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary	State TX C Occupation physician Aggregate	Zip Code 78503	Ar	M M 10 Frans	saction I t of Each		his Period	
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)		2500.00	]					
B. Dr. Efraim Vela Mailing Address 100 E. Ridge Road #B	State	Zip Code		1 <u>1</u>		10 / Y	2011 16409	Ŷ
McAllen FEC ID number of contributing federal political committee. Name of Employer	TX C Occupation	78503	Transaction ID : SA11AI.16409         Amount of Each Receipt this Period         25         contribution				_	
selfemployed Receipt For: Primary General Other (specify) v	physician Aggregate	Year-to-Date ▼ 2750.00	]					
C. Full Name (Last, First, Middle Initial) Mailing Address 100 E. Ridge Road #B	State	Zip Code		м м 12		09 / Y	2011	Y
McAllen         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	TX C Occupation physician	78503	Ar		t of Each	D : SA11AI	his Period	0.00
SUBTOTAL of Receipts This Page (option	al)		Ē				750	.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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TEMIZED RECEIPTS	Detailed Summary Page	
Any information copied from such Reports and S or for commercial purposes, other than using the	Estatements may not be sold or used by any name and address of any political committ	13     14     15     16     17       person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC	
Full Name (Last, First, Middle Initial)         Mr. Rolando Velazquez         Mailing Address Rt 2 Box 658         City         Raymondville         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify)	State       Zip Code         TX       78580         C       Occupation         private investor       Aggregate Year-to-Date ▼         Aggregate Year-to-Date ▼       350.00	Date of Receipt
Full Name (Last, First, Middle Initial)         Mr. Rolando Velazquez         Mailing Address Rt 2 Box 658         City         Raymondville         FEC ID number of contributing federal political committee.         Name of Employer selfemployed         Receipt For:         Primary       General	State       Zip Code         TX       78580         C       Occupation         private investor       Aggregate Year-to-Date ▼	Date of Receipt 08 18 2011 Transaction ID : SA11AI.15749 Amount of Each Receipt this Period 50.00 contribution
Other (specify)         Full Name (Last, First, Middle Initial) <b>Mr. Rolando Velazquez</b> Mailing Address Rt 2 Box 658         City         Raymondville         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify)	400.00 State Zip Code TX 78580 C Occupation private investor Aggregate Year-to-Date ▼ 450.00	Date of Receipt 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 REC	EIPTS	;	

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	ny information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Α.	Full Name (Last, First, Middle Initial) Mr. Rolando Velazquez Mailing Address Rt 2 Box 658			Date of Receipt
	City Raymondville	State TX	Zip Code 78580	Transaction ID : SA11AI.16186 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer selfemployed	Occupation private inve		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) Mr. Rolando Velazquez			Date of Receipt
	Mailing Address Rt 2 Box 658	Ctata	Zin Code	11 10 Y Y Y Y Y 11 10 2011
	City Raymondville	State TX	Zip Code 78580	Transaction ID : SA11AI.16410
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer selfemployed	Occupation private inve		- contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	
с.	Full Name (Last, First, Middle Initial) Mr. Rolando Velazquez			Date of Receipt
	Mailing Address Rt 2 Box 658	Otata	Zie Ocale	12 09 2011
	City Raymondville	State TX	Zip Code 78580	Transaction ID : SA11AI.16641 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer	Occupation	1	contribution
	selfemployed	private inve	estor	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
s	UBTOTAL of Receipts This Page (optional)		•	150.00

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

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

Use separate schedule(s) for each category of the

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         1	17		
			person for the purpose of soliciting contribution to solicit contributions from such committee.	ns		
	AL PAC					
Full Name (Last, First, Middle Initial)         A.         Ramiro Verdoreen         Mailing Address 301 E. Newport			Date of Receipt	]		
City	State TX	Zip Code 78501	Transaction ID : SA11AI.15534			
mcallen	14	78501	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		400.00	)		
Name of Employer	Occupation		contribution			
selfemployed	physician					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2800.00	1			
Full Name (Last, First, Middle Initial) B. Ramiro Verdoreen			Date of Receipt			
Mailing Address 301 E. Newport			M = M         /         D = D         /         Y = Y = Y = Y         Y         08         18         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2011         2	]		
City	State	Zip Code	Transaction ID : SA11AI.15750			
mcallen	TX	78501	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		400.00			
Name of Employer selfemployed	Occupation physician		contribution			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3200.00	]			
Full Name (Last, First, Middle Initial) C. Ramiro Verdoreen			Date of Receipt			
Mailing Address 301 E. Newport			09 09 _2011 _	1		
City mcallen	State TX	Zip Code 78501	Transaction ID : SA11AI.15969 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		400.00	0		
Name of Employer	Occupation		contribution			
selfemployed	physician					
Receipt For:	Aggregate	Year-to-Date <b>V</b>				
Other (specify)		3600.00	]			
SUBTOTAL of Receipts This Page (optiona	D		1200.00	)		

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

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

Use separate schedule(s) for each category of the

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			person for the purpose of soliciting contributions te to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	-		
Full Name (Last, First, Middle Initial)     Ramiro Verdoreen     Mailing Address 301 E. Newport			Date of Receipt
City	State TX	Zip Code 78501	10 14 2011 Transaction ID : SA11AI.16187
mcallen FEC ID number of contributing federal political committee.	C	78501	Amount of Each Receipt this Period
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate	Year-to-Date ▼ 4000.00	contribution
B. Ramiro Verdoreen Mailing Address 301 E. Newport		, ,	Date of Receipt
City	State	Zip Code	11 10 2011 Transaction ID : SA11AI.16411
mcallen FEC ID number of contributing federal political committee.	С	78501	Amount of Each Receipt this Period 400.00
Name of Employer selfemployed	Occupation physician		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4400.00	]
Full Name (Last, First, Middle Initial) C. Ramiro Verdoreen			Date of Receipt
Mailing Address 301 E. Newport			M M / D D / Y Y Y Y 12 09 2011
City mcallen	State TX	Zip Code 78501	Transaction ID : SA11AI.16642 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		400.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate	Year-to-Date ▼ 4800.00	
SUBTOTAL of Receipts This Page (optiona	ı)		1200.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TTEMIZED RECEIPTS			for each category of the Detailed Summary Page		11a		11b	11c	12	17
	ny information copied from such Reports and for commercial purposes, other than using				for the		rpose o	f soliciting	g contrib	utions
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAI									
Α.	Full Name (Last, First, Middle Initial) Carlos Villalta Mailing Address P. O. Box 1632				Date o		eceipt	D / Y	Y Y	Y
	City	State	Zip Code		07 Trans	sact	15 tion ID	; : SA11AI.	2011 . <b>15535</b>	
	FEC ID number of contributing federal political committee.	С	78573				7	Receipt th		d 25.00
	Name of Employer selfemployed Receipt For:	Occupation physician Aggregate	Year-to-Date ▼	c	ontribu	ition				
	Other (specify)		875.00	]						
В.	Carlos Villalta           Mailing Address P. O. Box 1632			_	Date o	f Re	eceipt	D / Y	YY	Y
	City	State	Zip Code		08 Trans	sact	18 : tion ID	3 : SA11AI.	2011 15751	
	mission	ТХ	78573		Amoun	t of	Each I	Receipt th	nis Perio	d
	FEC ID number of contributing federal political committee.	С			125.00				5.00	
	Name of Employer selfemployed	Occupation physician		C(	ontribu	tion				
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	]						
<u>с</u> .	Full Name (Last, First, Middle Initial) Carlos Villalta				Date o	f Re	eceipt			
	Mailing Address P. O. Box 1632				<sup>M</sup> 09		09		2011	Y
	City mission	State TX	Zip Code 78573					: SA11AI. Receipt th		d
	FEC ID number of contributing federal political committee.	С					,			25.00
	Name of Employer	Occupation		C	ontribu	itior	1			
	selfemployed	physician								
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 1125.00							
5	UBTOTAL of Receipts This Page (optional)			►			7	5	37	5.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

(check only one)

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TEMIZED RECEIPTS	Detailed Summary P	age X 11a 11b 11c 12
		13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than usir	and Statements may not be sold or used b ig the name and address of any political c	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
BORDER HEALTH FEDER	AL PAC	
Full Name (Last, First, Middle Initial) A. Carlos Villalta		Doto of Pagaint
Mailing Address P. O. Box 1632		Date of Receipt
		10 14 2011
City	State Zip Code	Transaction ID : SA11AI.16188
mission	TX 78573	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify)	125	50.00
Full Name (Last, First, Middle Initial) B. Carlos Villalta		Dete of Dessirt
Mailing Address P. O. Box 1632		Date of Receipt
Maining Address P. O. Box 1632		11 10 _2011 _
City	State Zip Code	Transaction ID : SA11AI.16412
mission	TX 78573	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	137	5.00
Other (specify)		
Full Name (Last, First, Middle Initial) C. Carlos Villalta		Date of Receipt
Mailing Address P. O. Box 1632		12 09 2011 -
City	State Zip Code	Transaction ID : SA11AI.16643
mission	TX 78573	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	125.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	150	00.00
Other (specify)		00.00
	Ι	
SUBTOTAL of Receipts This Page (option	al)	

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
		ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA		
Full Name (Last, First, Middle Initial)         A.         Rita Villanueva         Mailing Address 801 E. Nolana         Suite 4         City         mcallen         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       TX     78504       C       Occupation       physician       Aggregate Year-to-Date ▼       962.38	Date of Receipt
Full Name (Last, First, Middle Initial)         B. Rita Villanueva         Mailing Address 801 E. Nolana         Suite 4         City         mcallen         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       TX     78504       C       Occupation       physician       Aggregate Year-to-Date ▼	Date of Receipt 08 18 2011 Transaction ID : SA11AI.15752 Amount of Each Receipt this Period 130.29 contribution
Full Name (Last, First, Middle Initial)         C.         Rita Villanueva         Mailing Address 801 E. Nolana         Suite 4         City         mcallen         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       TX     78504       C       Occupation       physician       Aggregate Year-to-Date ▼       1240.17	Date of Receipt 09 09 2011 Transaction ID : SA11AI.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 REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		category of the Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Full Name (Last, First, Middle Initial)         A. Rita Villanueva         Mailing Address 801 E. Nolana         Suite 4         City         mcallen         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify)	State Zip Co TX 78504 C Occupation physician Aggregate Year-to-Dat		Date of Receipt 10 14 2011 Transaction ID : SA11AI.16189 Amount of Each Receipt this Period 115.54 contribution
Full Name (Last, First, Middle Initial)         B. Rita Villanueva         Mailing Address 801 E. Nolana	State Zip Co TX 78504 C Occupation physician Aggregate Year-to-Dat		Date of Receipt
Full Name (Last, First, Middle Initial)         C.       Rita Villanueva         Mailing Address 801 E. Nolana         Suite 4         City         mcallen         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify)	State Zip Co TX 78504 C Occupation physician Aggregate Year-to-Dat		Date of Receipt
SUBTOTAL of Receipts This Page (optional).			329.41

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicit or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such NAME OF COMMITTEE (In Full)         NAME OF COMMITTEE (In Full)       Date of Receipt         Full Name (Last, First, Middle Initial)       Date of Receipt         A. Victor Villarreal       Date of Receipt         Part of contribution       TX 78577         FEC ID number of contributing federal political committee.       Occupation         Name of Employer       Occupation         B. Victor Villarreal       Aggregate Year-to-Date ▼         Mailing Address 901 W. Moore       Occupation         B. Victor Villarreal       Aggregate Year-to-Date ▼         Mailing Address 901 W. Moore       Occupation         City       State       Zip Code         Transaction ID : SA11A       Amount of Each Receipt         Mailing Address 901 W. Moore       Occupation         City       State       Zip Code         Transaction ID : SA11A       Amount of Each Receipt         Mailing Address 901 W. Moore       Occupation         City       State       Zip Code         Phar       TX       78577         FEC ID number of contributing federal political committee.       Occu	TTEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a	11b 14	11c	12	17
BORDER HEALTH FEDERAL PAC         Full Name (Last, First, Middle Initial)         A. Victor Villarreal         Mailing Address 901 W. Moore         City         pharr         TX         Receipt For:         Primary         City         Phirm         City         Primary         City         Phirmary         City         Phirmary         City         Pharr         TX         Receipt For:         Primary         General         Other (specify) ▼         State       Zip Code         TX       78577         FEC ID number of contributing federal political committee.       Date of Receipt         City       State       Zip Code         pharr       TX       78577         FEU ID number of contributing federal political committee.       Occupation physician         Receipt For:       Occupation physician       B33.31         Full Name (Last, First, Middle Initial)       Aggregate Year-to-Date ▼         Other (specify) ▼       Coccupation physician       B33.31         Full Name (Last, First, Middle Initial)       Aggregate Y				person for	r the purp	pose o	of soliciting	g contribut	tions
A.       Victor Villarreal       Date of Receipt         Mailing Address 901 W. Moore       TX       78577         FEC ID number of contributing federal political committee.       C       Transaction ID : SA11A         Name of Employed       physician       Aggregate Year-to-Date ▼       Contribution         B.       Victor Villarreal       Aggregate Year-to-Date ▼       Date of Receipt         Mailing Address 901 W. Moore       C       TX       785.79         Full Name (Last, First, Middle Initial)       B.       Victor Villarreal       Date of Receipt         Mailing Address 901 W. Moore       C       TX       785.77         City       State       Zip Code       Transaction ID : SA11A         Amount of Each Receipt       TX       785.77         FEC ID number of contributing federal political committee.       C       Transaction ID : SA11A         Amount of Each Receipt       C       Transaction ID : SA11A         Amount of Each Receipt       C       Transaction ID : SA11A         Primary       General       C       Transaction ID : SA11A         Primary       General       C       C         Name of Employer       Occupation       Physician       C         Primary       General       Aggrega		AL PAC							
Receipt For:       Primary       General         Other (specify)       General       786.79         Full Name (Last, First, Middle Initial)       Date of Receipt         Mailing Address 901 W. Moore       TX       78577         City       State       Zip Code         pharr       TX       78577         FEC ID number of contributing federal political committee.       Occupation         Name of Employed       Physician         Primary       General       Aggregate Year-to-Date ▼         Other (specify)       General       Occupation         Primary       General       Occupation         Primary       General       Occupation         Primary       General       Occupation         Other (specify)        Aggregate Year-to-Date ▼         City       Primary       General         Other (specify)        B93.31         Date of Receipt       Og /	A. Victor Villarreal Mailing Address 901 W. Moore City pharr FEC ID number of contributing federal political committee. Name of Employer	TX C Occupation	•	An	07 <b>Transacti</b> nount of	ion ID Each	5 : SA11AI.		
B. Victor Villarreal       Date of Receipt         Mailing Address 901 W. Moore       Tx         City       State       Zip Code         pharr       TX       78577         FEC ID number of contributing federal political committee.       Occupation         Name of Employer selfemployed       Occupation         Primary       General       Occupation         Other (specify) ▼       Aggregate Year-to-Date ▼       Contribution         Full Name (Last, First, Middle Initial)       C       Victor Villarreal         Mailing Address 901 W. Moore       Date of Receipt       Date of Receipt         City       State       Zip Code         Primary       General       Other (specify) ▼         Other (specify) ▼       TX       78577         Mailing Address 901 W. Moore       Date of Receipt         Original City       State       Zip Code         pharr       TX       78577         FEC ID number of contributing federal political committee.       C         Name of Employer       Occupation	Receipt For:			]					
pharr       TX       78577       Amount of Each Receipt for         Name of Employed       Occupation       physician       contribution         Receipt For:       Aggregate Year-to-Date ▼       contribution         Primary       General       893.31       Date of Receipt         Ctor Villarreal       Mailing Address 901 W. Moore       Date of Receipt       Tansaction ID : SA11A         FEC ID number of contributing federal political committee.       C       Contribution       Contribution         City       State       Zip Code       Tansaction ID : SA11A         FEC ID number of contributing federal political committee.       C       Contribution       Contribution         Mame of Employer       Occupation       Contribution       Contribution       Contribution	B. Victor Villarreal Mailing Address 901 W. Moore	State	Zip Code	M	08	18	В	2011 15753	Ŷ
Name of Employed     physician       Receipt For:     Aggregate Year-to-Date ▼       Primary     General       Other (specify)     893.31         C.     Victor Villarreal       Mailing Address 901 W. Moore     Date of Receipt       City     State     Zip Code       pharr     TX     78577         FEC ID number of contributing federal political committee.     Occupation         Name of Employer     Occupation	FEC ID number of contributing		78577	An	nount of				.52
Full Name (Last, First, Middle Initial)       Date of Receipt         C. Victor Villarreal       Date of Receipt         Mailing Address 901 W. Moore       09 / 09         City       State       Zip Code         pharr       TX       78577         FEC ID number of contributing federal political committee.       C       C         Name of Employer       Occupation       contribution	selfemployed Receipt For: Primary General	physician		cont	tribution				
selfemploved	C. Full Name (Last, First, Middle Initial) Mailing Address 901 W. Moore City pharr FEC ID number of contributing federal political committee.	С	Zip Code		09 <b>Transact</b> nount of	ion ID Each	9 : SA11AI.		
Receipt For:     Aggregate Year-to-Date ▼       Primary     General       Other (specify) ▼     1013.89	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	1013.89					357.	71

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page		1a 3	11b	11c	12	17
Any information copied from such Reports an or for commercial purposes, other than using			person for	the p	urpose o	f soliciting	contribu	tions
Full Name (Last, First, Middle Initial)         A.       Victor Villarreal         Mailing Address 901 W. Moore         City         pharr         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78577 Year-to-Date ▼ 1108.35	<b>T</b> Am	10 ransa	of Each		is Period	
B. Full Name (Last, First, Middle Initial) Mailing Address 901 W. Moore	State	Zip Code	M	™ 11	Receipt		2011	Y
pharr FEC ID number of contributing federal political committee.	TX C	78577	Am		of Each	Receipt th	is Period	.41
Name of Employer selfemployed Receipt For: Primary General Other (specify)	physician	Year-to-Date ▼ 1192.76	]					
C. Full Name (Last, First, Middle Initial) Mailing Address 901 W. Moore	State	Zip Code	M	м 12	Receipt		2011 <b>16645</b>	Y
pharr FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	TX C Occupation physician	78577	Am		of Each	Receipt th	is Period	).44
SUBTOTAL of Receipts This Page (optional	l)						269	.31

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

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

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

(check only one)

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	EMIZED RECEIPIS		Detailed Summary Page		< 11a		11b	11c		12		
					13		14	15		16		17
	ny information copied from such Reports and St for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	PAC										
Α.	Full Name (Last, First, Middle Initial) Roger Vitko				Date o	f Re	eceipt					
	Mailing Address 1017 south 1st				м м 07	/	D 15			ү 011	Y	
	City	State	Zip Code		Trans	sact	ion ID :	SA11AI	155	38		
	mcallen	TX	78502	_	Amoun	t of	Each F	Receipt th	nis F	'eriod		
	FEC ID number of contributing federal political committee.	С					7		_	150	.00	
	Name of Employer	Occupation		- 0	contribu	tion						
	self-employed	physician										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General	33 - 3										
	Other (specify)		1050.00									
B.	Full Name (Last, First, Middle Initial) Roger Vitko				Date o	f Re	eceipt					
	Mailing Address 1017 south 1st				м м 08	/	18		20	) 011	Y	
	City	State	Zip Code		Trans	act	ion ID :	SA11AI.	157	54		
	mcallen	ТХ	78502		Amoun	t of	Each F	Receipt th	nis F	'eriod		
	FEC ID number of contributing federal political committee.	С		150.0			.00					
	Name of Employer	Occupation		c	ontribut	tion						
	self-employed	physician										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		1000.00									
	Other (specify) <b>v</b>		1200.00									
C.	Full Name (Last, First, Middle Initial) Roger Vitko				Date o	f Re	eceipt					
	Mailing Address 1017 south 1st				м м 09	/	09			у 011	Y	
	City	State	Zip Code		Trans	sact	ion ID	: SA11AI	.159	73		
	mcallen	ТХ	78502		Amoun	t of	Each F	Receipt th	nis F	'eriod		
	FEC ID number of contributing federal political committee.	С					,		_	150	.00	
	Name of Employer	Occupation		- '	contribu	ition						
	self-employed	physician										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General											
	Other (specify)		1350.00									
s	UBTOTAL of Receipts This Page (optional)		••••••				, .			450.	.00	
									-			

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

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

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

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
		y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) A. Roger Vitko Mailing Address 1017 south 1st		Date of Receipt
City	State Zip Code	10 14 2011 Transaction ID : SA11AI.16191
mcallen	TX 78502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) B. Roger Vitko		Date of Receipt
Mailing Address 1017 south 1st		11 10 2011
City	State Zip Code	Transaction ID : SA11AI.16415
mcallen	TX 78502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1650.00	
Full Name (Last, First, Middle Initial) C. Roger Vitko		Date of Receipt
Mailing Address 1017 south 1st		M M / D D / Y Y Y Y 12 09 2011
City mcallen	StateZip CodeTX78502	Transaction ID : SA11AI.16646           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1800.00	
SUBTOTAL of Receipts This Page (optional)		► 450.00

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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	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 or for commercial purposes, other than using the name and		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial)         Raymond Walker         Mailing Address 1117 Shallow		Date of Receipt
Full Name (Last, First, Middle Initial)         Raymond Walker         Mailing Address 1117 Shallow         apt 4         City       State         mcallen       TX         FEC ID number of contributing federal political committee.       Occupate         Name of Employer self-employed       Occupate         Primary       General         Other (specify) ▼       Aggregate		Date of Receipt          Mom       /       D       /       Y       Y       Y         08       /       18       2011       18         Transaction ID : SA11AI.15755         Amount of Each Receipt this Period         250.00       250.00         contribution
Full Name (Last, First, Middle Initial)         Raymond Walker         Mailing Address 1117 Shallow         apt 4         City       State         mcallen       TX         FEC ID number of contributing       C         iderational political committee.       Occupat         Name of Employer       Occupat         self-employed       private in         Receipt For:       Aggregat         Other (specify)       Image: Construction of the specify in the specific of the speci		Date of Receipt 09 09 2011 Transaction ID : SA11AI.15974 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional)	<b>_</b>	750.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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		Detailed Summary Page		-	_	11b	11c	12	
AME OF COMMITTEE (In Full)	-								
II Name (Last, First, Middle Initial) Raymond Walker ailing Address 1117 Shallow apt 4 ty callen EC ID number of contributing deral political committee. ame of Employer If-employed acceipt For: Primary General Other (specify) ▼	!·			10 Trans Amoun	sact	ion ID	1 : SA11AI.	2011 <b>16192</b> iis Perioc	
III Name (Last, First, Middle Initial) Caymond Walker ailing Address 1117 Shallow apt 4 ty callen EC ID number of contributing deral political committee. ame of Employer If-employed ecceipt For: Primary General Other (concilit) =	!·	Year-to-Date ▼		11 Trans Amoun	sacti	10 ion ID	) : SA11AI.	nis Perioc	Y 1 0.00
Other (specify) ▼ III Name (Last, First, Middle Initial) Raymond Walker ailing Address 1117 Shallow apt 4 ty acallen EC ID number of contributing deral political committee. ame of Employer If-employed acceipt For: Primary General Other (specify) ▼	!·	Zip Code 78504		12 Trans Amoun	sact	ion ID Each	) : SA11AI	2011 . <b>16647</b> his Perioc	1 0.00
	commercial purposes, other than using   ME OF COMMITTEE (In Full)   ORDER HEALTH FEDERA   II Name (Last, First, Middle Initial)   caymond Walker   ailing Address 1117 Shallow  apt 4   ay   callen   C ID number of contributing   deral political committee.   ime of Employer   If-employed   ceipt For:   Primary   General   Other (specify) ▼   II Name (Last, First, Middle Initial)   callen   C ID number of contributing   deral political committee.   II Name (Last, First, Middle Initial)    callen   C ID number of contributing   deral political committee.   II Name (Last, First, Middle Initial)    callen   C ID number of contributing   deral political committee.   ime of Employer   f-employed   ceipt For:   Primary   General   Other (specify) ▼   II Name (Last, First, Middle Initial)    C ID number of contributing   deral political committee.   ailing Address 1117 Shallow   apt 4   Y   callen   C ID number of contributing   deral political committee.   ailing Address 1117 Shallow   apt 4   Y   callen   C ID number of contributing   deral political committee.   ailing Address 1117 Shallow   apt 4<	commercial purposes, other than using the name and ad ME OF COMMITTEE (In Full)         ORDER HEALTH FEDERAL PAC         II Name (Last, First, Middle Initial)         caymond Walker         alling Address 1117 Shallow         apt 4         y         State         C ID number of contributing teral political committee.         IT Name (Last, First, Middle Initial)         agregate         Primary       General         Other (specify)         II Name (Last, First, Middle Initial)         agymond Walker         alling Address 1117 Shallow         apt 4         y         State         C ID number of contributing teral political committee.         C ID number of contributing teral political committee.         C ID number of contributing teral political committee.         II Name (Last, First, Middle Initial)         Aggregate         Other (specify) ▼         II Name (Last, First, Middle Initial)         Aggregate         Other (specify) ▼         II Name (Last, First, Middle Initial)         Aggregate         Other (specify) ▼         II Name (Last, First, Middle Initial)         Aggregate         Primary       General	commercial purposes, other than using the name and address of any political committee         WHE OF COMMITTEE (In Full)         ORDER HEALTH FEDERAL PAC         II Name (Last, First, Middle Initial)         laymond Walker         alling Address 1117 Shallow         apt 4         y         State       Zip Code         TX       78504         IC ID number of contributing         ieral political committee.         Primary       General         Other (specify)       Occupation         private investor         object       Aggregate Year-to-Date ▼         2500.00       II Name (Last, First, Middle Initial)         aymond Walker       apt 4         vg       State       Zip Code         TX       78504       Z500.00         II Name (Last, First, Middle Initial)       aymond Walker         atiling Address 1117 Shallow       C       apt 4         vg       State       Zip Code         real political committee.       C       apt 4         vg       General       Occupation         private investor       Aggregate Year-to-Date ▼       2750.00         II Name (Last, First, Middle Initial)       apt 4       2750.00	commercial purposes, other than using the name and address of any political committee to so         ME OF COMMITTEE (in Full)         ORDER HEALTH FEDERAL PAC         II Name (Last, First, Middle Initial)         taymond Walker         tilling Address 1117 Shallow         apt 4         y         State       Zip Code         CL       TX         apt 4         y       State         general       C         dirate of Employer       Occupation         ht-employed       private investor         other (specify)          II Name (Last, First, Middle Initial)       aggregate Year-to-Date ▼         Querter (specify)          II Name (Last, First, Middle Initial)       aggregate Year-to-Date ▼         apt 4       y         state       Zip Code         TX       78504         CL       Inumber of contributing         earlen       TX         apt 4       y         y       State         Zip Code       TX         TX       78504         CL       Inumber of contributing         earla political committee.       C         Primary	commercial purposes, other than using the name and address of any political committee to solicit co         ME OF COMMITTEE (In Full)         ORDER HEALTH FEDERAL PAC         II Name (Last, First, Middle Initial)         agred at a great         Charles         Ditagreat         Commber of contributing terral political committee.         Cother (specify)           Other (specify)           agred at a great         agreat         bala co         agreat         agreat         agreat         agreat         agreat         agreat         agreat	commercial purposes, other than using the name and address of any political committee to solicit contribution       ME OF COMMITTEE (in Full)         ORDER HEALTH FEDERAL PAC       II Name (Last, First, Middle Initial)       Date of Refailing Address 1117 Shallow         apt 4       y       State       Zip Code         y       State       Zip Code       Amount of         callen       TX       78504       Amount of         C       Onumber of contributing teral political committee.       Occupation       ontribution         ibing Address       117 Shallow       Aggregate Year-to-Date ▼       ontribution         Primary       General       Occupation       ontribution       ontribution         illing Address       111 Shallow       2500.00       Date of Refailing Address       ontribution         Itil Name (Last, First, Middle Initial)       Aggregate Year-to-Date ▼       Internet the specify       Date of Refailing Address       Internet terms of the specify         y       State       Zip Code       Transact       Amount of       Internet terms of terms o	commercial purposes, other than using the name and address of any political committee to solicit contributions         ME OF COMMITTEE (In Full)         ORDER HEALTH FEDERAL PAC         It Name (Last, First, Middle Initial)         aymond Walker         apt 4         y       State         cill D number of contributing         eral political committee.         C         C ID number of contributing         ifferial political committee.         Other (specify) ▼         P innay         General         Other (specify) ▼         It Name (Last, First, Middle Initial)         ayrond Walker         uiling Address 1117 Shallow         apt 4         y       State         Zip Code         TX       78504         C       Contributing         iange at the specify ▼         Y       State         Zip Code       TX         TX       78504         C       Tassciton ID         Aggregate Year-to-Date ▼       Contribution         contributing       C         real political committee.       C         CID number of contributing       C         real politic	Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting commercial purposes, other than using the name and address of any political committee to solicit contributions from such Mile OF COMMITTEE (in Full)         ORDER HEALTH FEDERAL PAC       IN Ame (Last, First, Middle Initial)       Date of Receipt         illing Address 1117 Shallow	nternation copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such commit ME OF COMMITTEE (in Full) ORDER HEALTH FEDERAL PAC If Name (Last, First, Middle Initial) ayring Address of any political committee to solicit contributions from such commit Mign Address of any political committee. agent applied initial) ayring Address of Receipt temployed cellen TX 78504 C Commber of contributing erel political committee. are of Employer Primary General Other (specify) ♥ If Name (Last, First, Middle Initial) ayring Address of ITX 78504 If Name (Last, First, Middle Initial) ayring Address of ITX 78504 If Name (Last, First, Middle Initial) ayring Address of ITX 78504 If Name (Last, First, Middle Initial) ayring Address of ITX 78504 If Name (Last, First, Middle Initial) ayring Address of ITX 78504 C C commber of contributing erel political committee. C C Commber of contributing erel apolitical committee. C C Commber of contributing erel apolitical committee. C C C Domber of contributing erel apolitical committee. C C C Commber of contributing erel apolitical committee. C C C C Commber of contributing erel apolitical committee. C C C C C C C C C C C C C C C C C C C

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

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

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

FOR LINE NUMBER:

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			Detailed Summary Page		< 11a 13		11b	11c		12	17
Any inform or for com	nation copied from such Reports and St imercial purposes, other than using the	atements may no name and addre	ot be sold or used by any pe ess of any political committee	erson to se	for the	e pu ontri	rpose c	15 of soliciting from suc	g cor h co	16 ntributi mmitte	ons
	OF COMMITTEE (In Full) DER HEALTH FEDERAL P	AC									
A. Jame	ame (Last, First, Middle Initial) es Webb Address 312 Redbud					of R	eceipt			Y	Y
City mcalle		State TX	Zip Code 78504	_				: SA11AI	.1554		
FEC ID	) number of contributing political committee.	C		_	Amou	nt of	Each	Receipt th	nis P	eriod 144.:	36
self-em Receipt		Occupation private investor Aggregate Year	r-to-Date ▼	(	contrib	utior	1				
C	Other (specify)		869.62								
B. Jame	ame (Last, First, Middle Initial) es Webb Address 312 Redbud			_	Date 08	of R	eceipt		20	)11	Y
City mcaller	n	State TX	Zip Code 78504					: SA11AI. Receipt tl			
	o number of contributing political committee.	С					7		_	117.	73
self-em		Occupation private investor		c	ontrib	ution					
	t For: Primary General Dther (specify) ▼	Aggregate Year	r-to-Date ▼ 987.35								
	me (Last, First, Middle Initial) es Webb				Date	of R	eceipt				
Mailing	Address 312 Redbud				м 09		0			)11	Y
City mcalle	n	State TX	Zip Code 78504	_				: SA11AI Receipt tl			
federal	D number of contributing political committee.	С			contrib	utior	7	7		133.	28
Name of self-em	of Employer Iployed	Occupation private investor			Jonano	ulioi					
Receipt		Aggregate Yea	r-to-Date ▼ 1120.63								
SUBTOT	AL of Receipts This Page (optional)		•	 -		-	7		-	395.3	37
					1						_

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

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

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

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS	Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using th		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) James Webb Mailing Address 312 Redbud		Date of Receipt
City mcallen	State Zip Code TX 78504	10     14     2011       Transaction ID : SA11AI.16193       Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	104.40
Name of Employer self-employed Receipt For:	Occupation private investor Aggregate Year-to-Date ▼	contribution
Primary General Other (specify) ▼	1225.03	]
Full Name (Last, First, Middle Initial) B. James Webb Mailing Address 312 Redbud		Date of Receipt
City mcallen	State Zip Code TX 78504	11     10     2011       Transaction ID : SA11AI.16417       Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	93.30
Name of Employer self-employed	Occupation private investor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1318.33	1
Full Name (Last, First, Middle Initial) C. James Webb		Date of Receipt
Mailing Address 312 Redbud		12 09 2011
City mcallen	StateZip CodeTX78504	Transaction ID : SA11AI.16648           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	99.96
Name of Employer self-employed	Occupation private investor	
Receipt For: Primary General 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).....

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

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

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ITEMIZED RECEIPTS	Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and St or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Full Name (Last, First, Middle Initial)         Patrick Wilcox         Mailing Address 111 Rio Grande         City         mission         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TX       78572         C       Occupation         Ophysician       Aggregate Year-to-Date ▼         Aggregate Year-to-Date ▼       700.00	Date of Receipt
Full Name (Last, First, Middle Initial)         Patrick Wilcox         Mailing Address 111 Rio Grande         City         mission         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TX       78572         C       Occupation         Occupation       Physician         Aggregate Year-to-Date ▼       800.00	Date of Receipt 08 18 2011 Transaction ID : SA11AI.15757 Amount of Each Receipt this Period 100.00 contribution
Full Name (Last, First, Middle Initial)         Patrick Wilcox         Mailing Address 111 Rio Grande         City         mission         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TX       78572         C       Occupation         Occupation       Physician         Aggregate Year-to-Date ▼       900.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		300.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
		v person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) A. Patrick Wilcox Mailing Address 111 Rio Grande City	State Zip Code	Date of Receipt
mission FEC ID number of contributing federal political committee.	TX 78572	Amount of Each Receipt this Period
Name of Employer selfemployed Receipt For: Primary General Other (specify) $\checkmark$	Occupation physician Aggregate Year-to-Date ▼ 1000.00	
B. Full Name (Last, First, Middle Initial) Mailing Address 111 Rio Grande	State Zip Code	Date of Receipt
mission FEC ID number of contributing federal political committee.	TX 78572	Transaction ID : SA11AI.16418         Amount of Each Receipt this Period         100.00
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 1100.00	contribution
C. Full Name (Last, First, Middle Initial) Mailing Address 111 Rio Grande		Date of Receipt
City mission	State Zip Code TX 78572	12     09     2011       Transaction ID : SA11AI.16649       Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Occupation	100.00 contribution
selfemployed Receipt For: Primary General Other (specify) V	Aggregate Year-to-Date ▼ 1200.00	
SUBTOTAL of Receipts This Page (optional	)	300.00

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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			Detailed Summary Page	2	<b>K</b>			11b		11c		12		-
Ar	y information copied from such Reports and S	tatements ma	av not be sold or used by any pe	erson		13 the	DUr	14 pose c		15 licitina		16 tributi	1 <sup>-</sup>	r
or	for commercial purposes, other than using the	name and a	ddress of any political committee	to se	olic	it cor	ntrib	outions	s from	1 such	1 con	nmitte	e.	
$\left[ \right]$	NAME OF COMMITTEE (In Full)	_												
	BORDER HEALTH FEDERAL F	PAC												
Α.	Full Name (Last, First, Middle Initial) Subbarrao Yarra				Da	ite of	Be	eceipt						
/	Mailing Address 6905					1 M	_	D	D	/ Y	Y	Y	Y	
	N. Cynthia					09		09			201			
	City	State	Zip Code		Т	rans	act	ion ID	: SA	11AI.1	1597	7		
	McAllen	TX	78504	_	Am	nount	t of	Each	Rece	eipt thi	is Pe	eriod		
	FEC ID number of contributing federal political committee.	С						7		7		200.	00	
	Name of Employer	Occupation		- (	con	tribut	tion							
	Self-employed	physician												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General		400.00											
	Other (specify)		7 7 7											
_	Full Name (Last, First, Middle Initial)				_									
в.	Subbarrao Yarra			_			Re	eceipt						
	Mailing Address 6905 N. Cynthia				M	10	1	14	р . Д	/ Y	201	1 1	Y	
	City	State	Zip Code		Т		acti			11AI.1				
	McAllen	ТΧ	78504							eipt thi				
	FEC ID number of contributing	0			Ē					-	-	000		Ľ.
	federal political committee.	С			L			7		7	-	200.	00	I,
	Name of Employer	Occupation		— c	cont	tribut	ion							
	Self-employed	physician												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General													
	Other (specify)		600.00											
~	Full Name (Last, First, Middle Initial) Subbarrao Yarra				Da	ute of	Bo	ceipt						
Ο.	Mailing Address 6905			_		1 - M	/	D	D	/	Y	Y	Y	
	N. Cynthia					11	ľ	1			201			
	City	State	Zip Code		Т	rans	act	ion ID	) : SA	11AI.1	1641	9		
	McAllen	TX	78504	_	Am	nount	t of	Each	Rece	eipt thi	is Pe	eriod		
	FEC ID number of contributing federal political committee.						_	,		7		200.	00	
	Name of Employer	Occupation		- '	con	tribu	tion							
	Self-employed	physician												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General		800.00											
	Other (specify)		7 7											
Г						-	-	-	_	_	_	_	-	1
s	UBTOTAL of Receipts This Page (optional)		••••••		L			7		7		600.0	00	

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FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	
		any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA		
✓       Full Name (Last, First, Middle Initial)         A.       Subbarrao Yarra         Mailing Address 6905	State     Zip Code       TX     78504       C       Occupation       physician       Aggregate Year-to-Date ▼       1000.00	Date of Receipt  Date of Receipt  12 09 2011 Transaction ID : SA11AI.16650 Amount of Each Receipt this Period  200.00 contribution 0
Full Name (Last, First, Middle Initial)         B.       Dr. Christopher Zaleski         Mailing Address 6804 N. 1st		Date of Receipt
City mcallen	StateZip CodeTX78504	Transaction ID : SA11AI.15542 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	contribution
Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) C. Dr. Christopher Zaleski		Date of Receipt
Mailing Address 6804 N. 1st		08 18 _2011 _
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.15758 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	0
SUBTOTAL of Receipts This Page (optiona	l)	> 700.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and Sta or for commercial purposes, other than using the		person for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial)         Dr. Christopher Zaleski         Mailing Address 6804 N. 1st         City         mcallen         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TX       78504         C       Occupation         physician       Aggregate Year-to-Date ▼         2250.00       2250.00	Date of Receipt
Full Name (Last, First, Middle Initial)         Dr. Christopher Zaleski         Mailing Address 6804 N. 1st         City         mcallen         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       TX     78504       C       Occupation       physician       Aggregate Year-to-Date ▼	Date of Receipt
Full Name (Last, First, Middle Initial)         Dr. Christopher Zaleski         Mailing Address 6804 N. 1st         City         mcallen         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX       Zip Code 78504         C       C         Occupation physician	Date of Receipt  T1 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)......

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

Use separate schedule(s) for each category of the

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			13 14 15 16 17		
	g the name and ad		erson for the purpose of soliciting contributions e to solicit contributions from such committee.		
F COMMITTEE (In Full) DER HEALTH FEDERA	AL PAC				
e (Last, First, Middle Initial) ristopher Zaleski			Date of Receipt		
Address 6804 N. 1st	12 09 2011				
	State TX	Zip Code 78504	Transaction ID : SA11AI.16651           Amount of Each Receipt this Period		
number of contributing olitical committee.	С		250.00		
Employer byed	Occupation physician		contribution		
For: mary General ner (specify) <b>▼</b>	Aggregate	Year-to-Date ▼ 3000.00	]		
e (Last, First, Middle Initial) Zapata			Date of Receipt		
Address 316 Xenops	07 15 2011				
	State TX		Transaction ID : SA11AI.15543 Amount of Each Receipt this Period		
number of contributing olitical committee.	С		400.00		
Employer byed	Occupation physician		contribution		
For: mary General ner (specify) <b>▼</b>	Aggregate	Year-to-Date ▼ 2800.00	]		
ne (Last, First, Middle Initial) Zapata			Date of Receipt		
ddress 316 Xenops			M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y		
	State TX	Zip Code 78504	Transaction ID : SA11AI.15759 Amount of Each Receipt this Period		
number of contributing olitical committee.	С		400.00		
Employer	Occupation		contribution		
byed For: mary General ner (specify) ▼		Year-to-Date ▼ 3200.00	1		
	ristopher Zaleski ddress 6804 N. 1st humber of contributing olitical committee. Employer byed For: mary General her (specify) ▼ e (Last, First, Middle Initial) Zapata ddress 316 Xenops humber of contributing olitical committee. Employer byed For: mary General her (specify) ▼ e (Last, First, Middle Initial) Zapata ddress 316 Xenops humber of contributing olitical committee. Employer byed for: mary General her (specify) ▼ e (Last, First, Middle Initial) Zapata ddress 316 Xenops	ristopher Zaleski ddress 6804 N. 1st State TX number of contributing olitical committee. Employer Occupation physician For: mary General her (specify) General ddress 316 Xenops State TX number of contributing olitical committee. Employer Ved C C C C C C C C C C C C C C C C C C C	ristopher Zaleski ddress 6804 N. 1st           State       Zip Code         TX       78504         number of contributing olitical committee.       C         Employer       Occupation         physician       For:         mary       General         ter (specify)       Aggregate Year-to-Date ▼         2apata       3000.00         ddress 316 Xenops       State       Zip Code         TX       78504         number of contributing olitical committee.       C       3000.00         Employer       Occupation       Physician         For:       mary       General       C         mary       General       C       2800.00         e (Last, First, Middle Initial)       Zapata       Aggregate Year-to-Date ▼       2800.00         For:       mary       General       2800.00       Employer         yed       Occupation       Physician       2800.00       Employer         oddress 316 Xenops       State       Zip Code       TX       78504         number of contributing       C       C       Employer       2800.00       Employer         oddress 316 Xenops       C       C       C       Employer       2800.00		

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

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

Use separate schedule(s) for each category of the

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
		y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial)     Hugo Zapata     Mailing Address 316 Xenops     City     mcallen     FEC ID number of contributing     federal political committee.     Name of Employer     selfemployed	State Zip Code TX 78504	Date of Receipt 09 09 2011 Transaction ID : SA11AI.15979 Amount of Each Receipt this Period 400.00 contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 3600.00	
Full Name (Last, First, Middle Initial)         B.       Hugo Zapata         Mailing Address 316 Xenops		Date of Receipt
City mcallen FEC ID number of contributing federal political committee.	State     Zip Code       TX     78504	Transaction ID : SA11AI.16197           Amount of Each Receipt this Period           400.00
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 4000.00	contribution
Full Name (Last, First, Middle Initial) C. Hugo Zapata		Date of Receipt
Mailing Address 316 Xenops         City         mcallen         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX       Zip Code 78504         C       Occupation         Occupation       physician         Aggregate Year-to-Date ▼       4400.00	M     M     J     D     J     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y
SUBTOTAL of Receipts This Page (optional).		

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 402 OF

435

TTEMIZED RECEIPTS	tor each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	d Statements may not be sold or used by any p the name and address of any political committe	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
✓       Full Name (Last, First, Middle Initial)         A.       Hugo Zapata         Mailing Address 316 Xenops         City         mcallen         FEC ID number of contributing         federal political committee.         Name of Employer         selfemployed         Receipt For:         □       Primary         □       General         Other (specify) ▼	State       Zip Code         TX       78504         C       Occupation         physician       Aggregate Year-to-Date ▼         4800.00       4800.00	Date of Receipt          12       09       2011         Transaction ID : SA11AI.16652         Amount of Each Receipt this Period         400.00         contribution
Full Name (Last, First, Middle Initial)         B.       Dr. Livania Zavala-Spinetti         Mailing Address 109 E Cornell		Date of Receipt
City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed	State Zip Code TX 78502	09 09 2011 Transaction ID : SA11AI.15980 Amount of Each Receipt this Period 25.00 contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 225.00	]
Full Name (Last, First, Middle Initial) C. Dr. Livania Zavala-Spinetti		Date of Receipt
Mailing Address 109 E Cornell         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TX       78502         C       Occupation         Self-employee physician         Aggregate Year-to-Date ▼         250.00	Mmm       /       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).....

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 403 OF

435

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			13     14     15     16     17       berson for the purpose of soliciting contributions       to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEE	-	,	
Full Name (Last, First, Middle Initia A. Dr. Livania Zavala-Spinetti	l)		Date of Receipt
Mailing Address 109 E Cornell			11 10 / Y Y Y Y Y
City McAllen	State Zip Cod TX 78502	e	Transaction ID : SA11AI.16422 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer	Occupation		
selfemployed	self-employee physician		
Receipt For:	Aggregate Year-to-Date	•	
Other (specify)		275.00	]
Full Name (Last, First, Middle Initia B. Dr. Livania Zavala-Spinetti	l)		Date of Receipt
Mailing Address 109 E Cornell			12 09 2011
City	State Zip Cod	e	Transaction ID : SA11AI.16653
McAllen	TX 78502		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer	Occupation		contribution
selfemployed	self-employee physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	300.00	1
Full Name (Last, First, Middle Initia C. Dr. Fuad Zayed	1)		Date of Receipt
Mailing Address 1425 Sweet Lane			07 15 / Y Y Y Y 2011
City Edinburg	State Zip Cod TX 78539	е	Transaction ID : SA11AI.15545
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer	Occupation		contribution
selfemployed	physician		
Receipt For: Primary General	Aggregate Year-to-Date	▼	
Other (specify) ▼		525.00	
SUBTOTAL of Receipts This Page (	optional)		125.00

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

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

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

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PAGE 404 OF

435

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Any information copied from such Reports and St or for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any pe ddress of any political committee	to so	for the licit cor	purp ntribu	ose o utions	f soliciting from suc	g con h con	tributi nmitte	ons e.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC									
Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Fuad Zayed				Date of	Red	ceipt				
Mailing Address 1425 Sweet Lane				м м 08	/	D 18		20 <sup>-</sup>	Y 11	Y
City	State	Zip Code		Trans	actio	on ID	: SA11AI	.1576	1	
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FEC ID number of contributing federal political committee.	С					,		_	75.0	00
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selfemployed	physician									
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General		200.00								
Other (specify)	L	600.00								
Full Name (Last, First, Middle Initial)										
B. Dr. Fuad Zayed			_	Date of	Red	ceipt				
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City	State TX	Zip Code 78539					SA11AI.			
Edinburg		78539		Amount	tofl	Each I	Receipt th	nis Pe	eriod	
FEC ID number of contributing federal political committee.	С					,			75.0	00
Name of Employer	Occupation		- co	ontribut	ion					
selfemployed	physician									
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General		075.00								
Other (specify) <b>v</b>		675.00								
Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Fuad Zayed				Date of	Red	ceipt				
Mailing Address 1425 Sweet Lane				м м 10	/	D 14		201		Y
City	State	Zip Code		Trans	acti	on ID	: SA11AI	.1619	9	
Edinburg	ТХ	78539	/	Amount	t of I	Each I	Receipt th	nis Pe	əriod	
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Name of Employer	Occupation			onunbu	lion					
selfemployed	physician									
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General		750.00								
Other (specify)		750.00								
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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

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

FOR LINE NUMBER:

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PAGE 405 OF

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	Mailing Address 1425 Sweet Lane	State	Zip Code		L	M ■ M 11 Trans	act		0	5A11AI.	2	011 <b>23</b>	Y	
	Edinburg	ТΧ	78539							eceipt th				
	FEC ID number of contributing federal political committee.	С						7			_	75.	00	
	Name of Employer selfemployed	Occupation physician			CO	ntribut	ion							
	Receipt For:	Aggregate	Year-to-Date ▼ 825.00											
в.	Full Name (Last, First, Middle Initial) Dr. Fuad Zayed Mailing Address 1425 Sweet Lane					ate of	Re	eceipt	D	/ Y	Y	Y	Y	
	City	State	Zip Code		5	12 Trans	acti		)9 ) : <b>S</b>	6A11AI.		011 <b>54</b>		
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 900.00											
С.	Full Name (Last, First, Middle Initial)				D	ate of	Re	eceipt						
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S	CHEDULE B (FEC Form 3X)	FOR LINE					MBER:	:			PA	GE 4	06 C	F 435								
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$\left[ \right]$	NAME OF COMMITTEE (In Full)																					
	BORDER HEALTH FEDERAL PAG	C																				
Δ	Full Name (Last, First, Middle Initial) Ms Eliza Alvardo						Date of	f Dis	shurse	em	ent											
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	Mailing Address 1303 W. Kiwi #4						07		1	8		201	11									
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	contract services - salary expenditure		(	001			Amount	t of	Each	Di	sburser	ment t	this F	Period								
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	Office Sought: House Disburser	ment For:	1																			
	Senate President	Primary General																				
	State: District:	Other (specify)																				
	Full Name (Last, First, Middle Initial)																					
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	Mailing Address 1303 W. Kiwi #4						07		2	20		201	11									
	City Pharr	State Zip Code TX 78577					Trans	sacti	ion ID	):	SB21B.	16660	D									
	Purpose of Disbursement phone/IT services			001			Amount	t of	Each	Di	sburser	ment t	this F	Period								
	Candidate Name		Cat	ego ype									294	.17								
	Office Sought: House Disburser	ment For:	1	ype																		
	Senate	Primary General																				
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C.	Full Name (Last, First, Middle Initial) Ms Eliza Alvardo						Date of	f Dis	sburse	əme	ent											
	Mailing Addross 1202 W. Kiwi #4						м м 07	/	2	29	/ Y	201		Y								
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	Pharr Purpose of Disbursement	TX 78577																				
	contract services - salary expenditure		(	001			Amount	t of	Fach	Di	shurser	ment t	this F	Period								
	Candidate Name			ego ype			, unoun		Edon		5541501		4992.									
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S	CHEDULE B (FEC Form 3X)		F	OR	LINE I	NUI	MBER:				PA	GE 40	7 OF	435		
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$\setminus$	NAME OF COMMITTEE (In Full)															
	BORDER HEALTH FEDERAL PAG	5														
Α.	Full Name (Last, First, Middle Initial) Ms Eliza Alvardo					ſ	Date of	f Dis	sburse	eme	ent					
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	Mailing Address 1303 W. Kiwi #4						08		1	2		2011				
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	contract services - salary expenditure		C	001		A	Amount	t of	Each	Di	sburser	nent th	is Per	riod		
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	Full Name (Last, First, Middle Initial)															
В.	Ms Eliza Alvardo					[	Date of	f Dis	sburse		ent	Y	vv			
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	Pharr	State Zip Code TX 78577					Trans	acti	ion ID	):8	SB21B.	16689				
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	Office Sought: House Disburse	nent For: Primary General														
	President	Other (specify)														
	State: District:															
C.	Full Name (Last, First, Middle Initial) Ms Eliza Alvardo					[	Date of	f Dis			ent					
	Mailing Address 1303 W. Kiwi #4						09	/	0	6	/ Y	2011				
	City Pharr	State Zip Code TX 78577					Trans	acti	ion ID	): 5	SB21B.	16694				
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	Office Sought: House Disburse	ment For:		71					9		7					
	Senate President	Primary General														
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S	CHEDULE B (FEC Form 3X)					117 N.					P۸	GE 408	OF 435				
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$\left  \right\rangle$	NAME OF COMMITTEE (In Full)	<b>`</b>															
	BORDER HEALTH FEDERAL PAC																
Δ	Full Name (Last, First, Middle Initial) Ms Eliza Alvardo						Date of	f Die	shurse	m	nent						
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	Mailing Address 1303 W. Kiwi #4						09	Í		9		2011					
	City	State Zip Code					Transaction ID : SB21B.16696										
	Pharr	TX 78577					Trans	act	ion ID	:	SB21B	.16696					
	Purpose of Disbursement contract services - salary expenditure				-	Amount of Each Disbursement this Period											
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	Office Sought: House Disburser																
	Senate President	Primary General Other (specify)															
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_	Full Name (Last, First, Middle Initial)																
В.	Ms Eliza Alvardo						Date of	f Di	sburse	em	nent						
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С.	Ms Eliza Alvardo												_				
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$ \rangle$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA(	<b>`</b>														
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Δ	Full Name (Last, First, Middle Initial) Ms Eliza Alvardo						Date o	of Di	sbu	rser	nent					
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	Mailing Address 1303 W. Kiwi #4						11		L	07		_20				
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	Office Sought: House Disburser															
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В.	Ms Eliza Alvardo						Date of	of Di	sbu	rser	nent					
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	BORDER HEALTH FEDERAL PAC	,																
۸	Full Name (Last, First, Middle Initial) Ms Eliza Alvardo							Date	of Di	churce	om	ont						
	INS EIIZA AIVAIOO							M					( Y Y	V				
	Mailing Address 1303 W. Kiwi #4							12			19		2011					
	City	State Zip	Code				_											
	Pharr	TX 785						Tran	sact	ion ID	):	SB21B	.16747					
	Purpose of Disbursement				-													
	contract services - salary expenditure			0	01			Amou	nt of	Each	D	isburse	ment this	this Period				
	Candidate Name			Cate		·y/							53(	05.97				
	Office Sought: House Disburser	aant Far		Ту	/pe		_	<u></u>	-	7								
	Senate	Primary	General															
	President	Other (specify)																
	State: District:		•															
	Full Name (Last, First, Middle Initial)																	
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	Mailing Address P.O. Box 930170							10			13		2011	_				
	City		Code					Tran	sact	tion IF	<u>.</u>	SB21B	16710					
	Dallas Purpose of Disbursement	TX 753	93															
	telephone land lines expenditure			0	01			Amou	nt of	Fach		)isburse	ment this	Period				
	Candidate Name		I.	Cate		~/												
					/pe	y/		79.49										
	Office Sought: House Disburser	nent For:	I															
	Senate	Primary	General															
	State: District:	Other (specify)	•															
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C.	Full Name (Last, First, Middle Initial)							Date	of Di	sburse	em	nent						
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	Mailing Address P.O. Box 930170							11			16	11	2011					
	City	State Zip	Code				_											
	Dallas	TX 753						Tran	sact	tion ID	):	SB21B	.16725					
	Purpose of Disbursement			-	-													
	telephone land lines expenditure			0	01			Amou	nt of	Each	D	isburse	ment this	Period				
	Candidate Name			Cate		·y/					1		23	34.75				
	Office Sought: House Disburser	nent For:		I)	/pe		_	<u> </u>		7	-							
	Senate	Primary	General															
	President	Other (specify)	•															
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	y information copied from such Reports and Stater for commercial purposes, other than using the nan																
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	C															
Α.	Full Name (Last, First, Middle Initial) Cameo Parking Systems Inc						Date o	_	burse		YY	Y					
	Mailing Address 1311 E. Hackberry Avenue						12		1		2011						
	McAllen	State TX	Zip Code 78501			Transaction ID : SB21B.16739											
	Purpose of Disbursement In-Kind contribution - dewhurst - senate	0	03		Amour	nt of	Each	Disbursen	nent this	Period							
	Candidate Name DAVID H DEWHURST			Cate Ty	egory /pe	y/			,		77	4.53					
	Senate X President	nent For: Primary Other (spe	General														
— B.	State:       TX       District:       00         Full Name (Last, First, Middle Initial)         CopyPlus						Date o	of Dis	burse	ment							
	Mailing Address 4500 N. 10th suite 240						M M 09	_	0	D / Y	2011	Y					
	City S McAllen	State TX	Zip Code 78504				Tran	sacti	on ID	: SB21B.	16693						
	Purpose of Disbursement offices supplies & furniture/fixtures			0	01		Amoun	nt of	Each	Disbursen	nent this	Period					
	Candidate Name			Cate Ty	egory /pe	y/			, .		19	5.44					
	Office Sought: House Disburser Senate President District:	nent For: Primary Other (spe	General cify) ▼														
C.	Full Name (Last, First, Middle Initial) Ms Sandra Escamilla						Date o	_									
	Mailing Address 1418 Quince						07		D 1:		2011	- Y					
	McAllen	State TX	Zip Code 78504				Tran	sacti	on ID	: SB21B.	16658						
	Purpose of Disbursement contract services - salary expenditure Candidate Name			Cate	01 egory /pe	y/	Amour	nt of	Each	Disbursen		Period 5.72					
	Office Sought: House Disburser Senate President State: District:	nent For: Primary Other (spe	General cify) ▼	.,	, 20				7								
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$\left  \right\rangle$	NAME OF COMMITTEE (In Full)	<b>~</b>											
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Δ.	Full Name (Last, First, Middle Initial) Ms Sandra Escamilla						Date o	f Di	sburse	eme	ent		
<i>/</i>	INS Sanura Escarrilla						M M	_	D			YY	Y
	Mailing Address 1418 Quince						07			29	Ľ	2011	
	City S McAllen	State Zip Code TX 78504					Trans	sact	ion ID	) : S	6B21B.	16666	
	Purpose of Disbursement contract services - salary expenditure												
	Candidate Name		- L	001		- 1	Amoun	t of	Each	Dis	sburser	nent this	Period
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	Office Sought: House Disburser	ment For: Primary General	I										
	President	Other (specify)											
	State: District:												
-	Full Name (Last, First, Middle Initial)												
В.	Ms Sandra Escamilla						Date o	_					
	Mailing Address 1418 Quince						08		D (	08	/ Y	2011	Y
	McAllen	State Zip Code TX 78504					Trans	sact	ion IE	):S	SB21B.	16673	
	Purpose of Disbursement contract services - salary expenditure			00	1		Amoun	t of	Each	Dis	sburser	nent this	Period
	Candidate Name		C	ateg Typ		/			,		,	2	61.81
	Office Sought: House Disburser	ment For: Primary General											
	President	Other (specify)	1										
	State: District:												
<u>с</u> .	Full Name (Last, First, Middle Initial)						Date o	f Di	sburse	eme	ent		
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	Mailing Address 1418 Quince						08		1	5	I L	2011	
	City S McAllen	StateZip CodeTX78504					Trans	sact	ion IC	) : S	6B21B.	16679	
	Purpose of Disbursement mileage expenditure												
	Candidate Name		C	001 ateg Typ	jory/	/	Amoun	t of	Each	Dis	sburser	nent this	Period 21.01
	Office Sought: House Disburser	ment For:		٩٤י					7	-	- 7		<u> </u>
	Senate	Primary General	I										
	President	Other (specify)											
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$\left  \right\rangle$	NAME OF COMMITTEE (In Full)	_											
/	BORDER HEALTH FEDERAL PAG	;											
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Α.	Ms Sandra Escamilla					Da	ate o	of Di	sburs	eme	ent		
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	Mailing Address 1418 Quince					1	08			26	I L.	2011	
	City	State Zip Code											
	McAllen	TX 78504				٦	ran	sact	ion II	):S	B21B.	16691	
	Purpose of Disbursement			-									
	contract services - salary expenditure		(	001		Ar	noui	nt of	Each	n Dis	sburse	ment this	Period
	Candidate Name			egor	y/							65	58.20
	Office Sought: House Disburser	nent For:		ype					7		- 7		
	Senate	Primary General											
	President	Other (specify)											
	State: District:												
D	Full Name (Last, First, Middle Initial)					D		af Di	abura	~ ~ ~ ~	+		
В.	Ms Sandra Escamilla								sburs		eril		
	Mailing Address 1418 Quince						09			09	/ Y	2011	= Y
		State Zip Code				-	Fran	sact	tion II	D : S	B21B	16698	
	McAllen Purpose of Disbursement	TX 78504											
	contract services - salary expenditure		(	001		Ar	noui	nt of	Each	n Dis	sbursei	nent this	Period
	Candidate Name		Cat	egor	v/	10							
				ype	y,				7		- 7	7	38.67
		nent For:											
	Senate President	Primary General Other (specify)											
	State: District:												
	Full Name (Last, First, Middle Initial)												
C.	Ms Sandra Escamilla					Da	ate d	of Di	sburs	eme	ent		
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	Mailing Address 1418 Quince						10		(	07	L L	2011	_
	City	State Zip Code											
	McAllen	TX 78504				-	Fran	sact	tion II	):S	6B21B	16708	
	Purpose of Disbursement contract services - salary expenditure												
	Candidate Name			001		Ar	noui	nt of	Each	n Dis	sburse	ment this	Period
	Candidate Name			egor ype	y/	- E						72	23.56
	Office Sought: House Disburser	nent For:		3he				-	7		- 7		
	Senate	Primary General											
	President	Other (specify)											
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SCHEDULE B (FEC Form 32	()	FOR	NE NUMBER:	PAGE 414 OF 435
<b>ITEMIZED DISBURSEMENTS</b>	Use separate sched for each category of	lule(s) (check of	only one)	
	Detailed Summary F			24 25 26 28c 29 30b
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Full Name (Last, First, Middle Initial)				
A. Ms Sandra Escamilla			Date of Disburse	
Mailing Address 1418 Quince			10 2	2011
City McAllen	StateZip CodeTX78504		Transaction ID	: SB21B.16713
Purpose of Disbursement contract services - salary expenditure		001	Amount of Each	Disbursement this Period
Candidate Name		Category/ Type		788.80
Office Sought: House Senate President	Disbursement For: Primary Generation Other (specify)	eral		
State: District:				
Full Name (Last, First, Middle Initial)         B. Ms Sandra Escamilla			Date of Disburse	
Mailing Address 1418 Quince			11 (	2011
City McAllen	State Zip Code TX 78504		Transaction ID	) : SB21B.16722
Purpose of Disbursement contract services - salary expenditure		001	Amount of Each	Disbursement this Period
Candidate Name		Category/ Type		723.55
Senate President	Disbursement For: Primary Gene Other (specify) ▼	eral		
State:         District:           Full Name (Last, First, Middle Initial)           C. Ms Sandra Escamilla			Date of Disburse	
Mailing Address 1418 Quince			11 / D	8 / Y Y Y Y 2011
City McAllen	State Zip Code TX 78504		Transaction ID	) : SB21B.16726
Purpose of Disbursement contract services - salary expenditure		001	Amount of Each	Disbursement this Period
Candidate Name		Category/ Type		1375.95
Senate President	Disbursement For: Primary Gene Other (specify) ▼			
State: District:				
SUBTOTAL of Disbursements This Page (c	ptional)			2888.30
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		for each category of the Detailed Summary Page			21b	· _	22		23	Γ	24		25	26
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۸	Full Name (Last, First, Middle Initial)						Date o	fDi	chure	om	ont			
	Ms Sandra Escamilla													
	Mailing Address 1418 Quince					1	12 <sup>M</sup>		D	02	/	201		Y
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	City	State Zip Code					Trans	sact	ion II	۰ .	SB21	3.16742	,	
	McAllen	TX 78504					ITana	sau			30211	5.10742	2	
	Purpose of Disbursement contract services - salary expenditure			001			A		<b>F</b> aab					امینا می
	Candidate Name						Amoun	it of	Eacr	ים ו	ISDUIS	ement t	inis P	erioa
	Candidate Name			tego Type						_			1375.	96
	Office Sought: House Disburse	ment For:		турс					,		7			_
	Senate	Primary General												
	President	Other (specify)												
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	Full Name (Last, First, Middle Initial)													
В.	Ms Sandra Escamilla						Date o	f Di	sburs	em	nent			
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	Mailing Address 1418 Quince						12			16	1.1	201	11	_
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	Purpose of Disbursement			_	_	1								
	contract services - salary expenditure			001			Amoun	t of	Each	ו D	isburs	ement t	this P	eriod
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	Senate President	Primary General Other (specify)												
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	С													
Full Name (Last, First, Middle Initial) A. Girls Scouts of Greater South Text	as					0	Date of	f Dis	sburse			YY	Ý	Y
Mailing Address 1109 W. Nolana #202	<b>0</b>	7.0.1					08		1	2		2	011	
City McAllen Purpose of Disbursement	State TX	Zip Code 78501					Trans	acti	ion ID	):	SB21E	8.166	78	
donation			0	12		A	Amoun	t of	Each	D	isburse	emen	t this	Period
Candidate Name			Cate Ty	egor /pe	у/				,		,		10000	0.00
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spec	General ify) <b>▼</b>												
Full Name (Last, First, Middle Initial) B. Hope Family Health Center Clinic Mailing Address 2332 Jordan						[	Date of	f Dis	D		/		:011	Y
City	State	Zip Code												
McAllen Purpose of Disbursement	ТХ	78503					Trans	sact	ion ID	):	SB21E	3.166	84	
donation Candidate Name			Cate	)12 egor /pe	ry/	A	Amoun	t of	Each	D	lisburse	emen	t this 500	_
Office Sought: House Disburse Senate President District:	ment For: Primary Other (spec	General ify) ▼												
Full Name (Last, First, Middle Initial) C. Internal Revenue Services						[	Date of	f Dis						
Mailing Address 324 25th Street							м м 07	/	2	29	/		011	Y
City Odgen	State UT	Zip Code 84401					Trans	sact	ion ID	):	SB21E	8.166	67	
Purpose of Disbursement quarterly tax deposit - IRS Candidate Name			Cate	01 egor ype	ry/	A	Amoun	t of	Each	D	isburse	emen	t this 10012	
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spec	General ify) <b>▼</b>		, 20					7		7			
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Α.	Internal Revenue Services					Date o	_					
	Mailing Address 324 25th Street					07	/	2	9		011	Ŷ
	City Odgen	State Zip Code UT 84401				Trans	sacti	on ID	: SB21	B.166	68	
	Purpose of Disbursement											
	quarterly tax deposit - IRS			01		Amoun	t of	Each	Disburs	emen	t this I	Period
			Cate T	egor ype				,	,		57	.71
	Office Sought: House Disbu	rsement For: Primary General Other (specify) ▼										
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_	Full Name (Last, First, Middle Initial)					_						
Β.	Internal Revenue Services					Date o						
	Mailing Address 324 25th Street					08	/	2	.9		2011	Ŷ
	City Odgen	State Zip Code UT 84401				Trans	sacti	ion ID	: SB21	B.166	92	
	Purpose of Disbursement quarterly tax deposit - IRS			001		Amoun	t of	Fach	Disburs	emen	t thie I	Period
	Candidate Name		Cate	-	rv/	Anoun			Disbuis	CINCII	-	_
				ype	<i>'1'</i>			7			6978	3.91
	Office Sought: House Disbu	rsement For: Primary General										
	President	Other (specify)										
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C.	Full Name (Last, First, Middle Initial) Internal Revenue Services					Date o	f Dis	sburse	ement			
	Mailing Address 324 25th Street					09	/	2			011	Y
	City	State Zip Code UT 84401				Trans	sacti	ion ID	: SB21	B.167	02	
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	quarterly tax deposit - IRS Candidate Name		Cat	001 egor		Amoun	t of	Each	Disburs	emen	t this 1 7395	
	Office Sought: House Disbu	rsement For:	T	ype				7	7		1090	
	Senate President	Primary General										
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Α.	Full Name (Last, First, Middle Initial) Internal Revenue Services						_	ate o	_	sburse			Y	Ŷ	Y
	Mailing Address 324 25th Street							10			21			011	
	City Odgen Purpose of Disbursement	State UT	Zip Code 84401				-	Frans	sact	ion ID	):	SB21B.	167 <sup>.</sup>	15	
	quarterly tax deposit - IRS			0	01		A	noun	t of	Each	D	Disburser	nen	t this	Period
	Candidate Name			Cate T	egoi ype	ry/				,	2			726	3.48
	Office Sought:     House     Disburse       Senate     President     Image: Senate	ment For: Primary Other (spec	General cify) ▼												
	State: District:														
B.	Full Name (Last, First, Middle Initial) Internal Revenue Services						_		_	sburse				V	- Maria
	Mailing Address 324 25th Street							11	/	D	18			011	Y
	Odgen	State UT	Zip Code 84401					Trans	sact	tion ID	):	SB21B.	167	28	
	Purpose of Disbursement quarterly tax deposit - IRS			C	001		A	moun	t of	Each		Disburser	nen	t this	Period
	Candidate Name			Cate						,				697	
	Senate President	ment For: Primary Other (spec	General General												
— C.	State:     District:       Full Name (Last, First, Middle Initial)       Ms Prisylla Jasso						D	ate o	f Di	sburse	em	nent			
-	Mailing Address 213 Quail Court						ľ	07	/	D 1	15	) / Y		011	Y
	City McAllen	State TX	Zip Code 78502					Trans	sact	tion ID	<b>)</b> :	SB21B.	166	57	
	Purpose of Disbursement contract services - salary expenditure		78502	0	01		Δ	moun	t of	Fach		Disburser	nen	t this	Period
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	Senate President	ment For: Primary Other (spec	General cify) ▼		-										
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	CHEDULE B (FEC Form 3X)	Use separate schedule(s		-		-	IMBER	:			PA	GE	419	OF 435
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	/ (c		k only 21b 27	/ or	ne) 22 28a		23 28b		24 28c		25 29	26
	iy information copied from such Reports and State for commercial purposes, other than using the na													
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	С												
Α.	Full Name (Last, First, Middle Initial) Ms Prisylla Jasso						Date o		sburse				Y	V
	Mailing Address 213 Quail Court						07			29			011	
	City McAllen Purpose of Disbursement	StateZip CodeTX78502					Trans	sact	ion ID	):S	SB21B.	1666	65	
	contract services - salary expenditure		(	001			Amoun	t of	Each	Dis	sburser	nent	this	Period
	Candidate Name		Cat T	ego ype					7				1523	3.28
	Office Sought: House Disburse Senate President	ement For: Primary General Other (specify) ▼												
	State: District:	-												
В.	Full Name (Last, First, Middle Initial) Ms Prisylla Jasso						Date o	_	sburse		ent	Y	Y	Y
	Mailing Address 213 Quail Court						08		1	12		2	011	
	City McAllen Purpose of Disbursement	StateZip CodeTX78502					Trans	sact	ion ID	):S	SB21B.	1667	75	
	contract services - salary expenditure		(	001			Amoun	t of	Each	Dis	sburser	nent	this	Period
	Candidate Name		Cat T	ego ype					,				52	1.91
	Senate President	ment For: Primary General Other (specify) ▼												
_	State:     District:       Full Name (Last, First, Middle Initial)						Data	( D:	- 1					
С.	Ms Prisylla Jasso						Date o	_			ent	N	Y	
	Mailing Address 213 Quail Court						08	/	1	7	7 Y		011	Ŷ
	City McAllen Purpose of Disbursement	StateZip CodeTX78502					Trans	sact	ion ID	):S	SB21B.	1668	81	
	Candidate Name		Cat	)01 ego ype			Amoun	t of	Each	Dis	sburser	nent	this 1230	
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) ▼		<u> </u>					7		7			
⊢	<b>UBTOTAL</b> of Disbursements This Page (optional).								7		5		3275	5.82
1'	OTAL This Period (last page this line number only	/)		•••••	• 🕨				7	_	- 7			_

S	CHEDULE B (FEC Form 3X)			F	DR	LIN	ΕN	UMB	ER·				P/	AGE	420	OF 435
IT	EMIZED DISBURSEMENTS	Use separate for each cate			hec	k o	nly o	one)				F		,	7.05	
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	ny information copied from such Reports and Stater for commercial purposes, other than using the nar															
$\left  \right\rangle$	NAME OF COMMITTEE (In Full)	_														
		C														
Α.	Full Name (Last, First, Middle Initial) Ms Prisylla Jasso							Dat	e of	f Dis	sburse	em	nent			
								Μ	M	/	D	D	/	Y Y	Y	Y
	Mailing Address 213 Quail Court							(	08		2	26		2	011	_
	City McAllen		Code 502					Tr	ans	acti	ion IC	):	SB21E	.166	90	
	Purpose of Disbursement	17 70	502	_		_										
	contract services - salary expenditure			0	01			Amo	ount	t of	Each	D	isburse	emen	t this	Period
	Candidate Name			Cate Ty	egor /pe						,				126	3.13
	Office Sought: House Disburser Senate	ment For: Primary	General													
	State: District:	Other (specify)	▼													
	Full Name (Last, First, Middle Initial)															
В.										Dis	sburs					
	Mailing Address 213 Quail Court								09	1	D (	09			2011	Y
	City McAllen		Code 502					Tr	ans	act	ion IE	D :	SB21E	8.166	97	
	Purpose of Disbursement contract services - salary expenditure			0	01			Amo	ount	t of	Each	ı D	isburse	emen	t this	Period
	Candidate Name		I	Cate												3.28
	Office Sought: House Disburser	ment For:	Conorol	.,	,bc		_				7					
	President	Primary Other (specify)	General ▼													
_	State:     District:       Full Name (Last, First, Middle Initial)															
C.	Ms Prisylla Jasso								e of	f Dis	sburse			V	Ý	V
	Mailing Address 213 Quail Court								10	ĺ		07			011	
	City McAllen		Code 502					Tr	ans	act	ion IE	<b>D</b> :	SB21E	8.167	07	
	Purpose of Disbursement				_	_										
	contract services - salary expenditure Candidate Name			Cate	01 egor /pe			Amo	ount	t of	Each	D	isburse	emen		Period 3.26
	Office Sought: House Disburser	ment For:			140			-	-	-	7	1		-	_	
	Senate	Primary	General													
	State: District:	Other (specify)	▼													
Г								-	-	-	_		-	_	_	_
s	UBTOTAL of Disbursements This Page (optional)								_	_	7		7	_	4369	9.67
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SC	HEDULE B (FEC Form 3X)			F	OR	LIN	ΕN	UMBE	R:			P	AGE	421	OF 435
IT	EMIZED DISBURSEMENTS		ate schedule(s) ategory of the		hec	k o	nly o	one)	· · · ·	<b>-</b> -					
			ummary Page		×	21	L	22 28a	$\vdash$	23 28b	n	24	. –	25 29	26 30b
	y information copied from such Reports and Stater for commercial purposes, other than using the nar					y pe	ersor	for th	e pu	rpose	e 0	f soliciti	ng co	ontribu	itions
$\square$	NAME OF COMMITTEE (In Full)	-													
	BORDER HEALTH FEDERAL PA	C													
Α.	Ms Prisylla Jasso							Date	of D	isbur	ser	nent			
	-							М						Y	Y
	Mailing Address 213 Quail Court							10	)		21		2	011	
	,		Zip Code					Trai	nsac	tion I	D :	SB21E	3.167	14	
	McAllen Purpose of Disbursement	ТХ	78502												
	contract services - salary expenditure			C	001			Amou	int of	f Eac	h [	Disburs	emen	t this	Period
	Candidate Name			Cate	egoi ype					,	l	. ,		139	3.20
	Office Sought: House Disburser Senate President	ment For: Primary Other (speci	General fy) ▼												
	State: District:														
в	Full Name (Last, First, Middle Initial)							Data	-4 D						
В.	Ms Prisylla Jasso							Date	-		ser		VV	Y	V
	Mailing Address 213 Quail Court							11			04			011	
	McAllen	State TX	Zip Code 78502					Tra	nsac	tion I	ID :	: SB218	3.167	23	
	Purpose of Disbursement contract services - salary expenditure			C	001			Amou	int of	f Eac	h [	Disburs	emen	t this	Period
	Candidate Name			Cate						,		,			3.22
	Office Sought: House Disburser Senate President State: District:	ment For: Primary Other (specit	General fy) ▼												
_	Full Name (Last, First, Middle Initial)														
C.	Ms Prisylla Jasso							Date		_	ser		Y Y	Ý	Y
	Mailing Address 213 Quail Court							11		-	18		2	011	
	McAllen	State TX	Zip Code 78502					Tra	nsac	tion I	ID :	: SB21E	3.167	27	
	Purpose of Disbursement contract services - salary expenditure			C	001			Amo	unt of	Eoo	ьг	Disburs	mon	t thio	Dariad
	Candidate Name			Cate				Amot		Eac		Jisbuis	enten	254	
	Senate President	ment For: Primary Other (speci	General fy) ▼												
_	State: District:														
s	UBTOTAL of Disbursements This Page (optional)					. 🕨		E	-	7	-	7	_	533	5.95
т	OTAL This Period (last page this line number only)	)				. 🕨				7					

S	CHEDULE B (FEC Form 3X)			.00	1 14						D۸	GE 422	OF 435
	EMIZED DISBURSEMENTS	Use separate schedule(s	\ <b> </b>	-		ne nu Snly o	JMBER: ne)						51 400
• 1		for each category of the Detailed Summary Page			2	-	22		23	$\left[ \right]$	24	25	26
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	y information copied from such Reports and Staten												
or	for commercial purposes, other than using the nam	ne and address of any polit	ical co	mmi	ittee	e to s	olicit cor	ntrib	outions	s tr	rom suc	comm	ttee.
$\left  \right\rangle$	NAME OF COMMITTEE (In Full)	~											
	BORDER HEALTH FEDERAL PAC	ر											
۸	Full Name (Last, First, Middle Initial)						Date of	Dia	eburee	m	ont		
	Ms Prisylla Jasso								D			Y Y	
	Mailing Address 213 Quail Court						12	1		2		2011	- T
	City	State Zip Code											
	McAllen	TX 78502					Trans	acti	ion ID	: 5	SB21B.	16743	
	Purpose of Disbursement			_									
	contract services - salary expenditure			001	_		Amount	of	Each	Di	isburseı	ment this	Period
	Candidate Name			tego Fype								254	9.52
	Office Sought: House Disburser	ment For:		. )   0		_			)		,		
	Senate	Primary General											
	President	Other (specify)											
	State: District:												
Р	Full Name (Last, First, Middle Initial)						Data of		- <b>I</b>				
В.	Ms Prisylla Jasso						Date of	DIS			ent		
	Mailing Address 213 Quail Court						M M	1	1	D 6	/ Y	2011	Y
										-			
	5	State Zip Code					Trans	act	ion ID	)::	SB21B	16746	
	McAllen Purpose of Disbursement	TX 78502								-			
	contract services - salary expenditure			001		11	Amount	of	Fach	Di	isbursei	nent this	Period
	Candidate Name			tego	_	11	_						
				Гуре					,			152	23.29
	Office Sought: House Disburser	ment For:	1										
	Senate	Primary General											
	State: District:	Other (specify)											
_													
C.	Full Name (Last, First, Middle Initial) Ms Prisylla Jasso						Date of	Dis	sburse	eme	ent		
-							M M	/	D		/ Y	Y Y	Y
	Mailing Address 213 Quail Court						12		3	0	JL	2011	
	City	State Zip Code											
	McAllen	TX 78502					Trans	act	ion ID	):;	SB21B	16751	
	Purpose of Disbursement			_									
	contract services - salary expenditure			001			Amount	of	Each	Di	isbursei	ment this	Period
	Candidate Name			tego								145	8.24
	Office Sought: House Disburser	ment For:		Гуре	;	_		-	7		7		-
	Senate	Primary General											
	President	Other (specify)											
	State: District:												
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s	UBTOTAL of Disbursements This Page (optional)				. )	•			7		7	553	1.05
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ΙT	OTAL This Period (last page this line number only)				• •	•	<u> </u>		7				

	CHEDULE B (FEC Form 3X)	Use sena	rate schedule(s)				-	ER:				PA	GE	423	OF 435
Iľ	EMIZED DISBURSEMENTS	for each c	ategory of the Summary Page			k only 21b 27	2	2 3a		23 28b	F	24 28c		25 29	26 30b
	y information copied from such Reports and State for commercial purposes, other than using the nar														
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAG	C													
Α.	Full Name (Last, First, Middle Initial) Just Energy							e of	f Di:	sburse				Ý	Y
	Mailing Address P.O. Box 650518							10			07			011	
	City Dallas Purpose of Disbursement	State TX	Zip Code 78265				Tr	ans	act	ion IE	<b>D</b> :	SB21B	.167	09	
	office electricity expenditure			0	01		Am	ount	t of	Each	ιC	Disburse	men	t this	Period
	Candidate Name			Cate Ty	egoi ype			_		,				17	).24
	Senate President	ment For: Primary Other (spec	General ify) ▼												
	State: District:														
В.	Full Name (Last, First, Middle Initial) Just Energy							e of	f Di	sburse				Y	V
	Mailing Address P.O. Box 650518							10	Í		26			011	
	Dallas	State TX	Zip Code 78265				Т	ans	act	ion IE	D :	SB21B	.167	19	
	Purpose of Disbursement office electricity expenditure			C	001		Am	ount	t of	Each	ιC	Disburse	men	t this	Period
	Candidate Name			Cate Ty	egoi ype					,		. ,			4.85
	Senate President	ment For: Primary Other (speci	General ify) ▼												
	State: District:														
C.	Full Name (Last, First, Middle Initial) Just Energy							e of	f Di	sburse				Y	Y
	Mailing Address P.O. Box 650518							11	Í		29			011	
	City Dallas Purpose of Disbursement	State TX	Zip Code 78265				Т	ans	act	ion IE	<b>D</b> :	SB21B	.167	33	
	Office electricity expenditure       Candidate Name			Cate	01 egoi ype		Am	ount	t of	Each	n D	Disburse	men		Period
	Senate President	ment For: Primary Other (spec	General ify) ▼		,					7		- 7			
	State: District:														
⊢	UBTOTAL of Disbursements This Page (optional)							_	_	7		7		446	5.83
I 1	OTAL This Period (last page this line number only	)				•				7		7		_	

ITEMIZED DISDURSEMENTS       for each category of the balance of the b	HEDULE B (F		Use sens	arate schedule(s)				NUMBER	:			PAG	iE 424	4 OF 435
or for commercial purposes, other than using the name and address of any political committies to solicit contributions from such commit         NAME CF COMMITTEE (in Full)         BORDER HEALTH FEDERAL PAC         Full Name (Last, First, Middle Initial)         A. Ramiro Leal         Mailing Address 601 Tulip         City         Origo of Disbursement         refund of donation/contribution         Candidate Name         Candidate Name         Office Sought:       House         Disbursement         Full Name (Last, First, Middle Initial)         B. Long Chilton LLP         Mailing Address 4100 N. 23rd         City         Mailing Address 4100 N. 23rd         Office Sought:         Purpose of Disbursement         president         Disbursement For:         Purpose of Disbursement paysmant payroll services         Candidate Name         City         Reservice         Other (specify) ▼	MIZED DISBUI	RSEMENTS	for each	category of the			21b	22						
BORDER HEALTH FEDERAL PAC         Full Name (Last, First, Middle Initial)         A: Ramiro Leal         Mailing Address 601 Tulip         City       State       Zip Code         Purpose of Disbursement       Transaction ID : SB21B.16701         Amount of Each Disbursement refund of donation/contribution       012         Category       Transaction ID : SB21B.16701         Amount of Each Disbursement this       012         Category       Transaction ID : SB21B.16701         Amount of Each Disbursement this       012         Category       Transaction ID : SB21B.16701         Mailing Address 4100 N. 23rd       Disbursement For:         Purpose of Disbursement       01         Purpose of Disbursement       Disbursement For:         Purpose of Disbursement       01         City       Sanate       Disbursement For:         President       Disbursement For:       01         Office Sought:       House       Disbursement For:         Disbursement	or commercial purpose	s, other than using the nan												
A. Ramiro Leal       Date of Disbursement         Mailing Address 601 Tulip       09       23       2011         City       State       Zip Code       Transaction ID : 58218.16701         Purpose of Disbursement       012       Amount of Each Disbursement this         Candidate Name       012       Amount of Each Disbursement this         Candidate Name       Disbursement For:       Category/ Type       27       2011         Full Name (Last, First, Middle Initial)       B.       Long Chilton LLP       Date of Disbursement this         Mailing Address 4100 N. 23rd       Transaction ID : 58218.16703       Amount of Each Disbursement this         City       State       Zip Code       Transaction ID : 58218.16703         Mailing Address 4100 N. 23rd       Transaction ID : 58218.16703       Amount of Each Disbursement this         Cate of Disbursement paysmat payroll services       001       Category/ Type       7         Office Sought:       House       Disbursement For:       01       Category/ Type       25         Office Sought:       House       Disbursement For:       01       Category/ Type       3         Office Sought:       House       Disbursement For:       01       25       2011         City       State       Zip Code<		. ,	C											
Mailing Address 601 Tulip       09       23       2011         City       State       Zip Code       Transaction ID : SE21B.16701         Purpose of Disbursement       012       Amount of Each Disbursement this         Cardidate Name       Disbursement For:       012         Office Sought:       House       Disbursement For:       011         State:       District:       Other (specify)       Image: Code         Full Name (Last, First, Middle Initial)       B.       Long Chilton LLP       Date of Disbursement         Mailing Address 4100 N. 23rd       Transaction ID : SE21B.16703       Amount of Each Disbursement         City       State       Zip Code       Transaction ID : SE21B.16703         Purpose of Disbursement       Tx       78504       Transaction ID : SE21B.16703         Purpose of Disbursement payroli services       O01       Category/       Transaction ID : SE21B.16703         Candidate Name       Disbursement For:       Other (specify)       Image: Code       Transaction ID : SE21B.16703         City       State       Dother (specify)       Image: Code       Transaction ID : SE21B.16703         City       House       Disbursement For:       Image: Code       Transaction ID : SE21B.16703         Mailing Address 4100 N. 23rd       T		Middle Initial)										V		V V
mealen       TX       78504         Purpose of Disbursement refund of donation/contribution       012 Category/ Type       Amount of Each Disbursement this         Candidate Name       Disbursement For: President       012 Category/ Type       Amount of Each Disbursement this         State:       Disbursement For: President       Disbursement For: President       Date of Disbursement         Mailing Address       4100 N. 23rd       Date of Disbursement         Mailing Address       4100 N. 23rd       Transaction ID: SB21B.16703         Modele Name       Category/ TX       78504         Purpose of Disbursement paysmatr payroll services       001 Category/ Type       Transaction ID: SB21B.16703         Candidate Name       Disbursement For: President       001 Other (specify) ▼       Transaction ID: SB21B.16703         Candidate Name       Disbursement For: President       Disbursement For: President       001 Other (specify) ▼       Transaction ID: SB21B.16717         Mailing Address 4100 N. 23rd       Date of Disbursement President       Transaction ID: SB21B.16717         Mailing Address 4100 N. 23rd       001 Category/ Type       Transaction ID: SB21B.16717         Mailing Address 4100 N. 23rd       001 Category/ Type       Category/ Type       Transaction ID: SB21B.16717         Mailing Address 4100 N. 23rd       Disbursement For: Senate       D		•										Ľ		
refund of donation/contribution       012       Amount of Each Disbursement this         Candidate Name       Category/ Type       Amount of Each Disbursement this         Office Sought:       House Senate       Disbursement For:       Category/ Type         State:       District:       Other (specify)       Category/ Type         Full Name (Last, First, Middle Initial)       Date of Disbursement         B. Long Chilton LLP       Date of Disbursement         Mailing Address 4100 N. 23rd       Transaction ID : SB21B.16703         City       State       Zip Code TX         Purpose of Disbursement paysmart payroll services       001         Candidate Name       Disbursement For:       Amount of Each Disbursement this         Category/ Type       Disbursement For:       Amount of Each Disbursement         Office Sought:       House President       Disbursement For:       Disbursement         State:       Disbursement President       Tx       78504         Mailing Address 4100 N. 23rd       Transaction ID : SB21B.16717       Amount of Each Disbursement         Mailing Address 4100 N. 23rd       Transaction ID : SB21B.16717       Amount of Each Disbursement this         Category/ Type       Transaction ID : SB21B.16717       Amount of Each Disbursement this         Category/ Type	ncallen			•				Trans	sacti	ion ID	: SB2	1B.1	6701	
Category/ Type       25         Office Sought:       House Senate President       Disbursement For: Office Sought:       Date of Disbursement         State:       District:       Date of Disbursement       Date of Disbursement         Mailing Address 4100 N. 23rd       Transaction ID : SB21B.16703         Amount of Each Disbursement paysmart payroll services       001 Category/ Type       Transaction ID : SB21B.16703         Office Sought:       House President       Disbursement For: Disbursement For: President       001 Category/ Type         Office Sought:       House President       Disbursement For: Disbursement For: Type       Date of Disbursement President         State:       Disbursement For: Disbursement for: Type       Date of Disbursement President       Date of Disbursement         Kate:       Disbursement For: Disbursement       Date of Disbursement       Date of Disbursement         Mailing Address 4100 N. 23rd       Transaction ID : SB21B.16717       Amount of Each Disbursement         Mailing Address 4100 N. 23rd       To       25 / 2011         City McAllen Purpose of Disbursement paysmart payroll services       001 Category/ Type       Amount of Each Disbursement this         Candidate Name       Disbursement For: Disbursement For: Senate       001 Category/ Type       Amount of Each Disbursement this					0	12		Amoun	t of	Each	Disbu	rsem	ent thi	s Period
Senate       Primary       General         Other (specify)       Other (specify)          Full Name (Last, First, Middle Initial)       Date of Disbursement         Mailing Address       4100 N. 23rd       Date of Disbursement         City       State       Zip Code         MacAllen       TX       78504         Purpose of Disbursement       001         paysmart payroll services       001         Candidate Name       Disbursement For:         State:       District:         House       Disbursement For:         President       Distret:         Full Name (Last, First, Middle Initial)       Cher (specify)         C. Long Chilton LLP       Date of Disbursement         Mailing Address 4100 N. 23rd       Other (specify)         City       State       Zip Code         Mailing Address 4100 N. 23rd       Transaction ID : SB21B.16717         Mailing Address 4100 N. 23rd       Transaction ID : SB21B.16717         Mailing Address 4100 N. 23rd       Other (specify)         City       State       Zip Code         Mailing Address 4100 N. 23rd       Other (specify)         City       State       Zip Code         MacAllen       TX       78504							·y/			,		7	2	250.00
Full Name (Last, First, Middle Initial)       Date of Disbursement         Mailing Address 4100 N. 23rd		Senate	Primary											
B. Long Chilton LLP       Date of Disbursement         Mailing Address 4100 N. 23rd       001         City       State       Zip Code         McAllen       TX       78504         Purpose of Disbursement       001         paysmart payroll services       001         Candidate Name       Other (specify)         Office Sought:       House         Disbursement For:       Disbursement For:         State:       District:         Full Name (Last, First, Middle Initial)       Other (specify)         C. Long Chilton LLP       Date of Disbursement         Mailing Address 4100 N. 23rd       Transaction ID : SB21B.16717         Mailing Address 4100 N. 23rd       Transaction ID : SB21B.16717         Mailing Address 4100 N. 23rd       Transaction ID : SB21B.16717         Mailing Address 4100 N. 23rd       Other (specify)         City       State       Zip Code         McAllen       TX       78504         Purpose of Disbursement       Out       Category/ Type         Office Sought:       House       Disbursement For:         Office Sought:       House       Disbursement For:         Office Sought:       House       Disbursement For:         Office Sought: <td< td=""><td>State: Distri</td><td>ct:</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	State: Distri	ct:												
City       State       Zip Code         McAllen       TX       78504         Purpose of Disbursement paysmart payroll services       001         Candidate Name       001         Category/ Type       Amount of Each Disbursement this         Office Sought:       House         President       Disbursement For:         President       Other (specify)         State:       District:         Full Name (Last, First, Middle Initial)       Date of Disbursement         C. Long Chilton LLP       Date of Disbursement         Mailing Address 4100 N. 23rd       Transaction ID : SB21B.16717         Purpose of Disbursement paysmart payroll services       001         Candidate Name       001         City       State       Zip Code         Purpose of Disbursement paysmart payroll services       001         Candidate Name       001         Office Sought:       House       Disbursement For:         Office Sought:       House	•	,										Y	Y	Y
McAllen       TX       78504         Purpose of Disbursement paysmart payroll services       001       Amount of Each Disbursement this         Candidate Name       Disbursement For: Senate       001       Amount of Each Disbursement this         Office Sought:       House       Disbursement For: Other (specify)       3         State:       District:       Other (specify)       Date of Disbursement         Full Name (Last, First, Middle Initial)       C       Long Chilton LLP       Date of Disbursement         Mailing Address 4100 N. 23rd       Tx       78504       Transaction ID : SB21B.16717         McAllen       TX       78504       Mount of Each Disbursement this         Office Sought:       House       Disbursement For: Disbursement       001         Office Sought:       House       Disbursement For: Disbursement For:       001         Office Sought:       House       Disbursement For: Disbursement For:       001         Office Sought:       House       Disbursement For:       3								09		2	27		2011	
paysmart payroll services 001   Candidate Name Category/ Type     Office Sought: House   Benate President   President Other (specify)     State: District:     Full Name (Last, First, Middle Initial)   C. Long Chilton LLP     Mailing Address 4100 N. 23rd     City   Mailen   Purpose of Disbursement   Purpose of Disbursement   Paysmart payroll services   Candidate Name   Office Sought:   House   Disbursement For:   Senate   Pirmary   General     Other (specify)     Date of Disbursement   Mailing Address 4100 N. 23rd     Date of Disbursement   Purpose of Disbursement   paysmart payroll services   Candidate Name   Office Sought:   House   Disbursement For:   Senate   Primary   General     Other (specify)     Date of Disbursement   Mailing Address 4100 N. 23rd     Output     Amount of Each Disbursement this   Cardidate Name   Office Sought:	McAllen							Trans	sacti	ion ID	: SB2	1B.1	6703	
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PARLE 120 CP 100 FORM CMS       Use separate schedule(s)       PCR LINE NUMBER:       [PACE 120 CP 13:5]         TEMIZED DISBURSEMENTS       Use separate schedule(s)       PCR LINE NUMBER:       [PACE 120 CP 13:5]         Any information copied from such Reports and Statements may not be sold or used by any person for the purpose. other than using the name and address of any political contributions from such committee.       NAME CF COMMITTEE (in Full)         BORDER HEALTH FEDERAL PAC       FII Name (Last, First, Middle Initia)       Date of Disbursement         A. Texas Workforce Commission       Date of Disbursement for:       [O0]       [12]       [211]         City       State       Zip Code       [O1]       [21]       [211]         City       State       Zip Code       [O1]       [23]       [21]       [21]         City       State       Zip Code       [O1]       [23]       [21]       [21]       [21]         City       State       Disbursement for:       [O1]       [23]       [21]       [21]       [21]       [21]       [21]       [21]       [21]       [21]       [21]       [21]       [21]       [21]       [21]       [21]       [21]       [21]       [21]       [21]       [21]       [21]       [21]       [21]       [21]       [21]       [21] </th <th>S</th> <th>CHEDULE B (FEC Form 3X)</th> <th></th> <th>F</th> <th>)R</th> <th></th> <th>NI</th> <th>IMREE</th> <th><u>}:</u></th> <th></th> <th></th> <th>PAG</th> <th>GE 4</th> <th>428</th> <th>OF 435</th>	S	CHEDULE B (FEC Form 3X)		F	)R		NI	IMREE	<u>}:</u>			PAG	GE 4	428	OF 435
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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in FLAILTH FEDERAL PAC Full Name (Last, First, Middle Initial) A. Texas Workforce Commission Mailing Address P.O. Box 149037 City Quarterly tax assessment Quarterly tax assessment Quarterly tax assessment District Full Name (Last, First, Middle Initial) A. Texas Workforce Commission Mailing Address P.O. Box 149037 City State District City State District City State District Full Name (Last, First, Middle Initial) City Candidate Name City City State District Full Name (Last, First, Middle Initial) City Candidate Name City City City City City City City City					×										
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Senate       Primary       General         Other (specify)       Other (specify)         Full Name (Last, First, Middle Initial)       Date of Disbursement         Mailing Address       P.O. Box 149037         City       State       Zip Code         Austin       TX       78714         Purpose of Disbursement       001       Category/ Type       Amount of Each Disbursement this Period         Candidate Name       Disbursement For:       011       Amount of Each Disbursement         Office Sought:       House       Disbursement For:       014         State:       Disbursement for       014       24         Purpose of Disbursement       Other (specify)        Date of Disbursement this Period         Candidate Name       Disbursement For:       014       24       2011         Full Name (Last, First, Middle Initial)       C       Valley Alliance of Mentors for Opportunities       Date of Disbursement         Mailing Address 5221 N McColl Rd       Tx       78502       Transaction ID : SB21B.16685         Amount of Each Disbursement this Period       Category/ Type       4400.00         Office Sought:       House       Disbursement For:       012         Category/ Purpose of Disbursement       President       D						ry/		L.		7		7		ę	6.39
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3. Texas Workforce Commission       Date of Disbursement         Mailing Address       P.O. Box 149037         City       State       Zip Code         Austin       TX       78714         Purpose of Disbursement       001         Quarterly tax assessment - TWC       001         Candidate Name       Disbursement For:         Senate       President         President       Other (specify) ▼         Full Name (Last, First, Middle Initial)       Chy         City       State       Zip Code         Mailing Address 5221 N McColl Rd       Date of Disbursement this Period         City       State       Zip Code         Malling Address 5221 N McColl Rd       Date of Disbursement this Period         City       State       Zip Code         McAllen       TX       78502         Purpose of Disbursement donation       District:         Office Sought:       House       Disbursement For:         Senate       Disbursement For:       General         Office Sought:       House       Disbursement For:       General         Office Sought:       House       Disbursement For:       General         Office Sought:       Disbursement For:       Quistrict:															
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SCHEDULE B (FEC Form 3X)	Use sepa	rate schedule(s)						:				PAGE	E 429	OF 435
ITEMIZED DISBURSEMENTS	for each	category of the Summary Page			21b 27		22 28a		23 28	L	24	L	25 29	26 30b
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SCHEDULE B (FEC Form 3X)			E NUMBER:	PAGE 430 OF 435
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check or	nly one)	
	for each category of the Detailed Summary Page	X 21 27	22 23 28a 28b	24 25 26 28c 29 30b
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A. Water Tower Village			Date of Disburs	sement
Water Tower Village				D / Y Y Y Y
Mailing Address 52211 N. McColl Road			10	052011
City McAllen	State Zip Code TX 78504		Transaction II	D : SB21B.16705
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В.	MICHAEL C. DR. BURGESS						Date of	f Dist	ourse	ment				
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	Purpose of Disbursement contribution			0	)11		Amor	int of	f Fa	ch I	Disburs	emen	nt thic	Period
	Candidate Name			_		21/	,				2.550015	5		
	LUIS V GUTIERREZ			Cate Ty	egor /pe	y/	L.		7		7		500	0.00
		nent For:	-											
		Primary	General											
	State: IL District: 04	Other (spe	eciiy) 🔻											
_	Full Name (Last, First, Middle Initial)													
C.	RUBEN E HINOJOSA						Date	of D	isbu	rsei	ment			
							M			)			Y Y	Y
	Mailing Address 1404 South Illinois						08			25	5	2	2011	
	City S	State	Zip Code											
	Mercedes	TX	78570				Tra	nsac	tion	ID	: SB23	1668	7	
	Purpose of Disbursement contribution													
	Candidate Name				11		Amou	int of	Ea	ch I	Disburs	emen	nt this	Period
				Cate T\	egor /pe	ry/							500	0.00
		nent For:	2012	• • •	,				7		7		_	
		Primary	X General											
		Other (spe	ecify) 🔻											
_	State: TX District: 15													
	IIRTOTAL of Disburgements This Page (antional)												15000	0.00
Ľ	<b>UBTOTAL</b> of Disbursements This Page (optional)						÷		7	÷				
т	OTAL This Period (last page this line number only)													

S	CHEDULE B (FEC Form 3X)									PAG	F 433	OF 435
	EMIZED DISBURSEMENTS	Use separate schedule(		FOR LIN (check o	-					LI AG		
11		for each category of the Detailed Summary Page		21	·	22	X	23	$\square$	24	25	26
				27	/	28a		28b		28c	29	30b
	y information copied from such Reports and State											
or	for commercial purposes, other than using the nar	me and address of any pol	itical (	committee	e to soli	icit coi	ntrib	utions	s from	such	i commi	ttee.
$\backslash$	NAME OF COMMITTEE (In Full)											
$ \rangle$	BORDER HEALTH FEDERAL PAG	C										
۸	Full Name (Last, First, Middle Initial)					Date of	f Die	bured	amont			
<b>~</b> .	RUBEN E HINOJOSA											
	Mailing Address 1404 South Illinois					м м 08	ľ	2	25	Y	2011	Y
	<b>C</b>				1.1							
	City	State Zip Code				Trans	acti	on ID	• SB	23 160	888	
	Mercedes	TX 78570				ITans	acu		. 36	23.100	000	
	Purpose of Disbursement contribution		L E	011			4	<b>F</b> aab	Diele			Devied
	Candidate Name		4 🗆	011	A	moun	t of	Each	DISD	irsem	ent this	Period
	RUBEN E HINOJOSA			Category/ Type		_	_			_	500	0.00
		ment For: 2012		туре	- 1	-						
	Senate	Primary General										
	President	Other (specify)										
	State: TX District: 15											
	Full Name (Last, First, Middle Initial)											
Β.	NEW JERSEY DEMOCRATIC ST.	ATE COMMITTEE				Date of	f Dis	sburse	ement			
					-	M M	/	D		Y	YY	Y
	Mailing Address 196 WEST STATE STREET				1.1	12		2	27		2011	_
	City	State Zip Code			_							
	TRENTON	NJ 08608				Trans	acti	ion ID	) : SB	23.18	361	
	Purpose of Disbursement											
				011	A	mount	t of	Each	Disb	ursem	ent this	Period
			C	Category/	11						1000	0.00
	NEW JERSEY DEMOCRATIC STAT			Туре			-	7		7	1000	0.00
	Office Sought: House Disburser Senate	ment For: 2011										
	President	Primary General Other (specify)										
	State: District:											
_	Full Name (Last, First, Middle Initial)											
C.					C	Date of	f Dis	sburse	ement			
					_ r	M M	/	D	D	Y	YY	Y
	Mailing Address								_			_
	City	State Zip Code										
	Purpose of Disbursement		_		-							
	-				A	mount	t of	Each	Dish	ırsem	ent this	Period
	Candidate Name			Category/					2.02			
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	Ŭ L	ment For:										
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	President District	Other (specify)										
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_	LIPTOTAL of Dioburgomento This Dars (artists)				- F						1500	0.00
Ľ	UBTOTAL of Disbursements This Page (optional)			•••••			1	7		7		
т	OTAL This Period (last page this line number only	)		🕨		_	_			-	4230	9.81
1	( )	,						7		- 7		

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SCHEDULE D (FEC Form 3X)		(Lies concrete	PAGE 434 OF 435
DEBTS AND OBLIGATIONS		(Use separate schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each	(check only one) 9
		numbered line)	X 10
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	:		
A. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor	Nature of D	ebt (Purpose):
AC Rentals		rental space	e
Mailing Address PO Box 2673			
City State	Zip Code		
McAllen	TX 78502		
Outstanding Balance Beginning This Period		Transacti	on ID : SD10.9553
900.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00		0.00	900.00
7 7 7	7 7		7
B. Full Name (Last, First, Middle Initial) of Debte	or or Creditor		ebt (Purpose):
AC Rentals		rental spac	
Mailing Address PO Box 2673			
PO Box 26/3			
City State	Zip Code		
McAllen	TX 78502		
Outstanding Balance Beginning This Period		Transact	tion ID : SD10.10053
900.00			
	Device and This Deviced	Outstand	
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00		0.00	900.00
C. Full Name (Least First Middle Initial) of Dab	tor or Craditor	Notice of D	
C. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor	Nature of D	ebt (Purpose):
Mailing Address			
City	State Zip Code		
Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
		<u>    </u>	7 7 7 7
1) SUBTOTALS This Period This Page (optional).			1800.00
, <u> </u>			7 7 7
2) TOTALS This Period (last page this line number	er only)	►	1800.00
<ul><li>2) TOTALS This Period (last page this line number)</li><li>3) TOTAL OUTSTANDING LOANS from Schedule</li></ul>			1800.00
	e C (last page only)	···· •	<b>T I I I I I I I I</b>

# :97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`=H9A=N5 H=CB

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.