

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

BORDER HEALTH FEDERAL PAC

ADDRESS (number and street) 612 W. Nolana Suite 340

Check if different than previously reported. (ACC) McAllen TX 78504

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00415752

3. IS THIS REPORT NEW (N) OR AMENDED (A)

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 Year-End 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 (12S)

Election on 11 / 06 / 2012 in the State of TX

- (d) 30-Day POST-Election Report for the:
- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period 10 / 01 / 2012 through 10 / 17 / 2012

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 Ernie Perez [Electronically Filed] Date 10 / 25 / 2012

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									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

BORDER HEALTH FEDERAL PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		1006233.52
(b) Cash on Hand at Beginning of Reporting Period.....	820674.65	
(c) Total Receipts (from Line 19)	0.00	357445.18
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	820674.65	1363678.70
7. Total Disbursements (from Line 31).....	24862.86	567866.91
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	795811.79	795811.79
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	1800.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

BORDER HEALTH FEDERAL PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	317037.14
(ii) Unitemized	0.00	35408.04
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	352445.18
(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)	0.00	352445.18
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	0.00	357445.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	0.00	357445.18

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	6198.47	229202.52
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	6198.47	229202.52
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18664.39	288664.39
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	50000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	24862.86	567866.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24862.86	567866.91

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	352445.18
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	352445.18
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	6198.47	229202.52
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	6198.47	229202.52

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XN
Transaction ID :

there are in-kind contributions of \$153.14 (floral & craft) and \$1,182.47 (peppers) for the NRSC fundraiser (contribution of \$13,664.39) for calendar year 2012 totalling \$15k.. an amendment to the report ending 12.31.2011 (&reporting april 15 2012)will reflect 2011 NRSC contribution of \$15K due to check date of 10.19.2011 versus check clearing date of 01.06.2012 as reflecting on the april 15 quarterly report as contribution..

Form/Schedule:
Transaction ID:

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Eliza Alvarado

Mailing Address 1303 W. Kiwi #4

City Pharr State TX Zip Code 78577

Purpose of Disbursement
contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2012

Transaction ID : SB21B.19379

Amount of Each Disbursement this Period

2710.71

Full Name (Last, First, Middle Initial)

B. Ms Sandra Escamilla

Mailing Address 1418 Quince

City McAllen State TX Zip Code 78504

Purpose of Disbursement
contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2012

Transaction ID : SB21B.19377

Amount of Each Disbursement this Period

725.15

Full Name (Last, First, Middle Initial)

C. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City McAllen State TX Zip Code 78502

Purpose of Disbursement
contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2012

Transaction ID : SB21B.19378

Amount of Each Disbursement this Period

1395.60

SUBTOTAL of Disbursements This Page (optional)..... ▶

4831.46

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Long Chilton LLP

Mailing Address 4100 N. 23rd

City McAllen State TX Zip Code 78504

Purpose of Disbursement
paysmart payroll services

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 09 / 2012

Transaction ID : SB21B.19380

Amount of Each Disbursement this Period

31.40

Full Name (Last, First, Middle Initial)

B. Peppers

Mailing Address 4620 North 10th Street

City McAllen State TX Zip Code 78504

Purpose of Disbursement
In-kind contribution for NRSC

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 15 / 2012

Transaction ID : SB21B.19382

Amount of Each Disbursement this Period

1182.47

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

1213.87

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

6045.33

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. GENE GREEN CONGRESSIONAL CAMPAIGN

Mailing Address PO BOX 16128

City HOUSTON State TX Zip Code 77222

Purpose of Disbursement contribution

011

Candidate Name

RAYMOND E. 'GENE' GREEN

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 29

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 11 / 2012

Transaction ID : SB23.19381

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Mailing Address 425 SECOND STREET NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement contribution

011

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2012

Transaction ID : SB23.19387

Amount of Each Disbursement this Period

13664.39

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

18664.39

18664.39

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 10 OF 11
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor AC Rentals	Nature of Debt (Purpose): rental space
Mailing Address PO Box 2673	
City State Zip Code McAllen TX 78502	

Outstanding Balance Beginning This Period 900.00	Transaction ID : SD10.9553	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 900.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor AC Rentals	Nature of Debt (Purpose): rental space
Mailing Address PO Box 2673	
City State Zip Code McAllen TX 78502	

Outstanding Balance Beginning This Period 900.00	Transaction ID : SD10.10053	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 900.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶	1800.00
2) TOTALS This Period (last page this line number only)..... ▶	1800.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	1800.00

: 97 `A-G79 @ @ B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.9553

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

Form/Schedule: SD10

Transaction ID: SD10.10053

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