

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
BORDER HEALTH FEDERAL PAC

ADDRESS (number and street) 1210 W EXPRESSWAY 83 SUITE 10
 Check if different than previously reported. (ACC)
PHARR TX 78577

2. **FEC IDENTIFICATION NUMBER** C00415752
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIPCODE

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 11 25 2008 through 12 31 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ernie Perez

Signature of Treasurer Electronically Filed by Ernie Perez Date 01 30 2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
BORDER HEALTH FEDERAL PAC

Report Covering the Period: From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		654384.71
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	805206.04									
(c) Total Receipts (from Line 19)	27518.39	321210.82								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	832724.43	975595.53								
7. Total Disbursements (from Line 31)	0.00	142871.10								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	832724.43	832724.43								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
BORDER HEALTH FEDERAL PAC

Report Covering the Period: From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	27193.19	315842.50
(i) Itemized (use Schedule A)		
(ii) Unitemized	325.20	5368.32
(iii) TOTAL (add Lines 11(a)(i) and (ii)	27518.39	321210.82
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	27518.39	321210.82
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (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))	27518.39	321210.82
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	27518.39	321210.82

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	2871.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	2871.10
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	120000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	20000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	0.00	142871.10
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	142871.10

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	27518.39	321210.82
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	27518.39	321210.82
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	2871.10
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	2871.10

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Charity Abreu	Date of Receipt MM / DD / YYYY 12 / 23 / 2008
	Mailing Address 1619 heritage lane	Transaction ID: SA11AI.8917
	City mission State TX Zip Code 78572	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
Name of Employer self-employee Occupation physician	Aggregate Year-to-Date 3000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Ricardo Abreu	Date of Receipt MM / DD / YYYY 12 / 23 / 2008
	Mailing Address 200 E. Xenops	Transaction ID: SA11AI.8920
	City McAllen State TX Zip Code 78504	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	contribution
Name of Employer Self employed Occupation physician	Aggregate Year-to-Date 600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Ruben Abreu	Date of Receipt MM / DD / YYYY 12 / 23 / 2008
	Mailing Address 104 augusta square	Transaction ID: SA11AI.8918
	City mcallen State TX Zip Code 78503	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
Name of Employer self-employee Occupation physician	Aggregate Year-to-Date 3000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	650.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Juan Aguilera		Date of Receipt
	Mailing Address 807 North Cage		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Pharr	TX	78577
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8919
Name of Employer selfemployed		Occupation	Amount of Each Receipt this Period
selfemployed		physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 3000.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Michael Alleyn		Date of Receipt
	Mailing Address 5505 N. 4th		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	mcallen	TX	78501
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8921
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
self-employed		private investor	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 3000.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Michael Amyx		Date of Receipt
	Mailing Address 2108 Mynah		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	mcallen	TX	78501
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8922
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
self-employed		private investor	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 3000.00	
<input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Dario Arango		Date of Receipt
	Mailing Address 7004 N. Cynthia		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 3 / 2 0 0 8
	City	State	Zip Code
	mcallen	TX	78504
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8923
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
selfemployed		physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 2000.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Murphy Badiga		Date of Receipt
	Mailing Address 1503 S. Airport suite 6		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 3 / 2 0 0 8
	City	State	Zip Code
	weslaco	TX	78596
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8927
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
self-employed		physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 3000.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Cayetano Barrera		Date of Receipt
	Mailing Address 501 Mockingbird Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 3 / 2 0 0 8
	City	State	Zip Code
	mcallen	TX	78501
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8928
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
self-employed		physician	<input type="text"/> 50.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 1800.00	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 550.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Ricardo Barrera		Date of Receipt
	Mailing Address 420 Frio		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	mission	TX	78572
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8929
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
self-employed		physician	<input type="text" value="250.00"/>
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="3000.00"/>	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Juan Bernini		Date of Receipt
	Mailing Address 2804 Santa Ana		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	mission	TX	78574
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8930
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
self-employed		physician	<input type="text" value="250.00"/>
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="3000.00"/>	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Sarojini Bose		Date of Receipt
	Mailing Address 7007 N 1st Lane		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	mcallen	TX	78504
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8931
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
self-employed		physician	<input type="text" value="250.00"/>
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="3000.00"/>	
<input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Francisco Bracamontes	Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 8
	Mailing Address 2005 Cimarron Court	Transaction ID: SA11AI.8932
	City mission State TX Zip Code 78572	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer self-employed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3000.00	

B.	Full Name (Last, First, Middle Initial) Robert Brace	Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 8
	Mailing Address 2000 N. 8th Street	Transaction ID: SA11AI.8933
	City mcallen State TX Zip Code 78501	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer self-employed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3000.00	

C.	Full Name (Last, First, Middle Initial) Alonzo Cantu	Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 8
	Mailing Address P.O.Box 2673	Transaction ID: SA11AI.8935
	City mcallen State TX Zip Code 78502	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer self-employed Occupation private investor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Carlos Cardenas	Date of Receipt MM / DD / YYYY 12 / 23 / 2008
	Mailing Address 1000 N. Taylor Road	Transaction ID: SA11AI.8936
	City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer self-employed Occupation self-employed physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

B.	Full Name (Last, First, Middle Initial) Jose Carreras	Date of Receipt MM / DD / YYYY 12 / 23 / 2008
	Mailing Address 1016 E. Griffin Parkway	Transaction ID: SA11AI.8937
	City State Zip Code mission TX 78572	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer self-employed Occupation self-employed physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

C.	Full Name (Last, First, Middle Initial) Marissa Castaneda	Date of Receipt MM / DD / YYYY 12 / 23 / 2008
	Mailing Address 5021 Elk Lane	Transaction ID: SA11AI.8938
	City State Zip Code Edinburg TX 78539	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer self-employed Occupation self-employed private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	550.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Augusto Castrillon		Date of Receipt
	Mailing Address 223 Rio Grande Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 3 / 2 0 0 8
	City	State	Zip Code
	mission	TX	78572
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8939
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
self-employed		physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 3000.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Norma Cavazos-Salas		Date of Receipt
	Mailing Address 2301 N. Bryan Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 3 / 2 0 0 8
	City	State	Zip Code
	mission	TX	78572
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8940
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
self-employed		physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 3000.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) R. Chandrasekharan		Date of Receipt
	Mailing Address 1210 East 8th street suite 1		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 3 / 2 0 0 8
	City	State	Zip Code
	weslaco	TX	78591
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8941
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
self-employed		physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 3000.00	
<input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Margaret Coon		Date of Receipt
	Mailing Address 3904 Bluejay drive		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Mission	TX	78572
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8943
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
self-employed		physician	<input type="text" value="229.41"/>
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="479.41"/>	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Diana Cortinas		Date of Receipt
	Mailing Address 1400 Northgate Lane		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	mcallen	TX	78504
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8945
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
self-employed		physician	<input type="text" value="250.00"/>
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="2619.44"/>	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Guillermo Cortinas		Date of Receipt
	Mailing Address 1224 Northgate Lane		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	mcallen	TX	78504
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8946
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
self-employed		physician	<input type="text" value="156.73"/>
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="1661.59"/>	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="636.14"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 47
(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

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

Mailing Address 1400 Northgate

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.8947

Amount of Each Receipt this Period
250.00

contribution

B.

Full Name (Last, First, Middle Initial)
James Darling

Mailing Address 1225 E Peking

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation
selfemployed private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.8948

Amount of Each Receipt this Period
150.00

contribution

C.

Full Name (Last, First, Middle Initial)
David Deanda

Mailing Address 2408 Dorado

City State Zip Code
mission TX 78574

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.8951

Amount of Each Receipt this Period
250.00

contribution

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

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

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

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

FOR LINE NUMBER: PAGE 15 / 47
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Jorge De La Garza

Mailing Address 120 Condor

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.8950

Amount of Each Receipt this Period
250.00

contribution

B. Full Name (Last, First, Middle Initial)
Luis Delgado, Jr.

Mailing Address 5128 N. 10th

City State Zip Code
Mcallen TX 78504

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.8952

Amount of Each Receipt this Period
150.00

contribution

C. Full Name (Last, First, Middle Initial)
Alberto Duran

Mailing Address 1615 Palazzo

City State Zip Code
mission TX 78572

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.8953

Amount of Each Receipt this Period
250.00

contribution

SUBTOTAL of Receipts This Page (optional) ► 650.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Kotthegal Eshwar		Date of Receipt
	Mailing Address 108 Yellow Hammer		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	mcallen	TX	78504
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.8954
Name of Employer selfemployed		Occupation physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 600.00	contribution

B.	Full Name (Last, First, Middle Initial) Antonio Esparza		Date of Receipt
	Mailing Address 136 W. Yucca		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	mcallent	TX	78504
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.8955
Name of Employer selfemployed		Occupation physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 3000.00	contribution

C.	Full Name (Last, First, Middle Initial) Maria Elena Falcon		Date of Receipt
	Mailing Address 2212 Westway		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	mcallen	TX	78504
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.8956
Name of Employer self-employed		Occupation physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 3000.00	contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 550.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 47

(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Alberto Felici

Mailing Address 2309 W. Greenbriar Square

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 2250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.8957

Amount of Each Receipt this Period

100.00

contribution

B.

Full Name (Last, First, Middle Initial)
Marco Flores

Mailing Address 320 Primrose

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 3000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.8958

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)
Eugenio Galindo

Mailing Address 5936 N. Cynthia

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 3000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.8959

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 18 / 47
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Elvin Garcia

Mailing Address 2800 Santa Teresa

City State Zip Code
mission TX 78572

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
MM / DD / YYYY
12 / 23 / 2008

Transaction ID: SA11AI.8960

Amount of Each Receipt this Period
250.00

contribution

B. Full Name (Last, First, Middle Initial)
Hiram Garcia

Mailing Address 2712 E Mile 5 Road

City State Zip Code
Mission TX 78574

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
12 / 23 / 2008

Transaction ID: SA11AI.8961

Amount of Each Receipt this Period
250.00

contribution

C. Full Name (Last, First, Middle Initial)
Rene Garza

Mailing Address 5404 N. 1st street

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation
selfemployed private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
MM / DD / YYYY
12 / 23 / 2008

Transaction ID: SA11AI.8962

Amount of Each Receipt this Period
250.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Lawrence Gelman	Date of Receipt MM / DD / YYYY 12 / 23 / 2008
	Mailing Address 3900 Sundown Drive	Transaction ID: SA11AI.8963
	City State Zip Code mcallen TX 78503	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3000.00	

B.	Full Name (Last, First, Middle Initial) Robert Genovese	Date of Receipt MM / DD / YYYY 12 / 13 / 2008
	Mailing Address 2208 Summer Breeze	Transaction ID: SA11AI.8964
	City State Zip Code mission TX 78572	Amount of Each Receipt this Period 247.33
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2567.02	

C.	Full Name (Last, First, Middle Initial) Alvaro Giraldo	Date of Receipt MM / DD / YYYY 12 / 23 / 2008
	Mailing Address 106 W. Flamingo	Transaction ID: SA11AI.8965
	City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1650.00	

SUBTOTAL of Receipts This Page (optional)	597.33
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Alfredo Gonzalez	Date of Receipt MM / DD / YYYY 12 / 23 / 2008
	Mailing Address 2305 Monaco Drive	Transaction ID: SA11AI.8967
	City mission State TX Zip Code 78574	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3000.00	

B.	Full Name (Last, First, Middle Initial) Jaime Gonzalez	Date of Receipt MM / DD / YYYY 12 / 23 / 2008
	Mailing Address 3511 Plazas del Lago	Transaction ID: SA11AI.8968
	City edinburg State TX Zip Code 78539	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer selfemployed Occupation private investor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3000.00	

C.	Full Name (Last, First, Middle Initial) Juan Gonzalez-Dickson	Date of Receipt MM / DD / YYYY 12 / 13 / 2008
	Mailing Address 1501 Meadwood	Transaction ID: SA11AI.8966
	City weslaco State TX Zip Code 78596	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer self-employed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3000.00	

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

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

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

FOR LINE NUMBER: PAGE 21 / 47
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Verley Gordon

Mailing Address 1700 E. Mile 3 Road

City State Zip Code
mission TX 78574

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.8969

Amount of Each Receipt this Period
250.00

contribution

B. Full Name (Last, First, Middle Initial)
Enrique Griego

Mailing Address 905 Inspiratin Drive

City State Zip Code
pharr TX 78577

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.8970

Amount of Each Receipt this Period
250.00

contribution

C. Full Name (Last, First, Middle Initial)
John Guerra

Mailing Address 3105 Forest Court

City State Zip Code
mission TX 78572

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.8972

Amount of Each Receipt this Period
100.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Marcy Guerra		Date of Receipt
	Mailing Address 13337 Borolo Drive		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	edinburg	TX	78541
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8973
Name of Employer selfemployed		Occupation	Amount of Each Receipt this Period
selfemployed		physician	<input type="text" value="250.00"/>
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="3000.00"/>	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Rodolfo Guerrero		Date of Receipt
	Mailing Address 1402 E. 8th Street		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	weslaco	TX	78596
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8974
Name of Employer selfemployed		Occupation	Amount of Each Receipt this Period
selfemployed		physician	<input type="text" value="250.00"/>
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="2902.89"/>	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Alberto Gutierrez		Date of Receipt
	Mailing Address 6020 Wisconsin		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	edinburg	TX	78539
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8975
Name of Employer selfemployed		Occupation	Amount of Each Receipt this Period
selfemployed		physician	<input type="text" value="250.00"/>
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="3000.00"/>	
<input type="checkbox"/> Other (specify) ▼			

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 47
(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Marco Gutierrez

Mailing Address 511 N. Depot Road

City State Zip Code
edinburg TX 78541

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.8976

Amount of Each Receipt this Period
250.00

contribution

B.

Full Name (Last, First, Middle Initial)
Miguel Gutierrez

Mailing Address 224 Lindberg

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.8977

Amount of Each Receipt this Period
250.00

contribution

C.

Full Name (Last, First, Middle Initial)
Victor Haddad

Mailing Address 4008 Burns Drive South

City State Zip Code
mcallen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.8979

Amount of Each Receipt this Period
250.00

contribution

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Robert Helbing	Date of Receipt
	Mailing Address 820 Tamarack	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 2 3 / 2 0 0 8
	City State Zip Code mcallen TX 78501	Transaction ID: SA11AI.8981
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 134.43
	Name of Employer self-employed Occupation private investor	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 1490.71	

B.	Full Name (Last, First, Middle Initial) Ambrosio Hernandez	Date of Receipt
	Mailing Address 2000 Dana	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 2 3 / 2 0 0 8
	City State Zip Code Pharr TX 78577	Transaction ID: SA11AI.8982
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 250.00
	Name of Employer selfemployed Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 3000.00	

C.	Full Name (Last, First, Middle Initial) Maximiliano Hernandez	Date of Receipt
	Mailing Address 301 Byron Nelson Drive #40 Villas Jardin	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 2 3 / 2 0 0 8
	City State Zip Code mcallen TX 78503	Transaction ID: SA11AI.8983
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 250.00
	Name of Employer selfemployed Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 3000.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 634.43
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Maria Hoffman	Date of Receipt MM / DD / YYYY 12 / 23 / 2008
	Mailing Address 802 Inspiration Road	Transaction ID: SA11AI.8971
	City pharr State TX Zip Code 78577	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3000.00	

B.	Full Name (Last, First, Middle Initial) Vincent Honrubia	Date of Receipt MM / DD / YYYY 12 / 23 / 2008
	Mailing Address 204 Rio Grande	Transaction ID: SA11AI.8984
	City mission State TX Zip Code 78572	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3000.00	

C.	Full Name (Last, First, Middle Initial) Donna Joule	Date of Receipt MM / DD / YYYY 12 / 23 / 2008
	Mailing Address 708 S H Street	Transaction ID: SA11AI.8985
	City mcallen State TX Zip Code 78501	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	525.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Gauri Kanhere	Date of Receipt MM / DD / YYYY 12 / 23 / 2008
	Mailing Address 2548 Palm Circle	Transaction ID: SA11AI.8986
	City State Zip Code rio grande city TX 78582	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3000.00	

B.	Full Name (Last, First, Middle Initial) Gholam Kiani	Date of Receipt MM / DD / YYYY 12 / 23 / 2008
	Mailing Address 213 e. Xenops	Transaction ID: SA11AI.8988
	City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3000.00	

C.	Full Name (Last, First, Middle Initial) Mary Elizabeth Klenz	Date of Receipt MM / DD / YYYY 12 / 23 / 2008
	Mailing Address 5111 N. 10th Street	Transaction ID: SA11AI.8989
	City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3000.00	

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

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

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

FOR LINE NUMBER: PAGE 27 / 47
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 323 Nightingale

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.8990

Amount of Each Receipt this Period
250.00

contribution

B. Full Name (Last, First, Middle Initial)
Jorge Kutugata

Mailing Address Rt 2 Box 522-K

City State Zip Code
weslaco TX 78596

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.8991

Amount of Each Receipt this Period
250.00

contribution

C. Full Name (Last, First, Middle Initial)
Ramiro Leal

Mailing Address 601 Tulip

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.8992

Amount of Each Receipt this Period
250.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Dale Linebarger	Date of Receipt
	Mailing Address 901 West 9th Street #405	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 3 / 2 0 8
	City State Zip Code austin TX 78703	Transaction ID: SA11AI.8993
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 250.00
	Name of Employer self-employed Occupation self-employed private investor	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 3000.00	

B.	Full Name (Last, First, Middle Initial) Alfredo Lopez	Date of Receipt
	Mailing Address 7609 N. 24th Circle	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 3 / 2 0 8
	City State Zip Code mcallen TX 78504	Transaction ID: SA11AI.8994
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 250.00
	Name of Employer selfemployed Occupation selfemployed physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 3000.00	

C.	Full Name (Last, First, Middle Initial) Julio Lopez	Date of Receipt
	Mailing Address 1311 6th E. Street	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 3 / 2 0 8
	City State Zip Code weslaco TX 78596	Transaction ID: SA11AI.8995
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 155.67
	Name of Employer selfemployed Occupation selfemployed physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 1726.31	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 655.67
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 29 / 47
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Saliil Mangi

Mailing Address 3801 Sundown Court East

City State Zip Code
mcallen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.8996

Amount of Each Receipt this Period
250.00

contribution

B. Full Name (Last, First, Middle Initial)
Carlos Manrique

Mailing Address 116 Cardinal

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.8997

Amount of Each Receipt this Period
250.00

contribution

C. Full Name (Last, First, Middle Initial)
Guillermo Marquez

Mailing Address 1702 Trinity Road

City State Zip Code
mission TX 78572

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.8998

Amount of Each Receipt this Period
250.00

contribution

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 47
(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Agustin Martinez

Mailing Address 7603 N. 2nd Lane

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.8999

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 1903 W. Smith

City State Zip Code
edinburg TX 78539

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.9000

Amount of Each Receipt this Period
250.00

contribution

C. Full Name (Last, First, Middle Initial)
Santos Martinez

Mailing Address 125 East Yucca

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.9001

Amount of Each Receipt this Period
250.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 47
(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Pedro McDougal

Mailing Address 1516 Iris

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.9004

Amount of Each Receipt this Period
250.00

contribution

B.

Full Name (Last, First, Middle Initial)
Bertha Medina

Mailing Address 1300 1 1/2 Street

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.9005

Amount of Each Receipt this Period
250.00

contribution

C.

Full Name (Last, First, Middle Initial)
Manuel Mercado

Mailing Address 3002 Santa Susana

City State Zip Code
mission TX 78572

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.9006

Amount of Each Receipt this Period
250.00

contribution

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 47
(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Carlos Mohamed

Mailing Address 5408 N. Cynthia

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.9007

Amount of Each Receipt this Period
250.00

contribution

B.

Full Name (Last, First, Middle Initial)
Carlos N Mohamed, Jr.

Mailing Address 2821 Michael Angelo

City State Zip Code
Edinburg TX 78539

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

Name of Employer self-employed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.9008

Amount of Each Receipt this Period
100.00

contribution

C.

Full Name (Last, First, Middle Initial)
Carlos Morales

Mailing Address 3325 Kent Lane

City State Zip Code
mcallen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.9009

Amount of Each Receipt this Period
250.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 47
(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial) Leonel Moreno		Date of Receipt MM / DD / YYYY 12 / 23 / 2008
Mailing Address 1608 Woods Drive		Transaction ID: SA11AI.9010
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

B.

Full Name (Last, First, Middle Initial) Armando Osio		Date of Receipt MM / DD / YYYY 12 / 23 / 2008
Mailing Address 600 Tulip		Transaction ID: SA11AI.9013
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

C.

Full Name (Last, First, Middle Initial) Fernando Otero		Date of Receipt MM / DD / YYYY 12 / 23 / 2008
Mailing Address 121 E. Quamasia #148		Transaction ID: SA11AI.9014
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Kip Owen		Date of Receipt
	Mailing Address 2305 Red River		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	McAllen	TX	78572
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9015
Name of Employer selfemployed		Occupation	Amount of Each Receipt this Period
selfemployed		physician	<input type="text"/> 75.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 909.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Prakash Palimar		Date of Receipt
	Mailing Address 121 Canary		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	McAllen	TX	78504
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9016
Name of Employer selfemployed		Occupation	Amount of Each Receipt this Period
selfemployed		physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 3000.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Ruben Pechero		Date of Receipt
	Mailing Address 5508 N. Cynthia		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	McAllen	TX	78502
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9017
Name of Employer Self-Employed		Occupation	Amount of Each Receipt this Period
Self-Employed		Physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 3000.00	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 575.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 35 / 47
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Eduardo Peguero

Mailing Address P.O.Box 5959

City State Zip Code
McAllen TX 78502

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

Name of Employer Occupation
Self-employed physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	3	/	2	0	0	8

Transaction ID: SA11AI.9018

Amount of Each Receipt this Period
150.00

contribution

B. Full Name (Last, First, Middle Initial)
Jose Pena

Mailing Address 100 Bluebird

City State Zip Code
mcallen TX 78504

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

Name of Employer Occupation
selfemployed physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	3	/	2	0	0	8

Transaction ID: SA11AI.9019

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 905 S. Huisache Court

City State Zip Code
pharr TX 78577

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

Name of Employer Occupation
self-employed private investor

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	3	/	2	0	0	8

Transaction ID: SA11AI.9020

Amount of Each Receipt this Period
250.00

contribution

SUBTOTAL of Receipts This Page (optional) ► **650.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 47
(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Ernie Perez

Mailing Address P.O. Box 5360

City State Zip Code
mcallen TX 78502

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

Name of Employer self-employed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1369.50

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.9021

Amount of Each Receipt this Period
127.58

contribution

B.

Full Name (Last, First, Middle Initial)
Claudia Pierson

Mailing Address 6912 N. Peking

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2867.14

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.9022

Amount of Each Receipt this Period
250.00

contribution

C.

Full Name (Last, First, Middle Initial)
Sergio Preciado

Mailing Address 521 E. Bluebird

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.9023

Amount of Each Receipt this Period
250.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶ **627.58**

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

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

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

FOR LINE NUMBER: PAGE 37 / 47
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Sergio Ramirez

Mailing Address 1608 Woods Drive

City State Zip Code
mission TX 78572

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.9024

Amount of Each Receipt this Period
250.00

contribution

B. Full Name (Last, First, Middle Initial)
Gustavo Ramos

Mailing Address 1301 S. Perking

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation physiciain

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.9025

Amount of Each Receipt this Period
250.00

contribution

C. Full Name (Last, First, Middle Initial)
R.V. Reddy

Mailing Address 1500 Southland Drive

City State Zip Code
weslaco TX 78596

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.9027

Amount of Each Receipt this Period
250.00

contribution

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

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

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

FOR LINE NUMBER: PAGE 38 / 47
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
William Restrepo
Mailing Address 1117 S. Cynthia
City mcallen State TX Zip Code 78504
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3000.00
Date of Receipt 12 / 23 / 2008
Transaction ID: SA11AI.9028
Amount of Each Receipt this Period 250.00
contribution

B. Full Name (Last, First, Middle Initial)
Homero Rivas
Mailing Address 100 E. Houston
City mcallen State TX Zip Code 78501
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3000.00
Date of Receipt 12 / 23 / 2008
Transaction ID: SA11AI.9029
Amount of Each Receipt this Period 250.00
contribution

C. Full Name (Last, First, Middle Initial)
Benjamin Robalino
Mailing Address 1217 S. Cynthia
City mcallen State TX Zip Code 78501
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3000.00
Date of Receipt 12 / 23 / 2008
Transaction ID: SA11AI.9030
Amount of Each Receipt this Period 250.00
contribution

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 47
(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Paulette Saca

Mailing Address 109 Condor

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
12 / 23 / 2008

Transaction ID: SA11AI.9031

Amount of Each Receipt this Period
125.00

contribution

B.

Full Name (Last, First, Middle Initial)
Javier Saenz

Mailing Address 2308 Monaco Drive

City State Zip Code
mission TX 78574

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

Name of Employer selfemployed Occupation
physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
MM / DD / YYYY
12 / 23 / 2008

Transaction ID: SA11AI.9032

Amount of Each Receipt this Period
250.00

contribution

C.

Full Name (Last, First, Middle Initial)
JJ Saenz

Mailing Address 2400 S.E. Augusta Square

City State Zip Code
mcallen TX 78503

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

Name of Employer selfemployed Occupation
physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
MM / DD / YYYY
12 / 23 / 2008

Transaction ID: SA11AI.9033

Amount of Each Receipt this Period
250.00

contribution

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Larry Safir	Date of Receipt MM / DD / YYYY 12 / 23 / 2008
	Mailing Address 3300 S. 2nd suite 10	Transaction ID: SA11AI.9034
	City mcallen State TX Zip Code 78503	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer self-employed Occupation private investor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3000.00	

B.	Full Name (Last, First, Middle Initial) Juan Salazar	Date of Receipt MM / DD / YYYY 12 / 23 / 2008
	Mailing Address 801 E Nolana Loop	Transaction ID: SA11AI.9035
	City McAllen State TX Zip Code 78504	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Elisa Garza Sanchez	Date of Receipt MM / DD / YYYY 12 / 23 / 2008
	Mailing Address 3509 N. Glasscock	Transaction ID: SA11AI.9037
	City Mission State TX Zip Code 78574	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer Self employed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional)	625.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 41 / 47
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Luis San Miguel

Mailing Address 1912 Fair Oak

City Mission State TX Zip Code 78574

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

Name of Employer Self employed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.19

Date of Receipt 12 / 23 / 2008

Transaction ID: SA11AI.9036

Amount of Each Receipt this Period 250.00

contribution

B. Full Name (Last, First, Middle Initial)
John Sharp

Mailing Address P. O.Box 236

City austin State TX Zip Code 78767

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

Name of Employer self-employed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 12 / 23 / 2008

Transaction ID: SA11AI.9038

Amount of Each Receipt this Period 250.00

contribution

C. Full Name (Last, First, Middle Initial)
Tawhid Shuaib

Mailing Address 4000 Burns Drive

City mcallen State TX Zip Code 78503

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 12 / 23 / 2008

Transaction ID: SA11AI.9039

Amount of Each Receipt this Period 250.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 47

(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Dennis Slavin

Mailing Address 1501 S. Oklahoma

City State Zip Code
weslaco TX 78596

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.9040

Amount of Each Receipt this Period

50.00

contribution

B.

Full Name (Last, First, Middle Initial)
Joel Solis

Mailing Address 405 E. Avocet

City State Zip Code
Mcallen TX 78501

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1611.77

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.9042

Amount of Each Receipt this Period

145.34

contribution

C.

Full Name (Last, First, Middle Initial)
Alejandro Tey

Mailing Address 3012 Laurie Lane

City State Zip Code
Edinburg TX 78539

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

Name of Employer Self employed Occupation
Self employed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.9043

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

445.34

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Jose Trejo	Date of Receipt MM / DD / YYYY 12 / 23 / 2008
	Mailing Address 112 S. Broadway	Transaction ID: SA11AI.9044
	City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer self-employed Occupation private investor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3000.00	

B.	Full Name (Last, First, Middle Initial) Susan Turley	Date of Receipt MM / DD / YYYY 12 / 23 / 2008
	Mailing Address 312 Thunderbird	Transaction ID: SA11AI.9045
	City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer self-employed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3000.00	

C.	Full Name (Last, First, Middle Initial) Marcel Twahirwa	Date of Receipt MM / DD / YYYY 12 / 23 / 2008
	Mailing Address 2403 El Encino Drive	Transaction ID: SA11AI.9046
	City State Zip Code mission TX 78572	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Lourdes Uribe		Date of Receipt
	Mailing Address 801 E. Nolana		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 3 / 2 0 0 8
	City	State	Zip Code
	McAllen	TX	78504
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9047
Name of Employer Self employed		Occupation physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 75.00
			contribution

B.	Full Name (Last, First, Middle Initial) Jose Vasquez		Date of Receipt
	Mailing Address 2548 Palm Circle		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 3 / 2 0 0 8
	City	State	Zip Code
	rio grande city	TX	78582
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8987
Name of Employer selfemployed		Occupation physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
			contribution

C.	Full Name (Last, First, Middle Initial) Carlos Villalta		Date of Receipt
	Mailing Address P. O. Box 1632		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 3 / 2 0 0 8
	City	State	Zip Code
	mission	TX	78573
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9048
Name of Employer selfemployed		Occupation physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 125.00
			contribution

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 47
(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial) Rita Villanueva		Date of Receipt MM / DD / YYYY 12 / 23 / 2008
Mailing Address 801 E. Nolana Suite 4		Transaction ID: SA11AI.9049
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 171.81
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1905.24	

B.

Full Name (Last, First, Middle Initial) Victor Villarreal		Date of Receipt MM / DD / YYYY 12 / 23 / 2008
Mailing Address 901 W. Moore		Transaction ID: SA11AI.9051
City pharr	State TX	Zip Code 78577
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 140.46
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1557.62	

C.

Full Name (Last, First, Middle Initial) Roger Vitko		Date of Receipt MM / DD / YYYY 12 / 23 / 2008
Mailing Address 1017 south 1st		Transaction ID: SA11AI.9052
City mcallen	State TX	Zip Code 78502
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	462.27
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 46 / 47
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Raymond Walker

Mailing Address 1117 Shallow apt 4

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 12 / 23 / 2008

Transaction ID: SA11AI.9053

Amount of Each Receipt this Period 250.00

contribution

B. Full Name (Last, First, Middle Initial)
James Webb

Mailing Address 312 Redbud

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1490.71

Date of Receipt 12 / 23 / 2008

Transaction ID: SA11AI.9054

Amount of Each Receipt this Period 134.43

contribution

C. Full Name (Last, First, Middle Initial)
Patrick Wilcox

Mailing Address 111 Rio Grande

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 12 / 23 / 2008

Transaction ID: SA11AI.9055

Amount of Each Receipt this Period 100.00

contribution

SUBTOTAL of Receipts This Page (optional) ► 484.43

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Subbarao Yarra		Date of Receipt
	Mailing Address 6905 N. Cynthia		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 2 3 / 2 0 0 8
	City	State	Zip Code
	McAllen	TX	78504
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9056
Name of Employer Self-employed		Occupation physician	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	contribution

B.	Full Name (Last, First, Middle Initial) Hugo Zapata		Date of Receipt
	Mailing Address 316 Xenops		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 2 3 / 2 0 0 8
	City	State	Zip Code
	mcallen	TX	78504
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9057
Name of Employer selfemployed		Occupation physician	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3000.00	contribution

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	27193.19