PAGE 1 / 259

Image# 201901289144013500

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

		iorized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
BORDER HEALTH FE	DERAL PAC		
ADDRESS (number and street)	612 W. Nolana Suite 340		
▼ Check if different			
than previously reported. (ACC)	McAllen		TX 78504 -
2. FEC IDENTIFICATION NU	MBER ▼ CIT	Y 🛦	STATE ▲ ZIP CODE ▲
C C00415752		S THIS EPORT NEW (N) O	R AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Feb Report Due On:	20 (M2) May 20 (N	(Non-Election Year Only)
(a) Quarterly Reports:	Mar	20 (M3) Jun 20 (M	Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15		20 (M4) Jul 20 (M	7) Oct 20 (M10) Jan 31 (YE)
Quarterly Report (Q July 15	(c) 12-Day	Primary (12P)	General (12G) Runoff (12R)
Quarterly Report (Q:	Report for the:	Convention (12C)	Special (12S)
Quarterly Report (Q: January 31 Year-End Report (YI	Floatio	n on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day	General (30G)	Runoff (30R) Special (30S)
Termination Report	Report for the:	M M / D D	/ Y Y Y Y in the
(TER)	Electio	" " '	in the State of
5. Covering Period 07	01 2018	through 09	
I certify that I have examined thi	s Report and to the best of Perez, Ernie, , ,	my knowledge and belief it is	s true, correct and complete.
Type or Print Name of Treasurer			
Signature of Treasurer	Ernie, , ,	[Electronically Filed]	Date 01 / 28 / 2019
NOTE: Submission of false, errone	ous, or incomplete information	n may subject the person signir	ng this Report to the penalties of 52 U.S.C. § 30109
Office Use			FEC FORM 3X Rev. 05/2016

FEC Form 3X (Rev. 05/2016)	SUMMARY PAGE DF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name BORDER HEALTH FEDERAL PAC)	
Report Covering the Period: From:		09 30 / 2018
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2018		554794.84
(b) Cash on Hand at Beginning of Reporting Period	629168.77	
(c) Total Receipts (from Line 19)	126997.61	388691.09
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	756166.38	943485.93
7. Total Disbursements (from Line 31)	70756.98	258076.53
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	685409.40	685409.40
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 multical	ndidate committee. (see FEC FORM 1M)	
F	For further information contact:	
	Federal Election Commission	

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. 05/2016)

Write or Type Committee Name

BORDER HEALTH FEDERAL PAC

I. Receipts Dutions (other than loans) From: Dividuals/Persons Other Dan Political Committees Itemized (use Schedule A)	COLUMN A Total This Period 122842.50 4155.11 126997.61	COLUMN B Calendar Year-to-Date 343227.46 40463.63
dividuals/Persons Other nan Political Committees Itemized (use Schedule A)	4155.11 126997.61	7 7 7 7
nan Political Committees Itemized (use Schedule A) Unitemized) TOTAL (add Lines 11(a)(i) and (ii) Dilitical Party Committees	4155.11 126997.61	7 7 7 7
Itemized (use Schedule A)	4155.11 126997.61	7 7 7 7
Unitemized	4155.11 126997.61	7 7 7 7
) TOTAL (add Lines 11(a)(i) and (ii)	126997.61	40463.63
) TOTAL (add Lines 11(a)(i) and (ii)	126997.61	4 4
Lines 11(a)(i) and (ii)	7	
		383691.09
		0.00
ther Political Committees	0.00	0.00
b DAO.	0.00	0.00
uch as PACs)tal Contributions (add Lines	49. 49. 40.	0.00
•		
	126997.61	383691.09
	4 4	4 4 4
	0.00	0.00
no Descrived	0.00	0.00
ins Received	4	4 4
Repayments Received	0.00	0.00
	7 7	7 7 7
Totals to Line 37, page 5)	0.00	0.00
	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,
	0.00	5000.00
_	0.00	0.00
	0.00	0.00
	0.00	0.00
, <u> </u>	4 4	45
rin Funds (from Schedule H5)	0.00	0.00
	7- 7- 7-	7 7 7
al Transfers (add 18(a) and 18(b))	0.00	0.00
	(a)(iii), (b), and (c)) (Carry brals to Line 33, page 5)	Actals to Line 33, page 5)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Caronaa Tour to Date			
(i) Federal Share	0.00	0.00			
(ii) Non-Federal Share	0.00	0.00			
(b) Other Federal Operating	4 4				
Expenditures(c) Total Operating Expenditures	55756.98	113076.53			
(add 21(a)(i), (a)(ii), and (b))▶	55756.98	113076.53			
Transfers to Affiliated/Other Party Committees	0.00	0.00			
Contributions to Federal Candidates/Committees and Other Political Committees	15000.00	145000.00			
Independent Expenditures		4 4			
(use Schedule E) Coordinated Party Expenditures (52 U.S.C. § 30116(d))	0.00	0.00			
(use Schedule F)	0.00	0.00			
Loan Repayments Made	0.00	0.00			
Loans Made	0.00	0.00			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00			
(b) Political Party Committees	0.00	0.00			
(such as PACs)	0.00	0.00			
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00			
Other Disbursements (Including					
Non-Federal Donations)	0.00	0.00			
Federal Election Activity (52 U.S.C. § 30101(20) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share	0.00	0.00			
·	0.00	0.00			
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00			
Entirely With Federal Funds	0.00	0.00			
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00			
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	70756.98	258076.53			
Total Federal Disbursements	10130.30	230070.33			
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
HOTH LINE 31)	70756.98	258076.53			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 126997.61 383691.09 (from Line 11(d), page 3) 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 383691.09 126997.61 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 55756.98 113076.53 (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 55756.98 113076.53 (subtract Line 37 from Line 36)

I OIT LINE HOMBEIL						PAGE	=	6	OF	259
l	(ch	eck only	or or	ne)						
l	7	1 1a		11b		11c		12	2	
l		13		14		15		16	6	17

Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC	
Full Name of Individual (Last, First, Middle Ini Aboujamous, Riad, , Mr., Mailing Address 1217 Fullerton	tial) or Full Organization Name	Date of Receipt 09 14 2018
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.44413 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer (for Individual)	Occupation (for Individual)	25.00 Memo Item
Name of Employer (for Individual) selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation (for Individual) private investor Aggregate Year-to-Date ▼ 225.00	contribution
Full Name of Individual (Last, First, Middle Inia). Abreu, Charity, , , Mailing Address 1619 hertiage lane City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify)	State Zip Code 78572 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt O7 13 2018 Transaction ID : SA11AI.43727 Amount of Each Receipt this Period 250.00 Memo Item contribution
Full Name of Individual (Last, First, Middle Ini Abreu, Charity, , , Mailing Address 1619 hertiage lane City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify)	State Zip Code TX Zip Code 78572 C Occupation (for Individual) physician Aggregate Year-to-Date 2000.00	Date of Receipt M M M / D J J 2018 Transaction ID: SA11AI.44043 Amount of Each Receipt this Period 250.00 Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	>	525.00
TOTAL This Period (last page this line number	only)	

F	TOTT EITHE HOMBETT.					PAGE	7	OF	2	59
(0	che	ck only	or	ne)						
	X	11a		11b		11c	12	2		
		13		14		15	16	6	1	17

	d Statements may not be sold or used by any pe the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name of Individual (Last, First, Middle Abreu, Charity, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 1619 hertiage lane	09 14 2018	
City	State Zip Code	Transaction ID : SA11AI.44414
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
self-employee	physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	gg. vgato Tour to Dato T	
Other (specify) ▼	2250.00	
Full Name of Individual (Last, First, Middle Abreu, Ricardo, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 200		M = M / D = D / Y = Y = Y
E. Xenops	·	07 13 2018
City	State Zip Code	Transaction ID : SA11AI.43728
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer (for Individual) Self employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	
Full Name of Individual (Last, First, Middle Abreu, Ricardo, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 200 E. Xenops		08 13 2018
City	State Zip Code	Transaction ID : SA11AI.44044
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer (for Individual) Self employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:		_
Primary General	Aggregate Year-to-Date ▼	
Other (specify)	1200.00	
SUBTOTAL of Receipts This Page (optional).	· · · · · · · · · · · · · · · · · · ·	550.00
TOTAL This Period (last page this line number	er only)	

l	F	OR	LINE	NU	MBER	:	PAGE	8	OF	- 2	259
I	(0	che	ck only	or	ne)						
I		X	11a		11b		11c	12	2		
I			13		14		15	16	6		17

	y information copied from such Reports and Sta for commercial purposes, other than using the r		
\rangle	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	AC	
١.	Full Name of Individual (Last, First, Middle Initia Abreu, Ricardo, , , Mailing Address 200	al) or Full Organization Name	Date of Receipt
	E. Xenops	7: 2:	09 14 2018
	City	State Zip Code TX 78504	Transaction ID : SA11AI.44415
	McAllen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	150.00
	Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
	Self employed	physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1350.00	
3.	Full Name of Individual (Last, First, Middle Initia Abreu, Ruben, , , Mailing Address 104 augusta square	al) or Full Organization Name	Date of Receipt
			07 13 2018
	City	State Zip Code	Transaction ID : SA11AI.43729
	mcallen	TX 78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer (for Individual) self-employee	Occupation (for Individual) physician	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
).	Full Name of Individual (Last, First, Middle Initia Abreu, Ruben, , ,	al) or Full Organization Name	Date of Receipt
	Mailing Address 104 augusta square		08 13 2018
	City	State Zip Code	Transaction ID : SA11AI.44045
	mcallen	TX 78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer (for Individual) self-employee	Occupation (for Individual) physician	Memo Item contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify)	2000.00	
SI	UBTOTAL of Receipts This Page (optional)		650.00
TO	OTAL This Period (last page this line number or	nly)	

F	OR	LINE	NU	IMBER	:	PAGE	9	OF	259
(0	che	ck only	or	ne)					
	X	11a		11b		11c	12		
		13		14		15	16	6	17

or for commercial purposes, other than using	g the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name of Individual (Last, First, Middle A. Abreu, Ruben, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 104 augusta square		09 14 2018
City mcallen	State Zip Code TX 78503	Transaction ID : SA11AI.44416
	76503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
self-employee	physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2250.00	
Full Name of Individual (Last, First, Middle Aguilera, Juan, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 807 North Cage		07 13 2018
City	State Zip Code	Transaction ID : SA11Al.43730
Pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00]
Full Name of Individual (Last, First, Middle Aguilera, Juan, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 807 North Cage		08 13 2018
City	State Zip Code	Transaction ID : SA11AI.44046
Pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item
Receipt For:		Contribution
Primary General	Aggregate Year-to-Date ▼	-
Other (specify)	2000.00	
SUBTOTAL of Receipts This Page (optiona	l)	1050.00
TOTAL This Period (last page this line num	nber only)	

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

FOR LINE NUMBER: (check only one)

FOF	R LINE	NUMBE	PAGE	1	0 C)F 2	259	
(che	ck only	one)						
×	11a	11b		11c		12		
	13	14		15		16		17

	I Statements may not be sold or used by any per the name and address of any political committee					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC					
Full Name of Individual (Last, First, Middle Aguilera, Juan, , , Mailing Address 807 North Cage City Pharr FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	Aguilera, Juan, , , Mailing Address 807 North Cage City					
Alleyn, Michael, , , Mailing Address 5505 N. 4th City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify) Other (specify)	State Zip Code 78501 C Occupation (for Individual) private investor Aggregate Year-to-Date ▼ 1750.00	Date of Receipt 07 13 2018 Transaction ID: SA11AL43732 Amount of Each Receipt this Period 250.00 Memo Item contribution				
Full Name of Individual (Last, First, Middle Alleyn, Michael, , , Mailing Address 5505 N. 4th City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation (for Individual) private investor Aggregate Year-to-Date 2000.00	Date of Receipt M M				
SUBTOTAL of Receipts This Page (optional).	>	900.00				
TOTAL This Period (last page this line number	er only)					

FOR LINE NUMBER: PAGE 11 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c

259

Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than 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 of Individual (Last, First, Middle Initial) or Full Organization Name Alleyn, Michael, , , Date of Receipt Mailing Address 5505 N. 4th 2018 14 City Zip Code State Transaction ID: SA11AI.44419 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 2250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Alleyn, Robert, , Dr., Date of Receipt Mailing Address 8330 North Shary Road 07 13 2018 City State Zip Code Transaction ID: SA11AI.43733 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employee contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 2200.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Alleyn, Robert, Dr., Date of Receipt Mailing Address 8330 North Shary Road 13 2018 City State Zip Code Transaction ID: SA11AI.44049 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employee physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2450.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOR LINE (check only)

TOTT EITE HOMBET.						PAGE	 12	OF	25	9
(0	che	ck only	ne)							
	X	11a		11b		11c	12			
		13		14		15	16		13	7

Any information copied from such Reports and or for commercial purposes, other than using the state of the st			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC		
Full Name of Individual (Last, First, Middle Alleyn, Robert, , Dr.,	Initial) or Full Orga	nization Name	Date of Receipt
Mailing Address 8330 North Shary Road			09 14 2018
City	State	Zip Code	Transaction ID : SA11AI.44420
mission	TX	78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) self-employee	Occupa physicia	tion (for Individual) an	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 2700.00	
Full Name of Individual (Last, First, Middle Almedia, Hillary, , Dr., Mailing Address 900 E. Vermont	Initial) or Full Orga	nization Name	Date of Receipt
	Ta: .	T	07 13 2018
City McAllen	State	Zip Code 78504	Transaction ID : SA11AI.43734
FEC ID number of contributing federal political committee.	C	76304	Amount of Each Receipt this Period 75.00
Name of Employer (for Individual) Self employed	Occupa physicia	tion (for Individual) an	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 525.00	
Full Name of Individual (Last, First, Middle C. Almedia, Hillary, , Dr.,	Initial) or Full Orga	nization Name	Date of Receipt
Mailing Address 900 E. Vermont			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City McAllen	State	Zip Code 78504	Transaction ID : SA11AI.44050
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 75.00
Name of Employer (for Individual) Self employed	Occupa physicia	tion (for Individual) n	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional).			400.00
TOTAL This Period (last page this line number	er only)		

FOR LINE NUMBER: PAGE Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c

13 OF

12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than 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 of Individual (Last, First, Middle Initial) or Full Organization Name Almedia, Hillary, , Dr., Date of Receipt Mailing Address 900 E. Vermont 14 2018 City State Zip Code Transaction ID : SA11AI.44421 McAllen TX 78504

INICATION	70004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer (for Individual) Self employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 675.00	
Full Name of Individual (Last, First, Middle Amyx, Michael, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 2108 Mynah City	State Zip Code	07 13 2018
mcallen	TX 78501	Transaction ID : SA11AI.43735 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
Full Name of Individual (Last, First, Middle Amyx, Michael, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 2108 Mynah		08 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mcallen	State Zip Code 78501	Transaction ID : SA11AI.44051 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2000.00	
SUBTOTAL of Receipts This Page (optional	1)	575.00
TOTAL This Period (last page this line num	ber only)	

FOR	PAGE	 14	OF	259			
(che	ck only						
X	11a	11b		11c	12		
	13	14		15	16	;	17

	Statements may not be sold or used by any per he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle Amyx, Michael, , , Mailing Address 2108 Mynah City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	Date of Receipt M M M / 2018 Transaction ID: SA11AI.44422 Amount of Each Receipt this Period 250.00 Memo Item contribution	
Full Name of Individual (Last, First, Middle Apolinario, Jumar, B., Dr., Mailing Address 2805 Santa Erica City Mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary Other (specify) This is the first time of the series o	State Zip Code 78572 C Occupation (for Individual) physicain Aggregate Year-to-Date 700.00	Date of Receipt M M J 2018 Transaction ID: SA11AL43736 Amount of Each Receipt this Period 100.00 Memo Item contribution
Full Name of Individual (Last, First, Middle Apolinario, Jumar, B., Dr., Mailing Address 2805 Santa Erica City Mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary Other (specify)	State Zip Code TX 78572 C Occupation (for Individual) physicain Aggregate Year-to-Date 800.00	Date of Receipt Mark 13 2018 Transaction ID : SA11AI.44052 Amount of Each Receipt this Period 100.00 Memo Item contribution
SUBTOTAL of Receipts This Page (optional).	>	450.00
TOTAL This Period (last page this line number	er only)	

FOF	PAGE	_ ′	15	OF		259				
(che	(check only one)									
×	11a		11b		11c		12			
	13		14		15		16	;		17

	d Statements may not be sold or used by any pe the name and address of any political committee					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC					
Full Name of Individual (Last, First, Middle Apolinario, Jumar, B., Dr., Mailing Address 2805 Santa Erica City Mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) Other (specify)	Mailing Address 2805 Santa Erica City Mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary Other (specify) ▼ Pull Name of Individual (Last, First, Middle Initial) or Full Organization Name Aquino, Edwardo, , Dr.,					
Aquino, Edwardo, , Dr., Mailing Address 112 E. Xenops City Mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) Other (specify)	State Zip Code 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 350.00	Date of Receipt M M J J J J J J J J J J J J J J J J J				
Full Name of Individual (Last, First, Middle Aquino, Edwardo, , Dr., Mailing Address 112 E. Xenops City Mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 400.00	Date of Receipt 08				
SUBTOTAL of Receipts This Page (optional).	>	200.00				
TOTAL This Period (last page this line number	er only)	45 45 45 45				

l	F	TOTT EITHE TOTTIBLET.						· '	16	OF	2	259
l	(c	he	ck only									
l		X	11a		11b		11c		12			
l			13		14		15		16	;		17

Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any per- e name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Aquino, Edwardo, , Dr., Mailing Address 112 E. Xenops City Mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 450.00	Date of Receipt 14 2018 Transaction ID: SA11AI.44424 Amount of Each Receipt this Period 50.00 Memo Item contribution
Full Name of Individual (Last, First, Middle In Arce, Daisy, , , Mailing Address 129 Bluebird City Mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 350.00	Date of Receipt 07 13 2018 Transaction ID : SA11AI.43738 Amount of Each Receipt this Period 50.00 Memo Item contribution
Full Name of Individual (Last, First, Middle In Arce, Daisy, , , Mailing Address 129 Bluebird City Mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 400.00	Date of Receipt 13 2018 Transaction ID: SA11AI.44054 Amount of Each Receipt this Period 50.00 Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	>	150.00
TOTAL This Period (last page this line number	only)	

F	OR	LINE	PAGE	_ ′	17	OF	2	259			
(check only one)											
	X	11a		11b		11c		12			
		13		14		15		16			17

	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.											
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC										
Α.	Full Name of Individual (Last, First, Middle Inition Arce, Daisy, , , Mailing Address 129 Bluebird	al) or Full Orga		Date of Receipt 09 21 2018								
	City	State TX	Zip Code 78504	Transaction ID : SA11AI.44425								
	Mcallen FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 50.00								
	Name of Employer (for Individual)	'	ation (for Individual)	Memo Item								
	selfemployed Receipt For: Primary General Other (specify) ▼	Aggregate Ye		contribution								
В.	Full Name of Individual (Last, First, Middle Initial Arias-Viaud, Julio, , Dr., Mailing Address 2600 Santa Paula	al) or Full Orga	anization Name	Date of Receipt								
		07 13 2018										
	City	State	Zip Code	Transaction ID : SA11Al.43740 Amount of Each Receipt this Period								
	Mission FEC ID number of contributing federal political committee.	umber of contributing										
	Name of Employer (for Individual) selfemployed	1	ation (for Individual) e investor	Memo Item contribution								
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 700.00									
С .	Full Name of Individual (Last, First, Middle Initial Arias-Viaud, Julio, , Dr.,	al) or Full Orga	anization Name	Date of Receipt								
	Mailing Address 2600 Santa Paula			08 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y								
	City Mission	State TX	Zip Code 78572	Transaction ID : SA11AI.44056 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		100.00								
	Name of Employer (for Individual) selfemployed		ation (for Individual) investor	Memo Item contribution								
	Receipt For: Primary General Other (specify)											
H	SUBTOTAL of Receipts This Page (optional)			250.00								

FOF	LINE	PAGE	 18	OF	259			
(che	ck only	or	ne)					
×	11a		11b		11c	12		
	13		14		15	16	;	17

	d Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name of Individual (Last, First, Middle Arias-Viaud, Julio, , Dr., Mailing Address 2600 Santa Paula City Mission	Initial) or Full Organization Name State Zip Code TX 78572	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: □ Primary □ General □ Other (specify) ▼	Memo Item contribution	
Full Name of Individual (Last, First, Middle Arrazola, Pedro, , Dr., Mailing Address 5114 N. 10th Street City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary Other (specify) General	Initial) or Full Organization Name State Zip Code TX 78504 C Occupation (for Individual) private investor Aggregate Year-to-Date ▼ 700.00	Date of Receipt O7 13 2018 Transaction ID: SA11AI.43741 Amount of Each Receipt this Period 100.00 Memo Item contribution
Full Name of Individual (Last, First, Middle Arrazola, Pedro, , Dr., Mailing Address 5114 N. 10th Street City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State	Date of Receipt Max
	>	300.00
TOTAL This Period (last page this line numb	per only)	

	FOF	LINE	NUMBER	PAGE	•	19 (OF	2	259	
(check only one)										
	×	11a	11b		11c		12			
		13	14		15		16			17

Any information copied from such Reports and or for commercial purposes, other than using t			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC		
Full Name of Individual (Last, First, Middle Arrazola, Pedro, , Dr.,	Initial) or Full Organi	zation Name	Date of Receipt
Mailing Address 5114 N. 10th Street			09 14 2018
City		Zip Code	Transaction ID : SA11AI.44428
McAllen	TX	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer (for Individual)	Occupation	on (for Individual)	Memo Item
selfemployed	private in	vestor	contribution
Receipt For:	Aggregate Year	-to-Date ▼	
Primary General Other (specify) ▼	7	900.00	
Full Name of Individual (Last, First, Middle Asase, Danilo, , Dr.,	Initial) or Full Organi	zation Name	Date of Receipt
Mailing Address 5216 Kensington Lane	07 13 2018		
City		Zip Code	Transaction ID : SA11AI.43742
Brownsville	TX	78526	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer (for Individual) selfemployed	Occupation physician	on (for Individual) n	Memo Item contribution
Receipt For:	Aggregate Year	-to-Date ▼	
Primary General Other (specify) ▼		700.00	
Full Name of Individual (Last, First, Middle Asase, Danilo, , Dr.,	Initial) or Full Organi	zation Name	Date of Receipt
Mailing Address 5216 Kensington Lane			08 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Brownsville	State	Zip Code 78526	Transaction ID : SA11AI.44058 Amount of Each Receipt this Period
FEC ID number of contributing			_
federal political committee.	C		100.00
Name of Employer (for Individual) selfemployed	Occupation physician	on (for Individual)	Memo Item contribution
Receipt For:	Aggregate Year		
Primary General Other (specify)	33.13.10	800.00	
SUBTOTAL of Receipts This Page (optional).			300.00
TOTAL This Period (last page this line number			

FOR LINE NUMBER: PAGE 20 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

259

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than 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 of Individual (Last, First, Middle Initial) or Full Organization Name Asase, Danilo, , Dr., Date of Receipt Mailing Address 5216 Kensington Lane 14 2018 City Zip Code State Transaction ID: SA11AI.44429 TX Brownsville 78526 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Assistores, Marilyn, , Dr., Date of Receipt Mailing Address 2222 La Condesa Drive 07 13 2018 City State Zip Code Transaction ID: SA11AI.43743 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 525.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Assistores, Marilyn, , Dr., Date of Receipt Mailing Address 2222 La Condesa Drive 13 2018 City State Zip Code Transaction ID: SA11AI.44059 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... -

FOR LINE NUMBER: PAGE Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c

259 21 OF 12 13 14 15 16

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than 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 of Individual (Last, First, Middle Initial) or Full Organization Name Assistores, Marilyn, , Dr., Date of Receipt Mailing Address 2222 La Condesa Drive 14 2018 City Zip Code State Transaction ID: SA11AI.44430 Edinburg TX 78539 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 675.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Aude, Wady Aude, , Dr., Date of Receipt Mailing Address 1001 E. Fern #E 09 14 2018 City State Zip Code Transaction ID: SA11AI.44431 TX McAllen 78502 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 225.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Avila, Felipe, , Dr., Date of Receipt Mailing Address 104 W. 20th Street 13 2018 City State Zip Code Transaction ID: SA11AI.43745 TX Weslaco 78596 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed doctor Receipt For: Aggregate Year-to-Date ▼ Primary General 2800.00 Other (specify) 500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... -

		NUMBER	PAGE	2	22 OF	= ;	259	
(ch	eck only	one)						
×	11a	11b		11c		12		
	13	14		15		16		17

	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.											
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC										
Α.	Full Name of Individual (Last, First, Middle InitiAvila, Felipe, , Dr., Mailing Address 104 W. 20th Street	al) or Full Orga	anization Name	Date of Receipt								
	City Weslaco	State TX	Zip Code 78596	08 13 2018 Transaction ID : SA11AI.44061								
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 400.00								
	Name of Employer (for Individual) self-employed Receipt For:	Occupa doctor Aggregate Ye		Memo Item contribution								
	Primary General Other (specify) ▼		3200.00									
В.	Full Name of Individual (Last, First, Middle Initi-Avila, Felipe, , Dr., Mailing Address 104 W. 20th Street	Date of Receipt										
	City Weslaco	State	Zip Code 78596	Transaction ID : SA11AI.44432 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С	400.00									
	Name of Employer (for Individual) self-employed	ation (for Individual)	Memo Item contribution									
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 3600.00									
С .	Full Name of Individual (Last, First, Middle Initi Aviles, Wilfredo, , Dr.,	al) or Full Orga	anization Name	Date of Receipt								
	Mailing Address 2600 Wildwood			07 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y								
	City Weslaco	State TX	Zip Code 78596	Transaction ID : SA11AI.43746 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		50.00								
	Name of Employer (for Individual) selfemployed Receipt For:	Occupa physici Aggregate Ye		Memo Item contribution								
	Primary General Other (specify)											
s	UBTOTAL of Receipts This Page (optional)		>	850.00								
т	OTAL This Period (last page this line number o	nly)										

FOR LINE NUMBER:						PAGE	2	23	OF	-	259
(0	che	ck only	or	ne)							
	×	11a		11b		11c		12			
		13		14		15		16			17

	Statements may not be sold or used by any pethe name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name of Individual (Last, First, Middle Aviles, Wilfredo, , Dr., Mailing Address 2600 Wildwood City Weslaco FEC ID number of contributing federal political committee.	Initial) or Full Organization Name State Zip Code TX 78596	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) physician Aggregate Year-to-Date ▼ 400.00	Memo Item contribution
Full Name of Individual (Last, First, Middle Aviles, Wilfredo, , Dr., Mailing Address 2600 Wildwood City Weslaco FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General	Date of Receipt M M / 2018 Transaction ID: SA11AI.44433 Amount of Each Receipt this Period 50.00 Memo Item contribution	
Other (specify) ▼ Full Name of Individual (Last, First, Middle Ayers, Roberto, A,, Dr., Mailing Address 1900 S. Jackson #7 City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual)	State Zip Code TX 78501 C Occupation (for Individual)	Date of Receipt M M M / 13 2018 Transaction ID : SA11AI.43747 Amount of Each Receipt this Period 100.00 Memo Item
selfemployed Receipt For: Primary General Other (specify) SUBTOTAL of Receipts This Page (optional).	physician Aggregate Year-to-Date ▼ 700.00	contribution 200.00
TOTAL This Period (last page this line number	er only)	

	_		NUMBER	PAGE	2	24 C)F	259		
(check only one)										
	×	11a	11b		11c		12			
		13	14		15		16		17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC									
Full Name of Individual (Last, First, Middle In Ayers, Roberto, A., Dr., Mailing Address 1900 S. Jackson #7 City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y									
Full Name of Individual (Last, First, Middle In Ayers, Roberto, A., Dr., Mailing Address 1900 S. Jackson #7 City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation (for Individual) physician Aggregate Year-to-Date 900.00	Date of Receipt 109 14 2018 Transaction ID: SA11AI.44434 Amount of Each Receipt this Period 100.00 Memo Item contribution								
Full Name of Individual (Last, First, Middle In Badiga, Murphy, , , Mailing Address 1503 S. Airport suite 6 City weslaco FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78596 C Occupation (for Individual) physician Aggregate Year-to-Date 2800.00	Date of Receipt 07								
SUBTOTAL of Receipts This Page (optional)	>	600.00								
TOTAL This Period (last page this line number	r only)									

FOR LINE NUMBER: PAGE 25 OF Use separate schedule(s) (check only one) **X** 11a 11b 12 11c

259

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than 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 of Individual (Last, First, Middle Initial) or Full Organization Name Badiga, Murphy, , , Date of Receipt Mailing Address 1503 S. Airport suite 6 13 2018 City State Zip Code Transaction ID: SA11AI.44064 TX weslaco 78596 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 3200.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Badiga, Murphy, , , Date of Receipt Mailing Address 1503 S. Airport 09 14 2018 suite 6 City State Zip Code Transaction ID: SA11AI.44435 TX weslaco 78596 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 3600.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Barrera, Marcos, Mr., Date of Receipt Mailing Address 3000 Yellowhammer 13 2018 City State Zip Code Transaction ID: SA11AI.43749 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 875.00 Other (specify) 925.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

l	F	OR	LINE	PAGE	2	26	OF	2	259			
I	(C	he	ck only	or	ıe)							
I		X	11a		11b		11c		12			
l			13		14		15		16	;		17

	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.											
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	AC										
Α.	Full Name of Individual (Last, First, Middle Initial Barrera, Marcos, , Mr., Mailing Address 3000 Yellowhammer	al) or Full Orga	anization Name	Date of Receipt 08 13 2018								
	City	State	Zip Code	Transaction ID : SA11AI.44065								
	mcallen	TX	78504	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		125.00								
	Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item								
	self-employed	private	investor	contribution								
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1000.00									
В.	Full Name of Individual (Last, First, Middle Initial Barrera, Marcos, , Mr.,	al) or Full Orga	anization Name	Date of Receipt								
	Mailing Address 3000 Yellowhammer	09 / 14 2018										
	City	State	Zip Code 78504	Transaction ID : SA11AI.44436								
	mcallen	17	76004	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		125.00								
	Name of Employer (for Individual) self-employed		ation (for Individual) e investor	Memo Item contribution								
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1125.00									
<u> </u>	Full Name of Individual (Last, First, Middle Initial Barrera, Ricardo, , ,	al) or Full Orga	anization Name	Date of Receipt								
	Mailing Address 420 Frio			07 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y								
	City mission	State TX	Zip Code 78572	Transaction ID : SA11AI.43750 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		400.00								
	Name of Employer (for Individual) self-employed	Occupa physici	ation (for Individual) an	Memo Item contribution								
	Receipt For:											
	Primary General Other (specify)	7										
	SUBTOTAL of Receipts This Page (optional)			650.00								

259 FOR LINE NUMBER: PAGE 27 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than 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 of Individual (Last, First, Middle Initial) or Full Organization Name Barrera, Ricardo, , , Date of Receipt Mailing Address 420 Frio 2018 13 City State Zip Code Transaction ID: SA11AI.44066 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 3200.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Barrera, Ricardo, , , Date of Receipt Mailing Address 420 Frio 09 2018 City State Zip Code Transaction ID: SA11AI.44437 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 3600.00 C.

	,	,						
Full Name of Individual (Last, First, Middle In Behara, Sebrahmanyan, , Dr.,								
Mailing Address 121 Cardinal	07 13 2018							
City	State	Zip Code	Transaction ID : SA11AI.43752					
mcallen	TX	78504	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		400.00					
Name of Employer (for Individual)	Occup	ation (for Individual)	Memo Item					
self-employed	physic	ian	contribution					
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 2800.00						
UDTOTAL of Descripts This Davis (outlines)			1200.00					

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

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

7

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

FOR LINE NUMBER: PAGE (check only one) **X** 11a 11b 11c

28 OF 259 Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than 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 of Individual (Last, First, Middle Initial) or Full Organization Name Behara, Sebrahmanyan, , Dr., Date of Receipt Mailing Address 121 Cardinal 13 2018 City Zip Code State Transaction ID: SA11AI.44068 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 3200.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Behara, Sebrahmanyan, , Dr., Date of Receipt Mailing Address 121 Cardinal 09 2018 City State Zip Code Transaction ID: SA11AI.44439 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 3600.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Bernini, Juan, , , Date of Receipt Mailing Address 2804 Santa Ana 13 2018 City State Zip Code Transaction ID: SA11AI.43753 TX mission 78574 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1750.00 Other (specify) 1050.00 SUBTOTAL of Receipts This Page (optional).....

C.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c Detailed Summary Page

259

29 OF

12 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than 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 of Individual (Last, First, Middle Initial) or Full Organization Name Bernini, Juan, , , Date of Receipt Mailing Address 2804 Santa Ana 2018 13 City State Zip Code Transaction ID: SA11AI.44069 TX mission 78574 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bernini, Juan, , , Date of Receipt Mailing Address 2804 Santa Ana 09 2018 City State Zip Code Transaction ID: SA11AI.44440 TX 78574 mission Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2250.00 \triangle

		4 4						
Full Name of Individual (Last, First, Middle Ir Bose, Sarojini, , ,	·							
Mailing Address 7007 N 1st Lane	07 13 2018							
City	State	Zip Code	Transaction ID : SA11AI.43754					
mcallen	TX	78504	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		250.00					
Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item					
self-employed	physic	ian	contribution					
Receipt For: Primary General Other (specify)	Aggregate Y	ear-to-Date ▼ 1750.00						
			750.00					

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

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

7

FOR	PAGE	30	OF	2	259				
(che	ck only	or	ne)						
×	11a		11b		11c	12			
	13		14		15	16			17

	Statements may not be sold or used by any per he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle I Bose, Sarojini, , , Mailing Address 7007 N 1st Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State Zip Code 78504 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt Mark 13 2018 Transaction ID : SA11Al.44070 Amount of Each Receipt this Period 250.00 Memo Item contribution
Full Name of Individual (Last, First, Middle I Bose, Sarojini, , , Mailing Address 7007 N 1st Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	State Zip Code 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 2250.00	Date of Receipt 14 2018 Transaction ID: SA11AI.44441 Amount of Each Receipt this Period 250.00 Memo Item contribution
Full Name of Individual (Last, First, Middle I Bracamontes, Francisco, , , Mailing Address 2005 Cimarron Court City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation (for Individual) physician Aggregate Year-to-Date 2800.00	Date of Receipt 07
SUBTOTAL of Receipts This Page (optional)	>	900.00
TOTAL This Period (last page this line number	er only)	

F						PAGE	3	31	OF	2	259
(0	(check only one)										
	X	11a		11b		11c		12			
		13		14		15		16			17

An or	y information copied from such Reports and Stat for commercial purposes, other than using the n	ements may r ame and addr	not be sold or used by any persess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.				
\rangle	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	/C						
١.	Full Name of Individual (Last, First, Middle Initial Bracamontes, Francisco, , ,	Date of Receipt						
	Mailing Address 2005 Cimarron Court			08 13 2018				
	City	State TX	Zip Code 78572	Transaction ID : SA11AI.44071				
	mission	17	76572	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		400.00				
	Name of Employer (for Individual)	Occupa	tion (for Individual)	Memo Item				
	self-employed	physicia	an	contribution				
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 3200.00					
	Other (specify) •		0200.00					
3.	Full Name of Individual (Last, First, Middle Initial Bracamontes, Francisco, , ,) or Full Orga	nization Name	Date of Receipt				
	Mailing Address 2005 Cimarron Court	09 14 2018						
	City	State	Zip Code	Transaction ID : SA11AI.44442				
	mission	TX	78572	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		400.00				
	Name of Employer (for Individual) self-employed	Occupa physici	ition (for Individual) an	Memo Item contribution				
		Aggregate Yea	ar-to-Date ▼					
	Primary General Other (specify) ▼		3600.00					
	Full Name of Individual (Last, First, Middle Initial Bracamontes, Yvonne, , Dr.,) or Full Orga	nization Name	Date of Receipt				
	Mailing Address 2005 Cimarron Court			07 13 2018				
	City	State	Zip Code	Transaction ID: SA11AI.43756				
	Mission	TX	78572	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		50.00				
	Name of Employer (for Individual) selfemployed	Occupa physicia	tion (for Individual) an	Memo Item contribution				
	Possint For:	Aggregate Yea						
	Primary General Other (specify)	55 -5-10	350.00					
s	UBTOTAL of Receipts This Page (optional)			850.00				
T	OTAL This Period (last page this line number on	ly)						

FOR LINE NUMBER:					PAGE	32	OF	259	
(0	(check only one)								
	×	11a		11b		11c	12		
		13		14		15	16		17

	and Statements may not be sold or used by any pering the name and address of any political committee					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC					
Full Name of Individual (Last, First, Midd Bracamontes, Yvonne, , Dr.,	dle Initial) or Full Organization Name	Date of Receipt				
Mailing Address 2005 Cimarron Court		08 13 2018				
City	State Zip Code	Transaction ID : SA11AI.44072				
Mission	TX 78572	_ Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
selfemployed	physician	contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00					
Full Name of Individual (Last, First, Midd Bracamontes, Yvonne, , Dr.,	dle Initial) or Full Organization Name	Date of Receipt				
Mailing Address 2005 Cimarron Court	09 14 2018					
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.44443				
FEC ID number of contributing		Amount of Each Receipt this Period				
federal political committee.	C	50.00				
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For: Primary General	Aggregate Year-to-Date ▼					
Other (specify) ▼	450.00					
Full Name of Individual (Last, First, Midd. Canales, Ricardo, , Dr.,	dle Initial) or Full Organization Name	Date of Receipt				
Mailing Address 408 Marigold	, , , , , , , , , , , , , , , , , , , ,	07 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City McAllen	State Zip Code TX 78501	Transaction ID : SA11AI.43757 Amount of Each Receipt this Period				
FEC ID number of contributing						
federal political committee.	[C]	50.00				
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item conribution				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify)	350.00					
SUBTOTAL of Receipts This Page (option	nai)	150.00				
TOTAL This Period (last page this line nu	mber only)					

F	FOR LINE NUMBER:						3	33	OF	 259
((che	ck only	or	ne)						
	X	11a		11b		11c		12		
		13		14		15		16	;	17

				on for the purpose of soliciting contributions o solicit contributions from such committee.					
\	COMMITTEE (In Full) ER HEALTH FEDERAL PA	/C							
Canales,	of Individual (Last, First, Middle Initial Ricardo, , Dr.,	nization Name	Date of Receipt						
Mailing Add	lress 408 Marigold			08 13 2018					
City		State	Zip Code	Transaction ID : SA11AI.44073					
McAllen		TX	78501	Amount of Each Receipt this Period					
	mber of contributing tical committee.	С		50.00					
Name of E	mployer (for Individual)	Occupa	tion (for Individual)	Memo Item					
self-employ	ed	physicia	an	conribution					
Receipt For	ary General	Aggregate Yea							
Other	(specify) ▼		400.00						
	of Individual (Last, First, Middle Initial , Ricardo, , Dr.,) or Full Orga	nization Name	Date of Receipt					
	lress 408 Marigold	09 14 2018							
City		State	Zip Code	Transaction ID : SA11AI.44444					
McAllen		TX	78501	Amount of Each Receipt this Period					
	mber of contributing tical committee.	С		50.00					
Name of E self-employ	mployer (for Individual) ed	Occupa physicia	tion (for Individual) an	Memo Item conribution					
Receipt For		Aggregate Yea	ar-to-Date ▼						
Prima Other	rry General (specify) ▼		450.00						
	of Individual (Last, First, Middle Initial Desi, , ,) or Full Orga	nization Name	Date of Receipt					
	lress 1912 Trinity			09 14 2018					
City		State TX	Zip Code 78574	Transaction ID : SA11AI.44445					
Mission		1/	10014	Amount of Each Receipt this Period					
	mber of contributing tical committee.	С		25.00					
Name of E	mployer (for Individual) red	Occupa physicia	tion (for Individual) an	Memo Item contribution					
Receipt For		Aggregate Yea	ar-to-Date ▼						
Prima Other		7	225.00						
SUBTOTAL (of Receipts This Page (optional)		····	125.00					
TOTAL This	Period (last page this line number on	ly)							

FOF	PAGE	Ξ ;	34	OF	259	J				
(che	ck only	ne)								
×	11a		11b		11c		12			
	13		14		15		16	;	17	

	y information copied from such Reports and Stat for commercial purposes, other than using the na							
\rangle	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	AC .						
١.	Full Name of Individual (Last, First, Middle Initial Cantu, Alonzo, , ,	Date of Receipt						
	Mailing Address P.O.Box 2673	07 13 2018						
	City	State	Zip Code	Transaction ID : SA11AI.43759				
	mcallen	TX	78502	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		400.00				
	Name of Employer (for Individual)	Occupa	tion (for Individual)	Memo Item				
	self-employed	investor	contribution					
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 2800.00					
	Carlot (openly) ¥	7	45 1 45					
3.	Full Name of Individual (Last, First, Middle Initial Cantu, Alonzo, , ,	Date of Receipt						
	Mailing Address P.O.Box 2673	08 13 2018						
	City	State	Zip Code	Transaction ID : SA11AI.44075				
	mcallen	TX	78502	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		400.00				
	Name of Employer (for Individual) self-employed		tion (for Individual) investor	Memo Item contribution				
		Aggregate Yea	ar-to-Date ▼					
	Primary General Other (specify) ▼		3200.00					
<u> </u>	Full Name of Individual (Last, First, Middle Initial Cantu, Alonzo, , ,) or Full Orga	nization Name	Date of Receipt				
•	Mailing Address P.O.Box 2673		09 14 2018					
	City	State	Zip Code	Transaction ID : SA11AI.44446				
	mcallen	TX	78502	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		400.00				
	Name of Employer (for Individual) self-employed	Occupa private	tion (for Individual)	Memo Item contribution				
	Possint For:	Aggregate Yea						
	Primary General Other (specify)	Ayyreyate lea	3600.00					
s	UBTOTAL of Receipts This Page (optional)		>	1200.00				
T	OTAL This Period (last page this line number on	ly)						

FOR LINE NUMBER:					PAGE	3	35	OF	259		
(check only one)											
		X	11a		11b		11c		12		
l			13		14		15		16		17

	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC								
Α.	Full Name of Individual (Last, First, Middle Initial Cantu, David, , Mr., Mailing Address 2409 Kiwi	Date of Receipt 07 13 2018							
	City	State Zip Code							
	McAllen	TX	78504	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С	30.00						
	Name of Employer (for Individual) self-employed	ation (for Individual) ian	Memo Item contribution						
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 210.00						
В.	Full Name of Individual (Last, First, Middle Initial Cantu, David, , Mr., Mailing Address 2409 Kiwi	al) or Full Orga	anization Name	Date of Receipt					
	City	State	Zip Code	Transaction ID : SA11AI.44076					
	McAllen	TX	78504	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		30.00					
	Name of Employer (for Individual) self-employed	Occup physic	ation (for Individual) iian	Memo Item contribution					
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 240.00						
С .	Full Name of Individual (Last, First, Middle Initial Cantu, David, , Mr.,	Date of Receipt							
	Mailing Address 2409 Kiwi		09 14 2018						
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.44447 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		30.00					
	Name of Employer (for Individual) self-employed	Occupa physici	ation (for Individual) ian	Memo Item contribution					
	Receipt For: Primary General	Aggregate Ye	ear-to-Date ▼						
	Other (specify)	7	270.00						
H	SUBTOTAL of Receipts This Page (optional)			90.00					

FOR LINE NUMBER:					PAGE	Ξ ;	36	OF	259	
	(check only one)									
	×	11a		11b		11c		12		
		13		14		15		16		17

	Statements may not be sold or used by any pe he name and address of any political committee						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC						
Full Name of Individual (Last, First, Middle I Cantu, Leonel, , Dr., Mailing Address 2102 Deborah City Edinburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self employed Receipt For: Primary General	State Zip Code TX 78539 C Occupation (for Individual) physician Aggregate Year-to-Date Aggregate Year-to-Date	Date of Receipt 07 13 2018 Transaction ID: SA11AI.43761 Amount of Each Receipt this Period 50.00 Memo Item contribution					
Other (specify) ▼ Full Name of Individual (Last, First, Middle I Cantu, Leonel, , Dr., Mailing Address 2102 Deborah	Other (specify) 350.00 Ill Name of Individual (Last, First, Middle Initial) or Full Organization Name Cantu, Leonel, , Dr.,						
City Edinburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self employed	State Zip Code 78539 C Occupation (for Individual) physician	Transaction ID : SA11Al.44077 Amount of Each Receipt this Period 50.00 Memo Item contribution					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00						
Full Name of Individual (Last, First, Middle I Cantu, Leonel, , Dr., Mailing Address 2102 Deborah City Edinburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self employed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation (for Individual) physician Aggregate Year-to-Date 450.00	Date of Receipt M M M / D 14 2018 Transaction ID: SA11AI.44448 Amount of Each Receipt this Period 50.00 Memo Item contribution					
SUBTOTAL of Receipts This Page (optional)		150.00					
TOTAL This Period (last page this line number	er only)						

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

FOR LINE NUMBER (check only one)

F	OR	LINE	NU	MBER	PAGE	: 3	37	OF	259	
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

	and Statements may not be sold or used by any per g the name and address of any political committee							
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC							
Full Name of Individual (Last, First, Middl Cantu, Melissa, , Ms,	le Initial) or Full Organization Name	Date of Receipt						
Mailing Address 1201 S. Gumwood		07 13 2018						
City	State Zip Code	Transaction ID : SA11AI.43762						
Pharr	TX 78577	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	ÿ							
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item						
self-employee	private investor	contribution						
Receipt For:	Aggregate Year-to-Date ▼							
Primary General	, agrogato Tour to Date +							
Other (specify) ▼	350.00							
Full Name of Individual (Last, First, Middl 3. Cantu, Melissa, , Ms,	le Initial) or Full Organization Name	Date of Receipt						
Mailing Address 1201 S. Gumwood		08 13 2018						
City	State Zip Code	Transaction ID : SA11AI.44078						
Pharr	TX 78577	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С	50.00						
Name of Employer (for Individual) self-employee	Occupation (for Individual) private investor	Memo Item contribution						
Receipt For:	Aggregate Year-to-Date ▼							
Primary General Other (specify) ▼	400.00							
Full Name of Individual (Last, First, Middl	le Initial) or Full Organization Name	Date of Receipt						
Mailing Address 1201 S. Gumwood		09 14 2018						
City Pharr	State Zip Code TX 78577	Transaction ID : SA11AI.44449						
-	10011	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	50.00						
Name of Employer (for Individual) self-employee	Occupation (for Individual) private investor	Memo Item						
Receipt For:		1						
Primary General	Aggregate Year-to-Date ▼							
Other (specify)	450.00							
SUBTOTAL of Receipts This Page (optional	al)	150.00						
TOTAL This Period (last page this line num	nber only)							

l	FC	ЭR	LINE	NU	MBER	PAGE	= 3	38	OF	2	259	
l	(check only one)											
l		×	11a		11b		11c		12			
l			13		14		15		16	;		17

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pene name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle II Caporusso, Joseph, , Dr., Mailing Address 217 E. Yellowhammer City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt 07 13 2018 Transaction ID: SA11AI.43764 Amount of Each Receipt this Period 100.00 Memo Item contribution
Full Name of Individual (Last, First, Middle In Caporusso, Joseph, , Dr., Mailing Address 217 E. Yellowhammer City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	State Zip Code 78504 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name of Individual (Last, First, Middle III Caporusso, Joseph, , Dr., Mailing Address 217 E. Yellowhammer City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 900.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	>	300.00
TOTAL This Period (last page this line numbe	r only)	

l	FO	R LINE	NUMBER	: PAG	iE 39 OF	259			
l	(check only one)								
l	,	1 1a	11b	11c	12				
l		13	14	15	16	17			

	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.										
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P.	AC									
Α.	Mailing Address 1000 N. Taylor Road			Date of Receipt 07 13 2018							
	City mcallen	State	Zip Code 78501	Transaction ID : SA11AI.43765							
	FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period 400.00									
	Name of Employer (for Individual)		ation (for Individual)	Memo Item							
	self-employed Receipt For: Primary General Other (specify) ▼	Aggregate Ye		contribution							
В.	Full Name of Individual (Last, First, Middle Initial Cardenas, Carlos, , , Mailing Address 1000 N. Taylor Road	al) or Full Orga	anization Name	Date of Receipt							
	City	State	Zip Code	08 13 2018							
	mcallen	TX	78501	Transaction ID : SA11AI.44081 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		400.00							
	Name of Employer (for Individual) self-employed	Occup	ation (for Individual) cian	Memo Item contribution							
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 3200.00								
С .	Full Name of Individual (Last, First, Middle Initial Cardenas, Carlos, , ,	al) or Full Orga	anization Name	Date of Receipt							
	Mailing Address 1000 N. Taylor Road			09 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
	City mcallen	State TX	Zip Code 78501	Transaction ID : SA11AI.44452 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		400.00							
	Name of Employer (for Individual) self-employed	Occup	ation (for Individual) ian	Memo Item contribution							
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 3600.00								
H	SUBTOTAL of Receipts This Page (optional)		<u> </u>	1200.00							

F	OR	LINE	NU	MBER	PAGE	 40	OF	: :	259	
(0	che	ck only								
	X	11a		11b		11c	12			
		13		14		15	16	;		17

	Statements may not be sold or used by any perse name and address of any political committee to	
NAME OF COMMITTEE (IN Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Carreras, Jose, , , Mailing Address 1016 E. Griffin Parkway	itial) or Full Organization Name	Date of Receipt
waming Address 1010 E. Gillilli Parkway		07 13 2018
City	State Zip Code TX 78572	Transaction ID : SA11AI.43766
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
self-employed	physician	contribution
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1600.00	
Full Name of Individual (Last, First, Middle In Carreras, Jose, , ,	itial) or Full Organization Name	Date of Receipt
Mailing Address 1016 E. Griffin Parkway		08 13 2018
City	State Zip Code	Transaction ID : SA11Al.44082
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name of Individual (Last, First, Middle In Carreras, Jose, , ,	itial) or Full Organization Name	Date of Receipt
Mailing Address 1016 E. Griffin Parkway		09 14 2018
City	State Zip Code	Transaction ID : SA11AI.44453
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	2400.00	
SUBTOTAL of Receipts This Page (optional)	>	1200.00
TOTAL This Period (last page this line number	only)	

l	F	OR	LINE	NU	MBER	PAGE	_ 4	41	OF	259	
l	(check only one)										
	X 11a 11b					11c		12	2		
l			13		14		15		16	6	17

	y information copied from such Reports and Stati for commercial purposes, other than using the na					
$\overline{\ }$	NAME OF COMMITTEE (In Full)					_
	BORDER HEALTH FEDERAL PA	C				
<u>/</u>						_
Α.	Full Name of Individual (Last, First, Middle Initial Castaneda, Marissa, , ,	or Fu	ıll Orga	nization Name	Date of Receipt	
	Mailing Address 5021				M = M / D = D / Y = Y = Y	
	Elk Lane				07 13 2018	
	City	State		Zip Code	Transaction ID : SA11AI.43767	_
	Edinburg	TX		78539	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С			50.00	
	Name of Employer (for Individual)	10	Occupa	tion (for Individual)	Memo Item	
	self-employed			investor	contribution	
	Possint For:		•		Contribution	
	Primary General	Aggreg	ate Yea	ar-to-Date ▼		
	Other (specify) ▼		-	350.00		
	Full Name of Individual (Last, First, Middle Initial	or Fu	ıll Orga	nization Name		-
В.	Castaneda, Marissa, , ,	, 0 0	o.ga		Date of Receipt	
	Mailing Address 5021				M M / D D / Y Y Y Y	
	Elk Lane				08 13 2018	
	City	State		Zip Code	Transaction ID : SA11AI.44083	
	Edinburg	TX		78539	Amount of Each Receipt this Period	
	FEC ID number of contributing					
	federal political committee.	С			50.00	
	Name of Employer (for Individual)	1,	0	Aine (for Individual)	Memo Item	
	Name of Employer (for Individual) self-employed			tion (for Individual) investor	contribution	
		Aggreg	ate Yea	ar-to-Date ▼		
	Primary General		-			
	Other (specify) ▼			400.00		
С.	Full Name of Individual (Last, First, Middle Initial Castaneda, Marissa, , ,	or Fu	ıll Orga	nization Name	Date of Receipt	
	Mailing Address 5021				M = M / D = D / Y = Y = Y	
	Elk Lane				09 14 2018	
	City	State		Zip Code	Transaction ID : SA11AI.44455	
	Edinburg	TX		78539	Amount of Each Receipt this Period	
	FEC ID number of contributing	С			50.00	
	federal political committee.					
	Name of Employer (for Individual)	(Occupa	tion (for Individual)	Memo Item	
	self-employed		orivate i	nvestor	contribution	
	Receipt For:	Aaarea	ate Yea	ar-to-Date ▼		
	Primary General	00 0				
	Other (specify)		-	450.00		
	L				10000	_
S	UBTOTAL of Receipts This Page (optional)			<u> </u>	150.00	
T	OTAL This Period (last page this line number onl	y)				

			 MBER	PAGE	 12	OF	:	259	
(c	he	ck only							
	X	11a	11b		11c	12			
		13	14		15	16			17

	Statements may not be sold or used by any pene name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Castrillon, Augusto, , , Mailing Address 223 Rio Grande Drive City mission FEC ID number of contributing federal political committee.	State Zip Code TX 78572	Date of Receipt M M J J J J J J J J J J J J J J J J J
Name of Employer (for Individual) self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Memo Item contribution	
Full Name of Individual (Last, First, Middle In Castrillon, Augusto, , , Mailing Address 223 Rio Grande Drive City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For:	State Zip Code TX 78572 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt 08 13 2018 Transaction ID: SA11AI.44084 Amount of Each Receipt this Period 250.00 Memo Item contribution
Primary General Other (specify) ▼	2000.00	
Full Name of Individual (Last, First, Middle In Castrillon, Augusto, , , Mailing Address 223 Rio Grande Drive City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary Other (specify)	State Zip Code TX 78572 C Occupation (for Individual) physician Aggregate Year-to-Date ▼ 2250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	>	750.00
TOTAL This Period (last page this line number	r only)	

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

FOR LINE I (check only)

	LINE	PAGE	 13	OF	:	259				
(check only one)										
7	K	11a		11b		11c	12			
		13		14		15	16			17

	Statements may not be sold or used by any pe he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name of Individual (Last, First, Middle Cooper, Virah, , Dr., Mailing Address 1801 South 5th Street suite City McAllen FEC ID number of contributing federal political committee.		Date of Receipt 07 13 2018 Transaction ID : SA11Al.43770 Amount of Each Receipt this Period
Name of Employer (for Individual) self-employee Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Memo Item contribution	
Full Name of Individual (Last, First, Middle Cooper, Virah, , Dr., Mailing Address 1801 South 5th Street suite City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee	Date of Receipt M M	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name of Individual (Last, First, Middle Cooper, Virah, , Dr., Mailing Address 1801 South 5th Street suite City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary Other (specify)		Date of Receipt M M M / D D / 2018 Transaction ID : SA11AI.44458 Amount of Each Receipt this Period 100.00 Memo Item contribution
SUBTOTAL of Receipts This Page (optional).	·····	300.00
TOTAL This Period (last page this line number	er only)	

FOF	PAGE	-	44	OF	2	59				
(check only one)										
×	11a		11b		11c		12			
	13		14		15		16			17

Any information copied from such Reports and or for commercial purposes, other than using t	I Statements may not be sold or used by any per the name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name of Individual (Last, First, Middle Cooper-Dockery, Donna, , Dr., Mailing Address 2301 Solera Drive City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual)	Date of Receipt M M M / 13 2018 Transaction ID : SA11AI.43771 Amount of Each Receipt this Period 125.00 Memo Item	
self-employee Receipt For: Primary General Other (specify) ▼	contribution	
Full Name of Individual (Last, First, Middle Cooper-Dockery, Donna, , Dr., Mailing Address 2301 Solera Drive City mission	Initial) or Full Organization Name State Zip Code TX 78572	Date of Receipt M
FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) physician Aggregate Year-to-Date 1000.00	Memo Item contribution
Full Name of Individual (Last, First, Middle Cooper-Dockery, Donna, , Dr., Mailing Address 2301 Solera Drive City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / 2018 Transaction ID : SA11AI.44459 Amount of Each Receipt this Period 125.00 Memo Item contribution
SUBTOTAL of Receipts This Page (optional).	>	375.00
TOTAL This Period (last page this line number	er only)	

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

FOR LINE (check only)

l	FOR LINE NUMBER:						PAGE	 45	OF	2	259
l	(check only one)										
l		×	11a		11b		11c	12			
l	Γ		13		14		15	16	;		17

	Statements may not be sold or used by any per ne name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Cortez, Oscar, , Dr., Mailing Address 4101 South Burns Drive City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self employed Receipt For: Primary General Other (specify)	State Zip Code TX 78503 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt 07 13 2018 Transaction ID : SA11Al.43773 Amount of Each Receipt this Period 100.00 Memo Item contribution
Full Name of Individual (Last, First, Middle In Cortez, Oscar, , Dr., Mailing Address 4101 South Burns Drive City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self employed Receipt For: Primary General Other (specify)	State TX Zip Code 78503 C Occupation (for Individual) physician Aggregate Year-to-Date ▼ 800.00	Date of Receipt 08 13 2018 Transaction ID: SA11Al.44089 Amount of Each Receipt this Period 100.00 Memo Item contribution
Full Name of Individual (Last, First, Middle In Cortez, Oscar, , Dr., Mailing Address 4101 South Burns Drive City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self employed Receipt For: Primary General Other (specify)	State Zip Code TX 78503 C Occupation (for Individual) physician Aggregate Year-to-Date 900.00	Date of Receipt M 9
SUBTOTAL of Receipts This Page (optional)	>	300.00
TOTAL This Period (last page this line number	r only)	

l	FOR LINE NUMBER:						PAGE	-	46	OF	2	259
I	(check only one)											
I		X	11a		11b		11c		12			
I			13		14		15		16	;		17

	Statements may not be sold or used by any pe he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle I Cortinas, Diana, , , Mailing Address 1400 Northgate Lane	Initial) or Full Organization Name	Date of Receipt
City mcallen	7 13 2018 Transaction ID : SA11AI.43774 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) self-employed Receipt For:	Occupation (for Individual) physician Aggregate Year-to-Date ▼	Memo Item contribution
Primary General Other (specify) ▼	800.00	
Full Name of Individual (Last, First, Middle I Cortinas, Diana, , , Mailing Address 1400 Northgate Lane	Initial) or Full Organization Name	Date of Receipt
City mcallen	State Zip Code TX 78504	08
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	
Full Name of Individual (Last, First, Middle I Cortinas, Diana, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 1400 Northgate Lane		09 14 2018
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.44462 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) self-employed Receipt For:	Occupation (for Individual) physician	Memo Item contribution
Primary General Other (specify)	Aggregate Year-to-Date ▼ 900.00	
SUBTOTAL of Receipts This Page (optional)	>	150.00
TOTAL This Period (last page this line number	er only)	

F	FOR LINE NUMBER:						_ 4	47	OF	2	259
(0	che	ck only									
	X	11a		11b		11c		12			
		13		14		15		16			17

	ny information copied from such Reports and Stator commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
Α.	Full Name of Individual (Last, First, Middle Initial Cortinas, Guillermo, , , Mailing Address 1224 Northgate Lane	al) or Full Orga	anization Name	Date of Receipt
	City	State	Zip Code	07 13 2018 Transaction ID : SA11AI.43775
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	50.00		
	Name of Employer (for Individual) self-employed	Occupa physic	ation (for Individual) ian	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 350.00	
В.	Full Name of Individual (Last, First, Middle Initial Cortinas, Guillermo, , , Mailing Address 1224 Northgate Lane	al) or Full Orga	anization Name	Date of Receipt
		lo	7. 0.1	08 13 2018
	City mcallen	State	Zip Code 78504	Transaction ID : SA11AI.44091 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer (for Individual) self-employed	Occupa	ation (for Individual) ian	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 400.00	
С .	Full Name of Individual (Last, First, Middle Initial Cortinas, Guillermo, , ,	al) or Full Orga	anization Name	Date of Receipt
	Mailing Address 1224 Northgate Lane			09 / 14 / 2018
	City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.44463 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual) self-employed	Occupa physici	ation (for Individual) an	Memo Item contribution
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 450.00	
H	SUBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number of			150.00

FOF	PAGE	-	48	OF	259				
(che	ck only	ne)							
×	11a		11b		11c		12		
	13		14		15		16		17

	Statements may not be sold or used by any per he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle I Cortinas, Javier, , , Mailing Address 1400 Northgate City mcallen	State Zip Code TX 78504	Date of Receipt 07 13 2018 Transaction ID : SA11AI.43776 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify) ▼	Memo Item contribution	
Full Name of Individual (Last, First, Middle I Cortinas, Javier, , , Mailing Address 1400 Northgate City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General	Date of Receipt Mark	
Other (specify) Full Name of Individual (Last, First, Middle I Cortinas, Javier, , , Mailing Address 1400 Northgate City mcallen FEC ID number of contributing	State Zip Code TX 78504	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	Occupation (for Individual) physician Aggregate Year-to-Date 2250.00	Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	>	750.00
TOTAL This Period (last page this line number	er only)	

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

FOR LINE NUMBER: (check only one)

FOR LINE NUMBER:					PAGE	-	49	OF	2	259		
(check only one)												
l		×	11a		11b		11c		12			
l			13		14		15		16	;		17

	nd Statements may not be sold or used by any pe the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name of Individual (Last, First, Middle Costa, Hildegardo, , Dr.,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 129 Bluebird		07 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code TX 78504	Transaction ID : SA11AI.43777
Mcallen	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	50.00	
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	Contribution
Primary General Other (specify) ▼	350.00	
Full Name of Individual (Last, First, Middle Costa, Hildegardo, , Dr.,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 129 Bluebird		08 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code TX 78504	Transaction ID : SA11AI.44093
Mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name of Individual (Last, First, Middle C. Costa, Hildegardo, , Dr.,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 129 Bluebird		09 14 2018
City Mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.44465 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify)	450.00	
SUBTOTAL of Receipts This Page (optional)	150.00
TOTAL This Period (last page this line numl	ber only)	

	F	ЭR	LINE	NU	MBER	:	PAGE	 50	OF	2	59
(check only one)											
		×	11a		11b		11c	12			
			13		14		15	16		-	17

	Statements may not be sold or used by any per he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle I Darling, James, , , Mailing Address 1225 E Peking City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation (for Individual) private investor Aggregate Year-to-Date 650.00	Date of Receipt 07
Full Name of Individual (Last, First, Middle I Darling, James, , , Mailing Address 1225 E Peking City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) Other Selfemble III	State Zip Code 78501 C Occupation (for Individual) private investor Aggregate Year-to-Date 700.00	Date of Receipt 08 13 2018 Transaction ID: SA11AI.44094 Amount of Each Receipt this Period 50.00 Memo Item contribution
Full Name of Individual (Last, First, Middle I Darling, James, , , Mailing Address 1225 E Peking City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code 78501 C Occupation (for Individual) private investor Aggregate Year-to-Date 750.00	Date of Receipt M 9
SUBTOTAL of Receipts This Page (optional)	>	150.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER:						PAGE	 51	OF	- 2	259	
(check only one)											
		X	11a		11b		11c	12			
			13		14		15	16	;		17

	Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name of Individual (Last, First, Middle I Deanda, David, , , Mailing Address 2408 Dorado City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual)	Initial) or Full Organization Name State Zip Code TX 78574 C Occupation (for Individual)	Date of Receipt 07 13 2018 Transaction ID : SA11AI.43779 Amount of Each Receipt this Period 250.00 Memo Item
self-employed Receipt For: Primary General Other (specify) ▼	contribution	
Full Name of Individual (Last, First, Middle In Deanda, David, , , Mailing Address 2408 Dorado City	State Zip Code	Date of Receipt M
mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed	C Occupation (for Individual) private investor	Amount of Each Receipt this Period 250.00 Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name of Individual (Last, First, Middle In Deanda, David, , , Mailing Address 2408 Dorado City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual)	State Zip Code 78574 C Occupation (for Individual)	Date of Receipt 14 2018 Transaction ID: SA11AI.44467 Amount of Each Receipt this Period 250.00 Memo Item
self-employed Receipt For: Primary General Other (specify)	private investor Aggregate Year-to-Date ▼ 2250.00	contribution
SUBTOTAL of Receipts This Page (optional)	>	750.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER:						PAGE	52	OF	259
(check only one)									
	X	11a		11b		11c	12		
		13		14		15	16	;	17

Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC	
Full Name of Individual (Last, First, Middle Ini Delgado, Luis, , , Jr. Mailing Address 5128 N. 10th	itial) or Full Organization Name	Date of Receipt
City	State Zip Code	07 13 2018 Transaction ID : SA11AI.43783
Mcallen	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	200.00	
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name of Individual (Last, First, Middle Ini Delgado, Luis, , , Jr. Mailing Address 5128 N. 10th	itial) or Full Organization Name	Date of Receipt
City Mcallen	State Zip Code TX 78504	08 13 2018 Transaction ID : SA11AI.44099 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	
Full Name of Individual (Last, First, Middle Ini	itial) or Full Organization Name	Date of Receipt
Mailing Address 5128 N. 10th		09 14 2018
City Mcallen	State Zip Code 78504	Transaction ID : SA11AI.44471 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1800.00	
SUBTOTAL of Receipts This Page (optional)		600.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER:					PAGE	53	OF	2	259	
(check only one)										
	X	11a		11b		11c	12			
		13		14		15	16			17

	he name and address of any political committee						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC						
Full Name of Individual (Last, First, Middle I Desai, Parul, , Dr.,	Initial) or Full Organization Name	Date of Receipt					
Mailing Address 7004 North 1st		07 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City	State Zip Code	Transaction ID : SA11AI.43784					
McAllen	TX 78504	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	100.00						
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
selfemployed	physician	contribution					
Receipt For:	Aggregate Year-to-Date ▼	_					
Primary General	riggregate real to Date +						
Other (specify) ▼	700.00						
Full Name of Individual (Last, First, Middle I Desai, Parul, , Dr.,	Initial) or Full Organization Name	Date of Receipt					
Mailing Address 7004 North 1st		08 13 2018					
City	State Zip Code	Transaction ID : SA11AI.44100					
McAllen	TX 78504	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	100.00					
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00						
Full Name of Individual (Last, First, Middle I	Initial) or Full Organization Name	Date of Receipt					
Mailing Address 7004 North 1st		09 14 2018					
City	State Zip Code	Transaction ID : SA11AI.44472					
McAllen	TX 78504	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	100.00					
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For:	Aggregate Year-to-Date ▼	\dashv					
Primary General	Aggregate Teat-10-Date ▼	1					
Other (specify)	900.00						
SUBTOTAL of Receipts This Page (optional)		300.00					
TOTAL This Period (last page this line number	er only)						

F	OR	LINE	NU	IMBER	:	PAGE	: 5	54	OF	2	259
(0	che	ck only	or	ne)							
	X	11a		11b		11c		12			
		13		14		15		16			17

	and Statements may not be sold or used by any peg the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name of Individual (Last, First, Middle Desai, Satish, D., Dr.,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 7004 North 1st		07 13 2018
City	State Zip Code TX 78504	Transaction ID : SA11AI.43785
McAllen	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	50.00	
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
selfemployed	physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name of Individual (Last, First, Middle 1981). Desai, Satish, D., Dr.,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 7004 North 1st		08 13 2018
City	State Zip Code	Transaction ID : SA11AI.44101
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name of Individual (Last, First, Middle). Desai, Satish, D., Dr.,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 7004 North 1st		09 14 2018
City McAllen	State Zip Code 78504	Transaction ID : SA11AI.44473 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 450.00	
SUBTOTAL of Receipts This Page (optional		150.00
TOTAL This Period (last page this line nun	nber only)	

FOR LINE NUMBER: PAGE 55 OF Use separate schedule(s) (check only one) **X** 11a 11b

for each category of the 11c 12 Detailed Summary Page

	Statements may not be sold or used by any per he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle In Disque, Laura, , Ms, Mailing Address 2020 Anacua Circle City Edinburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	State Zip Code TX Zip Code 78539 C Occupation (for Individual) private investor Aggregate Year-to-Date 250.00	Date of Receipt 07 13 2018 Transaction ID: SA11AI.43786 Amount of Each Receipt this Period 25.00 Memo Item contribution
Full Name of Individual (Last, First, Middle Individual) B. Disque, Laura, , Ms, Mailing Address 2020 Anacua Circle City Edinburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary Other (specify) Full Name of Individual (Last, First, Middle Individual)	State Zip Code 78539 C Occupation (for Individual) private investor Aggregate Year-to-Date 275.00	Date of Receipt 08 13 2018 Transaction ID: SA11Al.44102 Amount of Each Receipt this Period 25.00 Memo Item contribution
City Edinburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary Other (specify)	State Zip Code 78539 C	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	>	75.00
TOTAL This Period (last page this line number	er only)	

l	FOR LINE NUMBER:					PAGE	 56	OF	2	259	
(check only one)											
l		X	11a		11b		11c	12			
l			13		14		15	16	;		17

	Statements may not be sold or used by any per he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle In Duran, Alberto, , , Mailing Address 1615 Palazzo City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State	Date of Receipt O7 13 2018 Transaction ID : SA11AI.43788 Amount of Each Receipt this Period 400.00 Memo Item contribution
Full Name of Individual (Last, First, Middle In Duran, Alberto, , , Mailing Address 1615 Palazzo City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) Contribution (Last, First, Middle In Durant (Last, First, Middle In Dur	State Zip Code 78572 C Occupation (for Individual) physician Aggregate Year-to-Date 3200.00	Date of Receipt M M M / D D / Y D Y D Y D Y D Y D Y D Y D Y D
Full Name of Individual (Last, First, Middle I Duran, Alberto, , , Mailing Address 1615 Palazzo City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation (for Individual) physician Aggregate Year-to-Date 3600.00	Date of Receipt M 9
SUBTOTAL of Receipts This Page (optional)	>	1200.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 57 OF Use separate schedule(s) for each category of the (check only one) **X** 11a 11b 11c

12 Detailed Summary Page 13 14 15 16

	He name and address of any political committee to					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	•					
Full Name of Individual (Last, First, Middle Esparza, Antonio, , , Mailing Address 136 W. Yucca	Initial) or Full Organization Name	Date of Receipt				
		07 13 2018				
City	State Zip Code	Transaction ID : SA11AI.43789				
mcallent	TX 78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	400.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
selfemployed	physician	contribution				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	2800.00					
Full Name of Individual (Last, First, Middle Esparza, Antonio, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 136 W. Yucca	ailing Address 136 W. Yucca					
City	State Zip Code					
mcallent	TX 78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	400.00				
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3200.00					
Full Name of Individual (Last, First, Middle Esparza, Antonio, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 136 W. Yucca		09 14 2018				
City mcallent	State Zip Code TX 78504	Transaction ID : SA11AI.44477 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	400.00				
Name of Employer (for Individual) selfemployed	femployed physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify)	3600.00					
SUBTOTAL of Receipts This Page (optional).	•	1200.00				
TOTAL This Period (last page this line number	er only)					

FOR LINE NUMBER:					PAGE	58	OF	259	
(check only one)									
	X	11a		11b		11c	12		
		13		14		15	16	;	17

	nd Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name of Individual (Last, First, Middle Estrellando, Johnny, , Dr., Mailing Address 2113 La Condesa Drive City Edinburg FEC ID number of contributing	State Zip Code 78539	Date of Receipt M
federal political committee. Name of Employer (for Individual) Self employed Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) physician Aggregate Year-to-Date ▼ 225.00	Memo Item contribution
Full Name of Individual (Last, First, Middle Falcon, Antonio, , , Mailing Address 2768 Pharmacy Road City rio grande city FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78582 C Occupation (for Individual) physician Aggregate Year-to-Date 700,00	Date of Receipt O7 13 2018 Transaction ID: SA11AI.43791 Amount of Each Receipt this Period 100.00 Memo Item contribution
Full Name of Individual (Last, First, Middle Falcon, Antonio, , , Mailing Address 2768 Pharmacy Road City rio grande city FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary Other (specify)	State Zip Code TX 78582 C Occupation (for Individual) physician Aggregate Year-to-Date 800.00	Date of Receipt M M M / D D / 2018 Transaction ID : SA11AI.44107 Amount of Each Receipt this Period 100.00 Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	225.00
TOTAL This Period (last page this line num	ber only)	

FOR LINE NUMBER: PAGE (check only one) **X** 11a 11b 11c

59 OF 259 Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than 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 of Individual (Last, First, Middle Initial) or Full Organization Name Falcon, Antonio, , , Date of Receipt Mailing Address 2768 Pharmacy Road 14 2018 City Zip Code State Transaction ID: SA11AI.44479 TX rio grande city 78582 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Falcon, Maria Elena, , , Date of Receipt Mailing Address 2212 Westway 07 13 2018 City State Zip Code Transaction ID: SA11AI.43792 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1750.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Falcon, Maria Elena, , , Date of Receipt Mailing Address 2212 Westway 13 2018 City Zip Code State Transaction ID: SA11AI.44108 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) 600.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER:					PAGE	- (60	OF	 259	
(((check only one)									
	X	11a		11b		11c		12		
		13		14		15		16	;	17

	Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle I Falcon, Maria Elena, , , Mailing Address 2212 Westway City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	nitial) or Full Organization Name State Zip Code TX 78504 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / 2018 Transaction ID: SA11AI.44480 Amount of Each Receipt this Period 250.00 Memo Item contribution
Full Name of Individual (Last, First, Middle I Feigl, Alexander, , Dr., Mailing Address 110 E. Savannah #101 City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	State Zip Code 78503 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name of Individual (Last, First, Middle I Feigl, Alexander, , Dr., Mailing Address 110 E. Savannah #101 City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78503 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	>	750.00
TOTAL This Period (last page this line numbe	er only)	

l	FO	PAGE	- (31	OF	2	259			
l	(check only one)									
	×	11a	11b		11c		12			
		13	14		15		16			17

Any information copied from such Reports an or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC				
Full Name of Individual (Last, First, Middle Feigl, Alexander, , Dr., Mailing Address 110 E. Savannah #101	Initial) or Full Organization	n Name	Date of Receipt		
Mailing Address TTO E. Savannan #101	09 14 2018				
City	State Zip (Transaction ID : SA11AI.44481		
McAllen	TX 789	503	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		250.00		
Name of Employer (for Individual) self-employed	Occupation (for physician	or Individual)	Memo Item contribution		
Receipt For: Primary General Other (specify) ▼	Receipt For: ☐ Primary ☐ General Aggregate Year-to-Date ▼				
Full Name of Individual (Last, First, Middle Flores, Marco, , , Mailing Address 320 Primrose	Initial) or Full Organization	n Name	Date of Receipt		
	Chata Zin (Dada.	07 13 2018		
City mcallen	State Zip C		Transaction ID : SA11AI.43794 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		250.00		
Name of Employer (for Individual) self-employed	Occupation (final physician	or Individual)	Memo Item contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	ate ▼ 1750.00			
Full Name of Individual (Last, First, Middle	Initial) or Full Organization	n Name	Date of Receipt		
Mailing Address 320 Primrose			08 13 2018		
City mcallen	State Zip (Transaction ID : SA11AI.44110 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		250.00		
Name of Employer (for Individual) self-employed	Occupation (for physician	or Individual)	Memo Item contribution		
Receipt For: Primary General Other (specify)	Aggregate Year-to-D	ate ▼ 2000.00			
SUBTOTAL of Receipts This Page (optional)		·····	750.00		
TOTAL This Period (last page this line numb	per only)				

FOR LINE NUMBER: PAGE 62 OF 259 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than 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 of Individual (Last, First, Middle Initial) or Full Organization Name Flores, Marco, , , Date of Receipt Mailing Address 320 Primrose 2018 14 City Zip Code State Transaction ID: SA11AI.44482 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 2250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Flores, Melissa, P., Ms, Date of Receipt Mailing Address 4420 East Mile 17 1/2 09 2018 City State Zip Code Transaction ID: SA11AI.44484 TX Edinburg 78542 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employee private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 225.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Franklin, Raymond, , Mr., Date of Receipt Mailing Address 3212 Nightingale Court 13 2018 City State Zip Code Transaction ID: SA11AI.43797 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) 325.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER:					PAGE	- (33	OF	 259	
(0	(check only one)									
	X	11a		11b		11c		12		
		13		14		15		16	;	17

		ny person for the purpose of soliciting contributions mittee to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC				
Full Name of Individual (Last, First, Middle In Franklin, Raymond, , Mr., Mailing Address 3212 Nightingale Court	nitial) or Full Organization Name	Date of Receipt			
City McAllen	State Zip Code TX 78504	08 13 2018 Transaction ID : SA11AI.44113			
FEC ID number of contributing federal political committee.	C 76504	Amount of Each Receipt this Period 50.00			
Name of Employer (for Individual) selfemployed Receipt For:	Occupation (for Individual) private investor Aggregate Year-to-Date ▼	Memo Item contribution			
Primary General Other (specify) ▼	400.00				
Full Name of Individual (Last, First, Middle In Franklin, Raymond, , Mr., Mailing Address 3212 Nightingale Court	nitial) or Full Organization Name	Date of Receipt 09 14 2018			
City McAllen					
FEC ID number of contributing federal political committee.	C	50.00			
Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor	Memo Item contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00				
Full Name of Individual (Last, First, Middle In Galindo, Eugenio, , ,	nitial) or Full Organization Name	Date of Receipt			
Mailing Address 5936 N. Cynthia		07 13 2018			
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.43798 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	400.00			
Name of Employer (for Individual) self-employed Receipt For:	Occupation (for Individual) physician	Memo Item contribution			
Primary General Other (specify)	Aggregate Year-to-Date ▼ 2800.00				
SUBTOTAL of Receipts This Page (optional)		> 500.00			
TOTAL This Period (last page this line numbe	r only)				

	F	OR	LINE	PAGE	. (64	OF	2	259			
(check only one)												
		X	11a		11b	11c		12				
			13		14		15		16			17

	nd Statements may not be sold or used by any peg the name and address of any political committee							
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC							
Full Name of Individual (Last, First, Middle Galindo, Eugenio, , , Mailing Address 5936 N. Cynthia	e Initial) or Full Organization Name	Date of Receipt						
		08 13 2018						
City								
mcallen	TX 78504	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	400.00						
Name of Employer (for Individual) self-employed	Memo Item							
Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 3200.00							
Full Name of Individual (Last, First, Middle Galindo, Eugenio, , , Mailing Address 5936 N. Cynthia	e Initial) or Full Organization Name	Date of Receipt						
City	State Zip Code	09 14 2018						
mcallen	TX 78504	Transaction ID : SA11AI.44486						
FEC ID number of contributing federal political committee.	C 78304	Amount of Each Receipt this Period 400.00						
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3600.00							
Full Name of Individual (Last, First, Middle C. Garcia, Elvin, , ,	e Initial) or Full Organization Name	Date of Receipt						
Mailing Address 2800 Santa Teresa		07 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
City mission	State Zip Code 78572	Transaction ID : SA11AI.43799 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	400.00							
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution						
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2800.00							
SUBTOTAL of Receipts This Page (optional	ı) >	1200.00						
TOTAL This Period (last page this line num	nber only)							

F	OR	LINE	PAGE	- (35	OF	2	259			
(check only one)											
	×	11a		11b	11c		12				
		13		14		15		16			17

	and Statements may not be sold or used by any pering the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name of Individual (Last, First, Midd Garcia, Elvin, , ,	lle Initial) or Full Organization Name	Date of Receipt
Mailing Address 2800 Santa Teresa		08 13 2018
City	Transaction ID : SA11AI.44115	
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	400.00	
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
self-employed Receipt For:	physician	contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3200.00	
Full Name of Individual (Last, First, Midd Garcia, Elvin, , ,	lle Initial) or Full Organization Name	Date of Receipt
Mailing Address 2800 Santa Teresa		09 14 2018
City	State Zip Code	Transaction ID : SA11AI.44487
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	3600.00	
Full Name of Individual (Last, First, Midd	lle Initial) or Full Organization Name	Date of Receipt
Mailing Address 2712 E Mile 5 Road		07 13 2018
City Mission	State Zip Code TX 78574	Transaction ID: SA11AI.43800
-	10014	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	250.00	
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	1750.00	
SUBTOTAL of Receipts This Page (option	al)	1050.00
TOTAL This Period (last page this line nur	mber only)	

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

F	OR	LINE	PAGE	- (66	OF	2	259			
(0	che	ck only	or	ne)							
X 11a 11b						11c		12			
		13		14		15		16			17

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

NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Garcia, Hiram, , ,

Mailing Address 2712 E Mile 5 Road

Date of Receipt

NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

A. Garcia, Hiram, , ,	e initial) or Full Ol	rganization name	Date of Receipt
Mailing Address 2712 E Mile 5 Road			08 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID : SA11AI.44116
Mission	TX	78574	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00	
Full Name of Individual (Last, First, Middl B. Garcia, Hiram, , ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 2712 E Mile 5 Road			09 14 2018
City	State	Zip Code	Transaction ID : SA11AI.44488
Mission	TX	78574	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2250.00	
Full Name of Individual (Last, First, Middle C. Garcia, Oscar, , Dr.,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 1717 Palazzo			07 13 2018
City	State	Zip Code	Transaction ID : SA11AI.43802
Mission	TX	78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		400.00
Name of Employer (for Individual) self-employed	Occu phys	ipation (for Individual) ician	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2800.00	
SUBTOTAL of Receipts This Page (optional			900.00

F	OR	LINE	NU	MBER	PAGE	. (37	OF	2	259	
(0	(check only one)										
	X	11a	11c		12						
		13		14		15		16	;		17

		person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Garcia, Oscar, , Dr., Mailing Address 1717 Palazzo	nitial) or Full Organization Name	Date of Receipt
		08 13 2018
City	State Zip Code	Transaction ID : SA11AI.44118
Mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
self-employed	physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼		
Full Name of Individual (Last, First, Middle Ir Garcia, Oscar, , Dr.,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 1717 Palazzo	loui le c	09 14 2018
City	State Zip Code	Transaction ID : SA11AI.44490
Mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	3600.00	
Full Name of Individual (Last, First, Middle In Garcia, Ricardo, , Dr.,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 6108 North 5th Street		07 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.43804
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:		
Primary General	Aggregate Year-to-Date ▼	_
Other (specify)	700.00	
SUBTOTAL of Receipts This Page (optional)		900.00
TOTAL This Period (last page this line number	r only)	

		LINE	PAGE	. 6	86	OF	:	259			
(check only one)											
X 11a 11b						11c		12			
		13		14		15		16			17

	information copied from such Reports and State r commercial purposes, other than using the na			
\	AME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	vC		
۱	ull Name of Individual (Last, First, Middle Initial) Garcia, Ricardo, , Dr.,	or Full Orga	nization Name	Date of Receipt
M	ailing Address 6108 North 5th Street			08 13 2018
	ity	Transaction ID : SA11AI.44120		
	McAllen	TX	78504	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.		100.00	
N	ame of Employer (for Individual)	Occupa	tion (for Individual)	Memo Item
se	elf-employed	physicia	an	contribution
R	eceipt For:	Aggregate Yea	ar-to-Date ▼	
	Primary General Other (specify) ▼	800.00		
	ull Name of Individual (Last, First, Middle Initial)	or Full Orga	nization Name	
3(Garcia, Ricardo, , Dr.,			Date of Receipt
_	ailing Address 6108 North 5th Street			09 14 2018
С	ity	State	Zip Code	Transaction ID : SA11AI.44492
N	1cAllen	TX	78504	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	С		100.00
	ame of Employer (for Individual) elf-employed	Occupa physicia	tion (for Individual) an	Memo Item contribution
R		Aggregate Yea	ar-to-Date ▼	
	Primary General Other (specify) ▼	4	900.00	
	ull Name of Individual (Last, First, Middle Initial) Garcia, Samuel, , Dr.,	or Full Orga	nization Name	Date of Receipt
_	ailing Address 137 E. Guardenia			07 13 2018
C	ity	State	Zip Code	Transaction ID : SA11AI.43805
_N	<i>I</i> lcAllen	TX	78501	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.		100.00	
N	ame of Employer (for Individual)	Occupa	tion (for Individual)	Memo Item
	elf-employed	physicia	,	contribution
	againt For:	Aggregate Yea		
	Primary General	iggiogato 166		
	Other (specify)		700.00	
SUE	BTOTAL of Receipts This Page (optional)			300.00
TOT	FAL This Period (last page this line number onl	y)		

FOF	R LINE	MBER	PAGE	- (66	OF	259			
(check only one)										
×	11c		12							
	13		14		15		16		17	

	ny information copied from such Reports and State for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
Α.	Full Name of Individual (Last, First, Middle Initional Garcia, Samuel, , Dr., Mailing Address 137 E. Guardenia	al) or Full Org	anization Name	Date of Receipt
	City	State	Zip Code	08 13 2018 Transaction ID : SA11AI.44121
	McAllen	TX	78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	100.00		
	Name of Employer (for Individual) self-employed	Occupa physic	ation (for Individual) ian	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 800.00	
В.	Full Name of Individual (Last, First, Middle Initial Garcia, Samuel, , Dr., Mailing Address 137 E. Guardenia	al) or Full Org	anization Name	Date of Receipt
	City	09 14 2018		
	City McAllen	Transaction ID : SA11AI.44493 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	78501	100.00
	Name of Employer (for Individual) self-employed	Occup	ation (for Individual) sian	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 900.00	
С .	Full Name of Individual (Last, First, Middle Initia Garcia, Teresa Maria, , Ms,	al) or Full Org	anization Name	Date of Receipt
	Mailing Address 6001 N. 36th Street			09 14 2018
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.44494 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer (for Individual) Self employed	Occupa	ation (for Individual) or	Memo Item contribution
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 225.00	
H	SUBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number o			225.00

FOR LINE NUMBER:					PAGE	7	70	OF	2	259		
	(check only one)											
		X	11a		11b		11c		12			
			13		14		15		16			17

	Statements may not be sold or used by any per he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle I Garcia-Cantu, Carlos, , Dr., Mailing Address 4121 N. 10th #240 City Mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 2800.00	Date of Receipt 07
Full Name of Individual (Last, First, Middle I Garcia-Cantu, Carlos, , Dr., Mailing Address 4121 N. 10th #240 City Mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 3200.00	Date of Receipt Mark
Full Name of Individual (Last, First, Middle I Garcia-Cantu, Carlos, , Dr., Mailing Address 4121 N. 10th #240 City Mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 3600.00	Date of Receipt M 9
SUBTOTAL of Receipts This Page (optional)	>	1200.00
TOTAL This Period (last page this line number	er only)	

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:						PAGE	7	71	OF	2	259
(0	che	ck only									
	X	11a		11b		11c		12			
		13		14		15		16			17

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than 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 of Individual (Last, First, Middle Initial) or Full Organization Name Garza, Anna, , Ms, Date of Receipt Mailing Address 3212 S Boyce Circle 2018 14 City State Zip Code Transaction ID: SA11AI.44497 TX Donna 78557 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Garza, James, , Dr., Date of Receipt Mailing Address 2821 Lakeshore Drive 07 13 2018 City State Zip Code Transaction ID: SA11AI.43810 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 2800.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Garza, James, , Dr., Date of Receipt Mailing Address 2821 Lakeshore Drive 13 2018 City State Zip Code Transaction ID: SA11AI.44126 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 3200.00 Other (specify) 825.00 SUBTOTAL of Receipts This Page (optional).....

FOR LINE NUMBER:						PAGE	7	72	OF	2	259
(0	(check only one)										
	X	11a		11b		11c		12			
		13		14		15		16			17

	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC									
Α.	Full Name of Individual (Last, First, Middle Initial Garza, James, , Dr., Mailing Address 2821 Lakeshore Drive	Date of Receipt M = M								
	City Edinburg	Zip Code 78539	Transaction ID : SA11AI.44498 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		400.00						
	Name of Employer (for Individual) self-employed Receipt For: Primary General	Occup- physic Aggregate Ye	ear-to-Date ▼	Memo Item contribution						
— В	Other (specify) ▼ Full Name of Individual (Last, First, Middle Initional Garza, Martin, , Dr.,	al) or Full Orga	anization Name	Date of Receipt						
υ.	Mailing Address P.O. Box 180 City	Zip Code	07 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
	Linn	State TX	78563	Transaction ID : SA11AI.43811 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		50.00						
	Name of Employer (for Individual) selfemployed	Occup physic	ation (for Individual) cian	Memo Item contribution						
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 350.00							
С .	Full Name of Individual (Last, First, Middle Initia Garza, Martin, , Dr.,	al) or Full Orga	anization Name	Date of Receipt						
	Mailing Address P.O. Box 180			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	Linn	State TX	Zip Code 78563	Transaction ID : SA11AI.44127 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		50.00						
	Name of Employer (for Individual) selfemployed Receipt For:	Occup- physici Aggregate Ye		Memo Item contribution						
	Primary General Other (specify)									
H	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number o		<u> </u>	500.00						

F	OR	LINE	NU	IMBER	:	PAGE	7	73	OF	2	259
(check only one)											
	X	11a		11b		11c		12			
		13		14		15		16			17

	nd Statements may not be sold or used by any pe g the name and address of any political committee								
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC								
Full Name of Individual (Last, First, Middl Garza, Martin, , Dr.,	e Initial) or Full Organization Name	Date of Receipt							
Mailing Address P.O. Box 180		09 14 2018							
City									
Linn	TX 78563	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	50.00							
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item							
Receipt For:	Aggregate Year-to-Date ▼	Contribution							
Primary General Other (specify) ▼	450.00								
Full Name of Individual (Last, First, Middl Garza, Rene, , ,	e Initial) or Full Organization Name	Date of Receipt							
Mailing Address 5404 N. 1st street		07 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
City	State Zip Code TX 78504	Transaction ID : SA11AI.43812							
mcallen	TX 78504	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	400.00							
Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor	Memo Item contribution							
Receipt For:	Aggregate Year-to-Date ▼								
Primary General Other (specify) ▼	2800.00								
Full Name of Individual (Last, First, Middl	e Initial) or Full Organization Name	Date of Receipt							
Mailing Address 5404 N. 1st street		08 13 2018							
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.44128 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	400.00							
Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor	Memo Item							
Receipt For:	Aggregate Year-to-Date ▼								
Primary General Other (specify)	3200.00								
SUBTOTAL of Receipts This Page (optional	11)	850.00							
TOTAL This Period (last page this line num	nber only)								

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

FOR LINE NUMBER: PAGE (check only one) **X** 11a 11b 11c

74 OF 259 Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than 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 of Individual (Last, First, Middle Initial) or Full Organization Name Garza, Rene, , , Date of Receipt Mailing Address 5404 N. 1st street 14 2018 City Zip Code State Transaction ID: SA11AI.44500 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 3600.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Garza-Tamez, Jesus, , Dr., Date of Receipt Mailing Address 1400 W. Gardenia 07 13 2018 City State Zip Code Transaction ID: SA11AI.43814 TX McAllen 78501 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 700.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Garza-Tamez, Jesus, , Dr., Date of Receipt Mailing Address 1400 W. Gardenia 13 2018 City State Zip Code Transaction ID: SA11AI.44130 TX McAllen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) 600.00 SUBTOTAL of Receipts This Page (optional).....

-

F	OR	LINE	NU	MBER	:	PAGE	7	75	OF	 259
(0	che	ck only	or	ne)						
	X	11a		11b		11c		12		
		13		14		15		16		17

	ny information copied from such Reports and Stator commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
Α.	Full Name of Individual (Last, First, Middle Initial Garza-Tamez, Jesus, , Dr., Mailing Address 1400 W. Gardenia	al) or Full Orga	anization Name	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID : SA11AI.44502
	McAllen	TX	78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item
	self-employed	physic	ian	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 900.00	
В.	Full Name of Individual (Last, First, Middle Initia Gelman, Lawrence, , ,	al) or Full Orga	anization Name	Date of Receipt
	Mailing Address 3900 Sundown Drive	- In		07 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID : SA11AI.43815
	mcallen	1/	78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) selfemployed	Occup physic	ation (for Individual) sian	Memo Item contribution
	Receipt For: Primary General	Aggregate Ye	ear-to-Date ▼	
	Primary General Other (specify) ▼		2800.00	
<u> </u>	Full Name of Individual (Last, First, Middle Initial Gelman, Lawrence, , ,	al) or Full Orga	anization Name	Date of Receipt
	Mailing Address 3900 Sundown Drive			08 / 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City mcallen	State TX	Zip Code 78503	Transaction ID : SA11AI.44131
		1	70000	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) selfemployed	Occupa physici	ation (for Individual) ian	Memo Item contribution
	Receipt For:	Aggregate Ye	ear-to-Date ▼	
	Other (specify) General		3200.00	
H	SUBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number of			900.00

F	OR	LINE	NU	MBER	:	PAGE	7	76	OF	2	259
(0	(check only one)										
	X	11a		11b		11c		12			
		13		14		15		16			17

	ny information copied from such Reports and Stator commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P.	AC		
Α.	Full Name of Individual (Last, First, Middle Initial Gelman, Lawrence, , , Mailing Address 3900 Sundown Drive	al) or Full Orga	anization Name	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID : SA11AI.44503
	mcallen	TX	78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) selfemployed	Occupa physic	ation (for Individual) ian	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 3600.00	
В.	Full Name of Individual (Last, First, Middle Initial Gillett, Richard, , Dr.,	al) or Full Orga	anization Name	Date of Receipt
	Mailing Address 54 South 10th			07 13 2018
	City	State	Zip Code	Transaction ID : SA11AI.43817
	McAllen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) self-employee	Occup physic	ation (for Individual) cian	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 700.00	
<u> </u>	Full Name of Individual (Last, First, Middle Initia	al) or Full Orga	anization Name	Date of Receipt
	Mailing Address 54 South 10th			08 / 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.44133 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) self-employee	Occupa physici	ation (for Individual)	Memo Item contribution
	Receipt For: Primary General	Aggregate Ye	ear-to-Date ▼	
	Other (specify)	7	800.00	
	SUBTOTAL of Receipts This Page (optional)		<u> </u>	600.00

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

FOR LINE NUMBER: PAGE 77 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c

259

for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than 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 of Individual (Last, First, Middle Initial) or Full Organization Name Gillett, Richard, , Dr., Date of Receipt Mailing Address 54 South 10th 14 2018 City Zip Code State Transaction ID: SA11AI.44505 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employee physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Giraldo, Alvaro, , , Date of Receipt Mailing Address 106 W. Flamingo 07 13 2018 City State Zip Code Transaction ID: SA11AI.43818 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 700.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Giraldo, Alvaro, , , Date of Receipt Mailing Address 106 W. Flamingo 13 2018 City State Zip Code Transaction ID: SA11AI.44134 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional).....

7

F	OR	LINE	NU	MBER	:	PAGE	7	78	OF	2	259
(0	che	ck only	or	ne)							
	X	11a		11b		11c		12			
		13		14		15		16			17

	Statements may not be sold or used by any pene name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle I Giraldo, Alvaro, , , Mailing Address 106 W. Flamingo City mcallen	State Zip Code TX 78504	Date of Receipt M M
FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) physician Aggregate Year-to-Date 900.00	Memo Item contribution
Full Name of Individual (Last, First, Middle I Gomez, Felipe, , Dr., Mailing Address 2401 SE Augusta Square City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	State Zip Code 78503 C Occupation (for Individual) physician Aggregate Year-to-Date 350.00	Date of Receipt O7 13 2018 Transaction ID: SA11AI.43819 Amount of Each Receipt this Period 50.00 Memo Item contribution
Full Name of Individual (Last, First, Middle I Gomez, Felipe, , Dr., Mailing Address 2401 SE Augusta Square City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78503 C Occupation (for Individual) physician Aggregate Year-to-Date 400.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	>	200.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 79 OF 259 Use separate schedule(s) for each category of the Detailed Summary Page

, ,	UΠ	LIINL	IVO	IVIDEN	-	IAGL	- '	9	Oi	 _00
(C	he	ck only	or	ie)						
	X	11a		11b		11c		12		
		13		14		15		16	;	17

Any information copied from such Reports and or for commercial purposes, other than using the										
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC									
Full Name of Individual (Last, First, Middle Ir Gomez, Felipe, , Dr., Mailing Address 2401 SE Augusta Square	nitial) or Full Orgai	nization Name	Date of Receipt							
City	State	Zip Code	Transaction ID : SA11AI.44600							
McAllen	TX	78503	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		50.00							
Name of Employer (for Individual)	Occupat	tion (for Individual)	Memo Item							
self-employed	physicia	an	contribution							
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 450.00								
Full Name of Individual (Last, First, Middle Ir Gomez, Juan Pablo, , Dr.,	 nitial) or Full Orgar	nization Name	Date of Receipt							
Mailing Address 113 Canary			07 13 2018							
City	State	Zip Code	Transaction ID : SA11AI.43820							
McAllen										
FEC ID number of contributing federal political committee.	ů l									
Name of Employer (for Individual) self-employed	Occupati physicia	tion (for Individual) an	Memo Item contribution							
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 1400.00								
Full Name of Individual (Last, First, Middle Ir Gomez, Juan Pablo, , Dr.,	nitial) or Full Orgar	nization Name	Date of Receipt							
Mailing Address 113 Canary		70.	08 13 2018							
City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.44136							
	17	,,,,,,,	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		200.00							
Name of Employer (for Individual)		tion (for Individual)	Memo Item							
self-employed	physicia	ın	contribution							
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 1600.00								
SUBTOTAL of Receipts This Page (optional)	1		450.00							
TOTAL This Period (last page this line number										

FOR LINE NUMBER: PAGE 80 OF 259 Use separate schedule(s) for each category of the Detailed Summary Page

1 01	LIIVL	IVO	IVIDEI		ITAGE	- '	,,	Oi		_00
(che	(check only one)									
×	11a		11b		11c		12			
	13		14		15		16			17

or for commercial purposes, other than using	the name and add	ress of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC							
Full Name of Individual (Last, First, Middle Gomez, Juan Pablo, , Dr.,	Initial) or Full Orga	anization Name	Date of Receipt					
Mailing Address 113 Canary			09 14 2018					
City	State	Zip Code	Transaction ID : SA11AI.44601					
McAllen	Allen TX 78504							
FEC ID number of contributing federal political committee.	y III							
Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item					
self-employed	physici		contribution					
Receipt For:	Aggregate Ye		_					
Primary General Other (specify) ▼	Aggregate re	1800.00						
Full Name of Individual (Last, First, Middle Gomez, Marco, , Mr.,	Initial) or Full Orga	anization Name	Date of Receipt					
Mailing Address 2705 Biltmore			07 13 2018					
City	State	Zip Code	Transaction ID : SA11AI.43821					
Edinburg	TX	78539	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		35.00					
Name of Employer (for Individual) selfemployed		ation (for Individual) e investor	Memo Item contribution					
Receipt For:	Aggregate Ye	ar-to-Date ▼						
Primary General Other (specify) ▼		245.00						
Full Name of Individual (Last, First, Middle C. Gomez, Marco, , Mr.,	Initial) or Full Orga	anization Name	Date of Receipt					
Mailing Address 2705 Biltmore			08 13 2018					
City Edinburg	State TX	Zip Code 78539	Transaction ID : SA11AI.44137 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		35.00					
Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item					
selfemployed		investor	contribution					
Receipt For:	Aggregate Ye		7					
Primary General Other (specify)	193.13	280.00						
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb		>	270.00					

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

FOR LINE NUMBE (check only one)

	F	FOR LINE NUMBER: PAGE 81 OF 259 check only one)										
(check only one)												
		X	11a		11b		11c		12			
			13		14		15		16			17

	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.										
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name										
Α.	Full Name of Individual (Last, First, Middle Initial Gomez, Marco, , Mr., Mailing Address 2705 Biltmore	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y									
	City	09 14 2018 Transaction ID : SA11AI.44603									
	FEC ID number of contributing federal political committee.	С	78539	Amount of Each Receipt this Period 35.00							
	Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	ation (for Individual) e investor ear-to-Date ▼ 315.00	Memo Item contribution								
В.	Full Name of Individual (Last, First, Middle Initia Gomez-Martinez, Marissa, , Dr.,	Date of Receipt									
	Mailing Address 1203 Esther City	State TX	Zip Code 78539	08 13 2018 Transaction ID : SA11Al.44139							
	Edinburg FEC ID number of contributing federal political committee.	C	76539	Amount of Each Receipt this Period 70.00							
	Name of Employer (for Individual) self-employed	Occupa	ation (for Individual) ian	Memo Item contribution							
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 260.00								
С .	Full Name of Individual (Last, First, Middle Initia Gomez-Martinez, Marissa, , Dr.,	al) or Full Orga	anization Name	Date of Receipt							
	Mailing Address 1203 Esther			09 / 14 2018							
	City Edinburg	State TX	Zip Code 78539	Transaction ID : SA11AI.44607 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		70.00							
	Name of Employer (for Individual) self-employed Receipt For:	Memo Item contribution									
	Primary General Other (specify)										
	SUBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number o			175.00							

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

FOR LINE NUMBE (check only one)

		LINE	PAGE		32	OF	:	259			
(c	(check only one)										
	X	11a		11b		11c		12			
		13		14		15		16			17

	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.										
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC									
Α.	Full Name of Individual (Last, First, Middle Initial Gonzalez, Aida, , Ms, Mailing Address 311 E. Davis	Date of Receipt									
	City	State	Zip Code	09 14 2018							
	Edinburg	Transaction ID : SA11AI.44613 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С	25.00								
	Name of Employer (for Individual)		ation (for Individual)	Memo Item							
	selfemployed Receipt For:	'	e investor	contribution							
	Primary General Other (specify) ▼	Primary General Aggregate real-to-bate V									
В.	Full Name of Individual (Last, First, Middle Initia Gonzalez, Alfredo, , ,	al) or Full Orga	anization Name	Date of Receipt							
	Mailing Address 2305 Monaco Drive			07 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
	City mission	State Zip Code TX 78574									
	FEC ID number of contributing federal political committee.	C	70074	Amount of Each Receipt this Period 50.00							
	Name of Employer (for Individual) selfemployed	Occup	ation (for Individual) sian	Memo Item contribution							
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 350.00								
С .	Full Name of Individual (Last, First, Middle Initial Gonzalez, Alfredo, , ,	al) or Full Orga	anization Name	Date of Receipt							
	Mailing Address 2305 Monaco Drive			08 13 2018							
	City mission	State TX	Zip Code 78574	Transaction ID : SA11AI.44142 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		50.00							
	Name of Employer (for Individual) selfemployed	Memo Item contribution									
	Receipt For: Primary General										
	Primary General Other (specify)										
H	SUBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number of			125.00							

F	OR	LINE	PAGE	33	OF	259		
(che	ck only						
	X	11a	11b		11c	12		
		13	14		15	16	;	17

	Statements may not be sold or used by any per name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Gonzalez, Alfredo, , , Mailing Address 2305 Monaco Drive City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	Date of Receipt 14 2018 Transaction ID: SA11AI.44615 Amount of Each Receipt this Period 50.00 Memo Item contribution	
Full Name of Individual (Last, First, Middle In Gonzalez, Jaime, , , Mailing Address 3511 Plazas del Lago City edinburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) State Middle In General	State TX T8539 C Occupation (for Individual) private investor Aggregate Year-to-Date ▼ 2800.00	Date of Receipt 07 13 2018 Transaction ID: SA11Al.43827 Amount of Each Receipt this Period 400.00 Memo Item contribution
Full Name of Individual (Last, First, Middle In Gonzalez, Jaime, , , Mailing Address 3511 Plazas del Lago City edinburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation (for Individual) private investor Aggregate Year-to-Date 3200.00	Date of Receipt 08
SUBTOTAL of Receipts This Page (optional)	>	850.00
TOTAL This Period (last page this line numbe	r only)	

F	OR	LINE	NU	IMBER	:	PAGE	: 8	34	OF		259
(((check only one)										
	X	11a		11b		11c		12			
		13		14		15		16			17

	Statements may not be sold or used by any per ename and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Gonzalez, Jaime, , , Mailing Address 3511 Plazas del Lago City edinburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Full Name of Individual (Last, First, Middle In Gonzalez, Mark, , Dr., Mailing Address 2405 Dorado Drive City Mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self employed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation (for Individual) physician Aggregate Year-to-Date 350.00	Date of Receipt 07 13 2018 Transaction ID: SA11Al.43828 Amount of Each Receipt this Period 50.00 Memo Item contribution
Full Name of Individual (Last, First, Middle In Gonzalez, Mark, , Dr., Mailing Address 2405 Dorado Drive City Mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self employed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation (for Individual) physician Aggregate Year-to-Date 400.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	>	500.00
TOTAL This Period (last page this line number	only)	

-				MBER	:	PAGE		35	OF	: :	259
(0	(check only one)										
	×	11a		11b		11c		12			
		13		15		16	;		17		

Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	the name and address of ar	d or used by any person for the purpose political committee to solicit contribution	e of soliciting contributions ns from such committee.
Full Name of Individual (Last, First, Middle Gonzalez, Mark, , Dr., Mailing Address 2405 Dorado Drive City Mission	State Zip Coc TX 78572	Date of Receip M M M / D 09 Transaction	
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self employed Receipt For: Primary General Other (specify) ▼	Occupation (for physician Aggregate Year-to-Date	contribution	50.00 m
Full Name of Individual (Last, First, Middle B. Gordon, Verley, , , Mailing Address 1700 E. Mile 3 Road City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Coc 78574 C Occupation (for physician Aggregate Year-to-Date	Date of Receiption Transaction I Amount of Each	13 2018 ID: SA11AI.43829 th Receipt this Period 250.00
Full Name of Individual (Last, First, Middle Gordon, Verley, , , Mailing Address 1700 E. Mile 3 Road City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Coc 78574 C Occupation (for physician Aggregate Year-to-Date	Date of Receiption Transaction Amount of Each Memo Ite contribution	13 2018 ID: SA11AI.44145 The Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optiona			550.00

F	OR	LINE	PAGE	: 8	36	OF	2	259			
(0	(check only one)										
	X	11a		11b		11c		12			
		13		14		15		16	;		17

Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC		
Full Name of Individual (Last, First, Middle Gordon, Verley, , , Mailing Address 1700 E. Mile 3 Road	Date of Receipt		
City	State	Zip Code	09 14 2018
City mission	Transaction ID : SA11AI.44621		
FEC ID number of contributing federal political committee.	С	78574	Amount of Each Receipt this Period
Name of Employer (for Individual) selfemployed Receipt For:	physici		Memo Item contribution
Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 2250.00	
Full Name of Individual (Last, First, Middle Griego, Enrique, , , Mailing Address 905 Inspiratin Drive	Initial) or Full Orga	anization Name	Date of Receipt
City pharr	State TX	Zip Code 78577	Transaction ID : SA11AI.43830 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		400.00
Name of Employer (for Individual) selfemployed	Occupa	ation (for Individual) ian	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 1600.00	
Full Name of Individual (Last, First, Middle Griego, Enrique, , ,	Initial) or Full Orga	anization Name	Date of Receipt
Mailing Address 905 Inspiratin Drive	I.e.		08 13 2018
City pharr	State TX	Zip Code 78577	Transaction ID : SA11AI.44146
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 400.00
Name of Employer (for Individual) selfemployed	physicia		Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 2000.00	
SUBTOTAL of Receipts This Page (optional).			1050.00
TOTAL This Period (last page this line number	er only)		

l	FOR	R LINE	PAGE	87	OF	259			
I	(check only one)								
	×	11a	11b		11c	1:	2		
l		13	14		15	1	6	17	

	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	PAC								
Α.	Full Name of Individual (Last, First, Middle Initiagraego, Enrique, , , Mailing Address 905 Inspiratin Drive	ial) or Full Org	anization Name	Date of Receipt						
	City	State	Zip Code	09 14 2018 Transaction ID : SA11AI.44623						
	pharr	TX	78577	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		400.00						
	Name of Employer (for Individual) selfemployed	Memo Item contribution								
	Receipt For: Primary General Other (specify) ▼									
В.	Full Name of Individual (Last, First, Middle Initi Guajardo, Maria Ruby, , Dr., Mailing Address 2603 Santa Laura	Date of Receipt								
		07 13 2018								
	City Mission	State TX	Zip Code 78572	Transaction ID : SA11AI.43831 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C	13072	50.00						
	Name of Employer (for Individual) self-employee	Occup physic	ation (for Individual) sian	Memo Item contribution						
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 350.00							
С .	Full Name of Individual (Last, First, Middle Initi	ial) or Full Org	anization Name	Date of Receipt						
	Mailing Address 2603 Santa Laura			08 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City Mission	State TX	Zip Code 78572	Transaction ID : SA11AI.44147 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		50.00						
	Name of Employer (for Individual) self-employee	Occupa	ation (for Individual) ian	Memo Item contribution						
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 400.00							
H	SUBTOTAL of Receipts This Page (optional)			500.00						

FOR LINE NUMBER:						PAGE	: 8	38	OF	2	259
(C	(check only one)										
	×	11a		11b		11c		12			
		13		14		15		16	;		17

	and Statements may not be sold or used by any pering the name and address of any political committee t					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	RAL PAC					
Full Name of Individual (Last, First, Mid Guajardo, Maria Ruby, , Dr., Mailing Address 2603 Santa Laura	ldle Initial) or Full Organization Name	Date of Receipt				
Mailing Address 2003 Santa Ladra		09 14 2018				
City	State Zip Code	Transaction ID : SA11AI.44625				
Mission	TX 78572	_ Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
self-employee	physician	contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00					
Full Name of Individual (Last, First, Mid 3. Guerra, Marcy, , ,	ldle Initial) or Full Organization Name	Date of Receipt				
Mailing Address 13337 Borolo Drive		07 13 2018				
City	State Zip Code	Transaction ID : SA11Al.43833				
edinburg	TX 78541	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00					
Full Name of Individual (Last, First, Mid C. Guerra, Marcy, , ,	Idle Initial) or Full Organization Name	Date of Receipt				
Mailing Address 13337 Borolo Drive		08 13 2018				
City edinburg	State Zip Code TX 78541	Transaction ID : SA11AI.44149				
FEC ID number of contributing		Amount of Each Receipt this Period 250.00				
federal political committee.	C	230.00				
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For:						
Primary General Other (specify)	2000.00					
SUBTOTAL of Receipts This Page (option	nal)	550.00				
TOTAL This Period (last page this line nu	umber only)					

FOR LINE NUMBER:						PAGE	: 8	39	OF	2	259	
(check only one)												
		X	11a		11b		11c		12			
			13		14		15		16			17

Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC		
Full Name of Individual (Last, First, Middle Guerra, Marcy, , , Mailing Address 13337 Borolo Drive	Initial) or Full Orgar	nization Name	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	14 2018 Transaction ID : SA11AI.44629
edinburg	TX	78541	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) selfemployed	Occupat physicia	ion (for Individual) In	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Yea		
Full Name of Individual (Last, First, Middle Gummadi, Sarada, , Dr., Mailing Address 4404 Santa Fabiola	Initial) or Full Orgar	nization Name	Date of Receipt
City Mission	State	Zip Code 78572	09 14 2018 Transaction ID : SA11AI.44631 Amount of Each Receipt this Paying
FEC ID number of contributing federal political committee.	C	10012	Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) self-employed	Occupat physicia	tion (for Individual) an	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 225.00	
Full Name of Individual (Last, First, Middle Gutierrez, Alberto, , ,	Initial) or Full Orgar	nization Name	Date of Receipt
Mailing Address 6020 Wisconsin			07 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City edinburg	State TX	Zip Code 78539	Transaction ID : SA11AI.43835
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer (for Individual) selfemployed	Occupat physicial	ion (for Individual) n	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Yea	r-to-Date ▼ 1750.00	
SUBTOTAL of Receipts This Page (optional).		·····	525.00
TOTAL This Period (last page this line number	er only)		

_	R LINE			PAGE	= 6	90 OF	= 2	259	
(check only one)									
X	1 1a	11	lb	11c		12			
	13	14	1	15		16		17	

	Statements may not be sold or used by any per he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle I Gutierrez, Alberto, , , Mailing Address 6020 Wisconsin City edinburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	Date of Receipt 08 13 2018 Transaction ID: SA11AI.44151 Amount of Each Receipt this Period 250.00 Memo Item contribution	
Full Name of Individual (Last, First, Middle I Gutierrez, Alberto, , , Mailing Address 6020 Wisconsin City edinburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) Full Name of Individual (Last, First, Middle I	State Zip Code TX 78539 C Occupation (for Individual) physician Aggregate Year-to-Date ▼ 2250.00	Date of Receipt 14 2018 Transaction ID: SA11Al.44633 Amount of Each Receipt this Period 250.00 Memo Item contribution
City edinburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary Other (specify)	State Zip Code TX 78541 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt 13 2018 Transaction ID: SA11AI.43836 Amount of Each Receipt this Period 400.00 Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	>	900.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER:					PAGE		91	OF	2	259	
(check only one)											
	X	11a		11b		11c		12	2		
		13		14		15		16	6		17

Any information copied from such Reports and S	Statements may not be sold or used by any pers	son for the purpose of soliciting contributions
or for commercial purposes, other than using the	e name and address of any political committee t	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Gutierrez, Marco, , , Mailing Address 511 N. Depot Road	itial) or Full Organization Name	Date of Receipt
	Otata Tr. C. :	08 13 2018
City edinburg	State Zip Code TX 78541	Transaction ID : SA11AI.44152
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 400.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
selfemployed	physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3200.00	
Full Name of Individual (Last, First, Middle In Gutierrez, Marco, , ,	itial) or Full Organization Name	Date of Receipt
Mailing Address 511 N. Depot Road		09 14 2018
City	State Zip Code	Transaction ID : SA11AL44635
edinburg	TX 78541	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3600.00	
Full Name of Individual (Last, First, Middle In Gutierrez, Miguel, , ,	itial) or Full Organization Name	Date of Receipt
Mailing Address 224 Lindberg		07 13 2018
City	State Zip Code	Transaction ID : SA11AI.43837
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	1	
Primary General Other (specify)	Aggregate Year-to-Date ▼ 1750.00	
SUBTOTAL of Receipts This Page (optional)	>	1050.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER:					PAGE		92	OF	- 2	259	
(check only one)											
	X	11a		11b		11c		12			
		13		14		15		16			17

Any information copied from such Reports and	Statements may not be sold or used by any per-	son for the nurnose of soliciting contributions				
or for commercial purposes, other than using th	e name and address of any political committee					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC					
Full Name of Individual (Last, First, Middle Ir Gutierrez, Miguel, , , Mailing Address 224 Lindberg	nitial) or Full Organization Name	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City mcallen FEC ID number of contributing	State Zip Code TX 78501	Transaction ID : SA11AI.44153 Amount of Each Receipt this Period 250.00				
federal political committee. Name of Employer (for Individual)	ederal political committee.					
selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	selfemployed physician Receipt For: Primary General Aggregate Year-to-Date ▼					
Full Name of Individual (Last, First, Middle Ir Gutierrez, Miguel, , , Mailing Address 224 Lindberg	nitial) or Full Organization Name	Date of Receipt 09 14 2018				
City mcallen FEC ID number of contributing federal political committee.	State Zip Code 78501	Transaction ID : SA11AI.44637 Amount of Each Receipt this Period 250.00				
Name of Employer (for Individual) selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation (for Individual) physician Aggregate Year-to-Date ▼ 2250.00	Memo Item contribution				
Full Name of Individual (Last, First, Middle Ir Guzman, Anna, Lisa, , Mailing Address P.O. Box 720235	I nitial) or Full Organization Name	Date of Receipt				
City McAllen FEC ID number of contributing federal political committee.	State Zip Code 78504	09 14 2018 Transaction ID : SA11AI.44639 Amount of Each Receipt this Period 25.00				
Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	Occupation (for Individual) physician assistant Aggregate Year-to-Date ▼ 225.00	Memo Item contribution				
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	525.00				
TOTAL This Period (last page this line number	only)					

F	OR	LINE	PAGE		93	OF	 259			
(0	(check only one)									
	X	11a		11b		11c		12		
		13		14		15		16	;	17

	ny information copied from such Reports and St for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC								
Α.	Full Name of Individual (Last, First, Middle Initi Guzman, Edwardo, , Dr.,	al) or Full Org	ganization Name	Date of Receipt						
	Mailing Address 2308 Highway 83 suite f			07 13 2018						
	City	State	Zip Code	Transaction ID : SA11AI.43839						
	Penitas	TX	78573	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	y I								
	Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item						
	self-employee	physic	cian	contribution						
	Receipt For: Primary General Other (specify) ▼	1. /	/ear-to-Date ▼							
<u> </u>	Full Name of Individual (Last, First, Middle Initi Guzman, Edwardo, , Dr.,	al) or Full Org	ganization Name	Date of Receipt						
	Mailing Address 2308 Highway 83 suite f			08 13 2018						
	City	State	Zip Code	Transaction ID : SA11AI.44155						
	Penitas	TX	78573	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		50.00						
	Name of Employer (for Individual) self-employee	Occup physi	oation (for Individual) cian	Memo Item contribution						
	Receipt For:	Aggregate Y	′ear-to-Date ▼							
	Primary General Other (specify) ▼		400.00							
<u> </u>	Full Name of Individual (Last, First, Middle Initi Guzman, Edwardo, , Dr.,	al) or Full Org	ganization Name	Date of Receipt						
	Mailing Address 2308 Highway 83 suite f			09 14 2018						
	City	State	Zip Code	Transaction ID : SA11AI.44641						
	Penitas	TX	78573	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		50.00						
	Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item						
	self-employee	physic	,	contribution						
	Receipt For:	1	'ear-to-Date ▼	1						
	Primary General	Aggregate	eal-to-Date +							
	Other (specify)		450.00							
s	SUBTOTAL of Receipts This Page (optional)		>	150.00						
Т	OTAL This Period (last page this line number of	nly)								

ı	FOR	LINE	PAGE	= (94	OF	259		
(che								
	×	11a	11b		11c		12		
		13	14		15		16	;	17

	ly information copied from such Reports and Stator commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC								
Α.	Full Name of Individual (Last, First, Middle Initi-Haddad, Victor, , ,	al) or Full Or	ganization Name	Date of Receipt						
	Mailing Address 4008 Burns Drive South			07 13 2018						
	City	State	Zip Code	Transaction ID : SA11AI.43841						
	mcallen	TX	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		400.00						
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item						
	selfemployed	physi	ician	contribution						
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 2800.00	_						
<u> </u>	Full Name of Individual (Last, First, Middle Initi-Haddad, Victor, , ,	al) or Full Or	,	Date of Receipt						
	Mailing Address 4008 Burns Drive South			08 13 2018						
	City	State	Zip Code	Transaction ID : SA11AI.44157						
	mcallen	TX	78503	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		400.00						
	Name of Employer (for Individual) selfemployed		pation (for Individual) ician	Memo Item contribution						
	Receipt For:	Aggregate \	Year-to-Date ▼							
	Primary General Other (specify) ▼		3200.00							
С .	Full Name of Individual (Last, First, Middle Initi Haddad, Victor, , ,	al) or Full Or	ganization Name	Date of Receipt						
	Mailing Address 4008 Burns Drive South			09 14 2018						
	City	State	Zip Code	Transaction ID : SA11AI.44645						
	mcallen	TX	78503	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		400.00						
	Name of Employer (for Individual) selfemployed		pation (for Individual)	Memo Item contribution						
	Receipt For:	physi								
	Primary General Other (specify)		Year-to-Date ▼ 3600.00							
H	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number o		<u> </u>	1200.00						

ı	FOF	PAGE	. (95	OF	2	259				
	(check only one)										
	×	11a	1	1b		11c		12			
		13	1	4		15		16			17

Any information copied from such Reports and or for commercial purposes, other than using th	Statements may r le name and addr	not be sold or used by any percess of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC							
Full Name of Individual (Last, First, Middle Ir Helbing, Robert, , , Mailing Address 820 Tamarack	nitial) or Full Orga	anization Name	Date of Receipt					
			07 13 2018					
City	State	Zip Code	Transaction ID : SA11AI.43842					
mcallen	mcallen TX 78501							
FEC ID number of contributing federal political committee.	Ŭ I							
Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item					
self-employed	private	investor	contribution					
Receipt For: Primary General Other (specify) ▼	Receipt For: Primary General Aggregate Year-to-Date ▼							
Full Name of Individual (Last, First, Middle Ir Helbing, Robert, , , Mailing Address 820 Tamarack	nitial) or Full Orga	anization Name	Date of Receipt					
U J COMPANY OZO TAMATAUK			08 13 2018					
City	State TX	Zip Code	Transaction ID : SA11AI.44158					
mcallen	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.								
Name of Employer (for Individual) self-employed		ation (for Individual)	Memo Item contribution					
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 400.00						
Full Name of Individual (Last, First, Middle In Helbing, Robert, , ,	nitial) or Full Orga	anization Name	Date of Receipt					
Mailing Address 820 Tamarack	01	Zin Codo	09 14 2018					
City mcallen	State TX	Zip Code 78501	Transaction ID : SA11AI.44647					
		1.0001	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		50.00					
Name of Employer (for Individual)		ation (for Individual)	Memo Item					
self-employed	private	investor	contribution					
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 450.00						
SUBTOTAL of Receipts This Page (optional)			150.00					
TOTAL This Period (last page this line number								

FOF	I LINE	NU	IMBER	:	PAGE	: :	96	OF	•	259
(che	ck only	or	ne)							
×	11a		11b		11c		12			
	13		14		15		16			17

Any information copied from such Reports and or for commercial purposes, other than using the									
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC								
Full Name of Individual (Last, First, Middle I Hensler, Blake, , Mr., Mailing Address 3414 Pricess Street	nitial) or Full Org	anization Name	Date of Receipt						
aming / daroos 3414 Filless Sileet	09 14 2018								
City									
Edinburg	78539	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	ÿ [[·]								
Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item						
self-employed	private	e investor	contribution						
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 225.00							
Full Name of Individual (Last, First, Middle I Hensler, Monica, , Ms, Mailing Address 3414 Princess Street	nitial) or Full Orga	anization Name	Date of Receipt						
			09 14 2018						
City	Transaction ID : SA11AI.44651								
Edinburg	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		25.00						
Name of Employer (for Individual) selfemployed		ation (for Individual) e investor	Memo Item contribution						
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 225.00							
Full Name of Individual (Last, First, Middle I Hernandez, Ambrosio, , ,	nitial) or Full Org	anization Name	Date of Receipt						
Mailing Address 2000 Dana	01	7. 0.4	07 13 2018						
City Pharr	State TX	Zip Code 78577	Transaction ID : SA11AI.43845 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	FEC ID number of contributing								
Name of Employer (for Individual) selfemployed	Occup	Memo Item contribution							
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 2800.00							
SUBTOTAL of Receipts This Page (optional)			450.00						
TOTAL This Period (last page this line number	r only)								

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

FOR LINE NOMB
(check only one)

FOR LINE NUMBER:						PAGE		97	OF	-	259
(0	(check only one)										
	×	11a		11b		11c		12			
		13		14		15		16			17

	d Statements may not be sold or used by any per the name and address of any political committee						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC						
Full Name of Individual (Last, First, Middle Hernandez, Ambrosio, , ,	Initial) or Full Organization Name	Date of Receipt					
Mailing Address 2000 Dana	08 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
City	State Zip Code	Transaction ID : SA11AI.44161					
Pharr	TX 78577	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	400.00					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
selfemployed	physician	contribution					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	3200.00						
Full Name of Individual (Last, First, Middle Hernandez, Ambrosio, , ,	Initial) or Full Organization Name	Date of Receipt					
Mailing Address 2000 Dana		09 14 2018					
City	State Zip Code	Transaction ID : SA11AI.44653					
Pharr	Pharr TX 78577						
FEC ID number of contributing federal political committee.	C	400.00					
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	3600.00						
Full Name of Individual (Last, First, Middle . Hernandez, Maximiliano, , ,	Initial) or Full Organization Name	Date of Receipt					
Mailing Address 301 Byron Nelson Drive #40 Villas Jardin		07 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City	State Zip Code TX 78503	Transaction ID : SA11AI.43847					
mcallen	TX 78503	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	250.00						
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify)	1750.00						
SUBTOTAL of Receipts This Page (optional)	·····	1050.00					
TOTAL This Period (last page this line numb	per only)						

FOR LINE NUMBER:						PAGE	98	OF	- 2	259
(0	che	ck only								
	X	11a		11b		11c	12			
		13		14		15	16	;		17

Any information copied from such Reports and or for commercial purposes, other than using th		e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC						
Full Name of Individual (Last, First, Middle In Hernandez, Maximiliano, , ,	nitial) or Full Organization Name	Date of Receipt					
Mailing Address 301 Byron Nelson Drive #40 Villas Jardin	08 13 2018						
City	State Zip Code	Transaction ID : SA11AI.44163					
mcallen	TX 78503	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
selfemployed	physician	contribution					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General	gg. sgate rout to bate .	1					
Other (specify) ▼	2000.00						
Full Name of Individual (Last, First, Middle II Hernandez, Maximiliano, , ,	nitial) or Full Organization Name	Date of Receipt					
Mailing Address 301 Byron Nelson Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
#40 Villas Jardin	State Zin Code	09 14 2018					
City	State Zip Code	Transaction ID : SA11AI.44657 Amount of Each Receipt this Period					
	mcallen TX 78503						
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00]					
Full Name of Individual (Last, First, Middle In Hoffman, Maria, , ,	nitial) or Full Organization Name	Date of Receipt					
Mailing Address 802 Inspiration Road		07 13 2018					
City	State Zip Code	Transaction ID : SA11AI.43848					
pharr	TX 78577	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	g and a second s						
Name of Employer (for Individual) selfemployed							
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify)	1750.00]					
SUBTOTAL of Receipts This Page (optional)		750.00					
TOTAL This Period (last page this line number	r only)						

					PAGE	99 C)F	259
	(ch	eck only	one)					
	×	11a	11b		11c	12		
		13	14		15	16		17

	d Statements may not be sold or used by any pe the name and address of any political committee				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC				
Full Name of Individual (Last, First, Middle Hoffman, Maria, , , Mailing Address 802 Inspiration Road		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City pharr	State Zip Code TX 78577	Transaction ID : SA11AI.44164			
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period 250.00			
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2000.00	Contribution			
Full Name of Individual (Last, First, Middle Hoffman, Maria, , , Mailing Address 802 Inspiration Road	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City pharr	State Zip Code TX 78577	Transaction ID : SA11Al.44659 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	250.00			
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00				
Full Name of Individual (Last, First, Middle Honrubia, Dynio, , Dr.,	Initial) or Full Organization Name	Date of Receipt			
Mailing Address 5600 North Cynthia		07 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.43849			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00			
Name of Employer (for Individual) self-employee Receipt For:	Occupation (for Individual) physician	Memo Item contribution			
Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00				
SUBTOTAL of Receipts This Page (optional).	•	550.00			
TOTAL This Period (last page this line number	er only)				

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

FOR LINE NOME (check only one)

FOR LINE NUMBER: (check only one) x 11a 11b					:	PAGE	: 1	00 OF	259
(0	che	ck only	or	ne)					
	X	11a		11b		11c		12	
		13		14		15		16	17

	Statements may not be sold or used by any pen name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Honrubia, Dynio, , Dr., Mailing Address 5600 North Cynthia City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 400.00	Date of Receipt 08
Full Name of Individual (Last, First, Middle In Honrubia, Dynio, , Dr., Mailing Address 5600 North Cynthia City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary Other (specify) Full Name of Individual (Last, First, Middle In Individual)	State Zip Code 78504	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name of Individual (Last, First, Middle In Honrubia, Vincent, , , Mailing Address 204 Rio Grande City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt 07
SUBTOTAL of Receipts This Page (optional)	>	500.00
TOTAL This Period (last page this line numbe	r only)	

FOR LINE NUMBER: PAGE 101 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c

259

for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than 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 of Individual (Last, First, Middle Initial) or Full Organization Name Honrubia, Vincent, , , Date of Receipt Mailing Address 204 Rio Grande 13 2018 City Zip Code State Transaction ID: SA11AI.44166 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 3200.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Honrubia, Vincent, , , Date of Receipt Mailing Address 204 Rio Grande 09 2018 City State Zip Code Transaction ID: SA11AI.44663 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 3600.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Husain, Syed, , Dr., Date of Receipt Mailing Address 7020 N. 1st 13 2018 City Zip Code State Transaction ID: SA11AI.43851 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employee physician Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) 900.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

7

					PAGE	1	02 OF	: :	259		
	(cl	nec	ck only	or	ne)						
		X	11a		11b		11c		12		
			13		14		15		16		17

	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC							
Α.	Full Name of Individual (Last, First, Middle Initial Husain, Syed, , Dr., Mailing Address 7020 N. 1st	al) or Full Orga	anization Name	Date of Receipt					
	City	State	Zip Code	08 13 2018 Transaction ID : SA11AI.44167					
	McAllen	TX	78504	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	100.00							
	Name of Employer (for Individual) self-employee	Occupa physic	ation (for Individual) ian	Memo Item contribution					
	Receipt For: Primary General Other (specify) ▼	Primary General Aggregate real-to-bate V							
В.	Full Name of Individual (Last, First, Middle Initial Husain, Syed, , Dr., Mailing Address 7020 N. 1st	Date of Receipt							
		09 14 2018							
	City McAllen	State	Zip Code 78504	Transaction ID : SA11AI.44665					
	FEC ID number of contributing federal political committee.	C	70004	Amount of Each Receipt this Period 100.00					
	Name of Employer (for Individual) self-employee	Occupa	ation (for Individual) ian	Memo Item contribution					
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 900.00						
С .	Full Name of Individual (Last, First, Middle Initial Iglesias, Norma, , Dr.,	al) or Full Orga	anization Name	Date of Receipt					
	Mailing Address 712 S. Cage			07 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City Pharr	State TX	Zip Code 78577	Transaction ID : SA11AI.43852 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		400.00					
	Name of Employer (for Individual) self-employed	Occupa physici	ation (for Individual) an	Memo Item contribution					
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 2800.00						
H	SUBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number o			600.00					

FOR LINE NUMBER: PAGE 103 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c

259 12 13 14 15 16

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than 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 of Individual (Last, First, Middle Initial) or Full Organization Name Iglesias, Norma, , Dr., Date of Receipt Mailing Address 712 S. Cage 13 2018 City Zip Code State Transaction ID: SA11AI.44168 TX Pharr 78577 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 3200.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Iglesias, Norma, , Dr., Date of Receipt Mailing Address 712 S. Cage 09 14 2018 City State Zip Code Transaction ID: SA11AI.44667 TX Pharr 78577 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 3600.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Igoa, Jose, E., Dr., Date of Receipt Mailing Address 3716 S 'J' Street 13 2018 City State Zip Code Transaction ID: SA11AI.43853 TX McAllen 78503 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2800.00 Other (specify) 1200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

-

FC	DR	LINE	NU	MBER	:	PAGE	1	04 OF		259
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

	Statements may not be sold or used by any pene name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle II Jgoa, Jose, E., Dr., Mailing Address 3716 S 'J' Street City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary Other (specify) General	State Zip Code TX 78503 C Occupation (for Individual) physician Aggregate Year-to-Date 3200.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name of Individual (Last, First, Middle II Jigoa, Jose, E., Dr., Mailing Address 3716 S 'J' Street City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary Other (specify) ▼	State Zip Code 78503 C Occupation (for Individual) physician Aggregate Year-to-Date ▼ 3600.00	Date of Receipt M M M / Date 2018 Transaction ID: SA11Al.44669 Amount of Each Receipt this Period 400.00 Memo Item contribution
Full Name of Individual (Last, First, Middle Inigoyen, Fructueso, , Dr., Mailing Address 717 S. 'G' Street City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 350.00	Date of Receipt M M
SUBTOTAL of Receipts This Page (optional)	>	850.00
TOTAL This Period (last page this line numbe	r only)	

FC	R LINE	NUMBER	: F	'AGE '	105 OF	259		
(check only one)								
[X 11a	11b	11	С	12			
lΓ	13	14	15	;	16	17		

	Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name of Individual (Last, First, Middle Irigoyen, Fructueso, , Dr., Mailing Address 717 S. 'G' Street City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self employed Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State Zip Code 78504 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name of Individual (Last, First, Middle Irigoyen, Fructueso, , Dr., Mailing Address 717 S. 'G' Street City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self employed Receipt For: Primary General Other (specify)	State Zip Code 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 450.00	Date of Receipt 09 14 2018 Transaction ID: SA11AI.44671 Amount of Each Receipt this Period 50.00 Memo Item contribution
Full Name of Individual (Last, First, Middle Jacobson, Marina, , Ms, Mailing Address 1505 Doherty City Mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation (for Individual) private investor Aggregate Year-to-Date 225.00	Date of Receipt 09
SUBTOTAL of Receipts This Page (optional).	>	125.00
TOTAL This Period (last page this line number	er only)	

						PAGE	1	06 O	F	259
(0	che	ck only	or	ie)						
	X	11a		11b		11c		12		
		13		14		15		16		17

	d Statements may not be sold or used by any the name and address of any political committee	person for the purpose of soliciting contributions ee to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	L PAC						
Jain, Dinesk, , Dr.,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Jain, Dinesk, , Dr., Mailing Address 6208 N. Cynthia						
City	State Zip Code	Transaction ID : SA11AI.43856					
McAllen	TX 78504	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	50.00					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
Self employed	physician	contribution					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00						
Full Name of Individual (Last, First, Middle Jain, Dinesk, , Dr.,	Initial) or Full Organization Name	Date of Receipt					
Mailing Address 6208 N. Cynthia	08 13 2018						
City	State Zip Code	Transaction ID : SA11Al.44172					
McAllen	TX 78504	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	50.00					
Name of Employer (for Individual) Self employed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00						
Full Name of Individual (Last, First, Middle Jain, Dinesk, , Dr.,	Initial) or Full Organization Name	Date of Receipt					
Mailing Address 6208 N. Cynthia		09 14 2018					
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.44675					
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00					
Name of Employer (for Individual) Self employed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 450.00						
SUBTOTAL of Receipts This Page (optional)		150.00					
TOTAL This Period (last page this line numb	per only)						

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

FOR LINE NUMBER: PAGE 107 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c

259

for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than 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 of Individual (Last, First, Middle Initial) or Full Organization Name Jinenez-Flores, Danielle, , Dr., Date of Receipt Mailing Address 4212 Lebanon 13 2018 City Zip Code State Transaction ID: SA11AI.43857 Edinburg TX 78539 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Jinenez-Flores, Danielle, , Dr., Date of Receipt Mailing Address 4212 Lebanon 80 13 2018 City State Zip Code Transaction ID: SA11AI.44173 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1600.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Jinenez-Flores, Danielle, , Dr., Date of Receipt Mailing Address 4212 Lebanon 14 2018 City State Zip Code Transaction ID: SA11AI.44677 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1800.00 Other (specify) 600.00 SUBTOTAL of Receipts This Page (optional).....

FOR LINE NUMBER:					PAGE 108 OF				259	
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

	nd Statements may not be sold or used by any peg the name and address of any political committee					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC					
Jordan, Belinda, , Dr.,						
Mailing Address 2621 Trenton	07 13 / 2018					
City	State Zip Code	Transaction ID : SA11AI.43858				
Edinburg	TX 78539	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00 Memo Item contribution				
Name of Employer (for Individual)	Occupation (for Individual)					
self-employed	physician					
Receipt For: Primary General	Aggregate Year-to-Date ▼					
Other (specify) ▼	350.00					
Full Name of Individual (Last, First, Middle 3. Jordan, Belinda, , Dr.,	Name of Individual (Last, First, Middle Initial) or Full Organization Name rdan, Belinda, , Dr.,					
Mailing Address 2621 Trenton	ailing Address 2621 Trenton					
City	State Zip Code	Transaction ID : SA11AI.44174				
Edinburg	TX 78539	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	400.00					
Full Name of Individual (Last, First, Middle Jordan, Belinda, , Dr.,	e Initial) or Full Organization Name	Date of Receipt				
Mailing Address 2621 Trenton		09 14 2018				
City	State Zip Code TX 78539	Transaction ID : SA11AI.44679				
Edinburg	TX 78539	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00 Memo Item contribution				
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify)	450.00					
SUBTOTAL of Receipts This Page (optional	l) >	150.00				
TOTAL This Period (last page this line num	ber only)					

FOR LINE NUMBER: PAGE 109 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

259

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than 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 of Individual (Last, First, Middle Initial) or Full Organization Name Joule, Donna, , , Date of Receipt Mailing Address 708 S H Street 2018 14 City Zip Code State Transaction ID: SA11AI.44681 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kalaf, Nelson, , , Date of Receipt Mailing Address 5401 N. 8th Street 2018 City State Zip Code Transaction ID: SA11AI.43860 TX mcAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contributon physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1750.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Kalaf, Nelson, , , Date of Receipt Mailing Address 5401 N. 8th Street 13 2018 City State Zip Code Transaction ID: SA11AI.44176 TX mcAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contributon selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) 525.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

FOR LINE NUMBER: PAGE 110 OF 259 Use separate schedule(s) for each category of the Detailed Summary Page

1 '	UΠ	LIINL	INO	IVIDEN		ITAGL	. '	10 0	,,	200
(0	(check only one)									
	X	11a		11b		11c		12		
		13		14		15		16		17

Any information copied from such Reports are or for commercial purposes, other than using NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	the name and address of any political co	y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.
Full Name of Individual (Last, First, Middle Kalaf, Nelson, , , Mailing Address 5401 N. 8th Street City	State Zip Code TX 78504	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
mcAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed	Amount of Each Receipt this Period 250.00 Memo Item contributon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.	00
Full Name of Individual (Last, First, Middle Kanhere, Gauri, , , Mailing Address 2548 Palm Circle	, ,	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City rio grande city FEC ID number of contributing federal political committee.	State Zip Code 78582	Transaction ID : SA11AI.43861 Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) physician Aggregate Year-to-Date ▼ 1750	Memo Item contribution
Full Name of Individual (Last, First, Middle Kanhere, Gauri, , , Mailing Address 2548 Palm Circle	Pinitial) or Full Organization Name	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City rio grande city FEC ID number of contributing federal political committee.	State Zip Code 78582	Transaction ID : SA11AI.44177 Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	Occupation (for Individual) physician Aggregate Year-to-Date ▼	Memo Item contribution
SUBTOTAL of Receipts This Page (optional		750.00

FOR LINE NUMBER: PAGE 111 OF Use separate schedule(s) (check only one) **X** 11a 11b 12 11c

259

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than 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 of Individual (Last, First, Middle Initial) or Full Organization Name Kanhere, Gauri, , , Date of Receipt Mailing Address 2548 Palm Circle 2018 14 City Zip Code State Transaction ID: SA11AI.44685 TX rio grande city 78582 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 2250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kaplan, Adolfo, , Dr., Date of Receipt Mailing Address 7902 N. 2th Street 07 13 2018 City State Zip Code Transaction ID: SA11AI.43862 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Kaplan, Adolfo, , Dr., Date of Receipt Mailing Address 7902 N. 2th Street 13 2018 City State Zip Code Transaction ID: SA11AI.44178 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1600.00 Other (specify) 650.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER:					PAGE	1	12 OF	: :	259	
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

Any information copied from such Reports and or for commercial purposes, other than using to			erson for the purpose of soliciting contributions to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC						
Full Name of Individual (Last, First, Middle I Kaplan, Adolfo, , Dr., Mailing Address 7902 N. 2th Street	Initial) or Full Orga	anization Name	Date of Receipt				
City	Oteta	Zin Codo	09 14 2018				
City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.44687				
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 200.00				
Name of Employer (for Individual) self-employed Receipt For:	Memo Item contribution						
Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1800.00					
Full Name of Individual (Last, First, Middle I Khademi, Kambiz, , Mr., Mailing Address P.O.Box 3422	Initial) or Full Orga	anization Name	Date of Receipt				
City	State	Zip Code	07 13 2018 Transaction ID : SA11Al.43863				
McAllen FEC ID number of contributing federal political committee.	С	78502	Amount of Each Receipt this Period 40.00				
Name of Employer (for Individual) self-employed	Occupa	ation (for Individual) ian	Memo Item contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 280.00					
Full Name of Individual (Last, First, Middle I Khademi, Kambiz, , Mr.,	Initial) or Full Orga	anization Name	Date of Receipt				
Mailing Address P.O.Box 3422			08 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City McAllen	State TX	Zip Code 78502	Transaction ID : SA11AI.44179				
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 40.00				
Name of Employer (for Individual) self-employed	Occupa physici	ation (for Individual) an	Memo Item contribution				
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 320.00					
SUBTOTAL of Receipts This Page (optional)		·····	280.00				
TOTAL This Period (last page this line number	er only)						

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

FOR LINE (check only)

FOR LINE NUMBER:					PAGE	1	13 OF	259
	(che	ck only	one)					
	X	11a	11b		11c		12	
		13	14		15		16	17

	Statements may not be sold or used by any phe name and address of any political committee				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC				
Full Name of Individual (Last, First, Middle Khademi, Kambiz, , Mr., Mailing Address P.O.Box 3422	Initial) or Full Organization Name	Date of Receipt 09 14 2018			
City McAllen	State Zip Code TX 78502	Transaction ID : SA11AI.44689			
FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period 40.00 Memo Item				
Name of Employer (for Individual) self-employed Receipt For:	employed physician				
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00				
Full Name of Individual (Last, First, Middle Khan, Salman Muhammad, , Dr., Mailing Address 3435 MacQuarie Drive	Initial) or Full Organization Name	Date of Receipt			
City Edinburg	State Zip Code TX 78539	07 13 2018 Transaction ID : SA11AL43864			
FEC ID number of contributing federal political committee.	C 76559	Amount of Each Receipt this Period 50.00			
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00]			
Full Name of Individual (Last, First, Middle Khan, Salman Muhammad, , Dr.		Date of Receipt			
Mailing Address 3435 MacQuarie Drive		08 13 2018			
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.44180 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	50.00			
Name of Employer (for Individual) self-employed Receipt For:	Occupation (for Individual) physician	Memo Item contribution			
Primary General Other (specify)	Aggregate Year-to-Date ▼ 400.00				
SUBTOTAL of Receipts This Page (optional).		140.00			
TOTAL This Period (last page this line number	er only)				

FO	R LINE	NUMBER	: PAGI	E 114 OF	259			
(check only one)								
X	1 1a	11b	11c	12				
	13	14	15	16	17			

	ny information copied from such Reports and Sta for commercial purposes, other than using the r						
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	AC					
Α.	Full Name of Individual (Last, First, Middle Initia Khan, Salman Muhammad, , Dr., Mailing Address 3435 MacQuarie Drive	al) or Full Orga	anization Name	Date of Receipt 09 14 2018			
	City	State	Zip Code	Transaction ID : SA11AI.44691			
	Edinburg	TX	78539	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer (for Individual)		ation (for Individual)	Memo Item			
	self-employed Receipt For:	physic	ian	contribution			
	Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 450.00				
В.	Full Name of Individual (Last, First, Middle Initia Kiani, Gholam, , ,	al) or Full Orga	anization Name	Date of Receipt			
	Mailing Address 213 e. Xenops		07 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City mcallen	State	Zip Code 78504	Transaction ID : SA11AI.43865			
		17	76004	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		250.00			
	Name of Employer (for Individual) selfemployed	Occup physic	ation (for Individual) iian	Memo Item contribution			
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1750.00				
_	Full Name of Individual (Last, First, Middle Initia	al) or Full Orga	anization Name				
C.	Kiani, Gholam, , ,			Date of Receipt			
	Mailing Address 213 e. Xenops City	State	Zip Code	08 13 2018 Transaction ID : SA11AI.44181			
	mcallen	TX	78504	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		250.00			
	Name of Employer (for Individual) selfemployed	Occupa physici	ation (for Individual) an	Memo Item contribution			
	Receipt For:	Aggregate Ye	ear-to-Date ▼				
	Primary General Other (specify)		2000.00				
H	SUBTOTAL of Receipts This Page (optional)			550.00			

FOR LINE NUMBER:					PAGE	1	15 OF		259	
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

	d Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name of Individual (Last, First, Middle Kiani, Gholam, , , Mailing Address 213 e. Xenops City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State Zip Code TX 78504 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name of Individual (Last, First, Middle Kiker, John, , Mr., Mailing Address 416 N. 17th Street City Donna FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78537 C Occupation (for Individual) physician Aggregate Year-to-Date ▼ 350.00	Date of Receipt M M J J 2018 Transaction ID : SA11AL43866 Amount of Each Receipt this Period 50.00 Memo Item contribution
Full Name of Individual (Last, First, Middle Kiker, John, , Mr., Mailing Address 416 N. 17th Street City Donna FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78537 C Occupation (for Individual) physician Aggregate Year-to-Date 400.00	Date of Receipt 08
SUBTOTAL of Receipts This Page (optional).	>	350.00
TOTAL This Period (last page this line numb	er only)	45 45 45 45

FOR LINE NUMBER:					PAGE	1	16 OF		259	
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

		person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	L PAC	
Full Name of Individual (Last, First, Middle Kiker, John, , Mr.,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 416 N. 17th Street		09 14 2018
City	State Zip Code	Transaction ID : SA11AI.44695
Donna	TX 78537	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	50.00	
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
self-employed	physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	450.00	
Full Name of Individual (Last, First, Middle Klenz, Mary Elizabeth, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 5111 N. 10th Street		07 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.43867
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1050.00	
Full Name of Individual (Last, First, Middle C. Klenz, Mary Elizabeth, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 5111 N. 10th Street		08 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.44183
-	76504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	1200.00	
SUBTOTAL of Receipts This Page (optional)		350.00
TOTAL This Period (last page this line numb	per only)	

FOR LINE NUMBER:					PAGE	1	17 OF		259
(che	(check only one)								
×	11a		11b		11c		12		
	13		14		15		16		17

	ny information copied from such Reports and Stator commercial purposes, other than using the i			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P.	AC		
Α.	Full Name of Individual (Last, First, Middle Initial Klenz, Mary Elizabeth, , , Mailing Address 5111 N. 10th Street	al) or Full Orga	anization Name	Date of Receipt
	City	State	Zip Code	09 14 2018 Transaction ID : SA11AI.44697
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00
	Name of Employer (for Individual) selfemployed	Occupa physic	ation (for Individual) ian	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1350.00	
В.	Full Name of Individual (Last, First, Middle Initial Kutugata, Jorge, , , Mailing Address Rt 2 Box 522-K	Date of Receipt		
	City	07 13 2018		
	City weslaco	State	Zip Code 78596	Transaction ID : SA11AI.43868 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer (for Individual) selfemployed	Occup	ation (for Individual) sian	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1750.00	
<u>с</u> .	Full Name of Individual (Last, First, Middle Initial Kutugata, Jorge, , ,	al) or Full Orga	anization Name	Date of Receipt
	Mailing Address Rt 2 Box 522-K			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City weslaco	State TX	Zip Code 78596	Transaction ID : SA11AI.44184 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer (for Individual) Selfemployed Occupation (for Individual) physician		,	Memo Item contribution
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 2000.00	
H	SUBTOTAL of Receipts This Page (optional)		<u> </u>	650.00

FOR LINE NUMBER:					PAGE	: 1	18 OF		259	
(0	(check only one)									
	X	11a		11b		11c		12		
		13		14		15		16		17

	d Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name of Individual (Last, First, Middle Kutugata, Jorge, , , Mailing Address Rt 2 Box 522-K City weslaco FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) Other (specify)	Initial) or Full Organization Name State Zip Code TX 78596 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt 14 2018 Transaction ID: SA11AI.44699 Amount of Each Receipt this Period 250.00 Memo Item contribution
Full Name of Individual (Last, First, Middle Leal, Ramiro, , , Mailing Address 601 Tulip City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State Zip Code TX 78504 C Occupation (for Individual) physician Aggregate Year-to-Date ▼ 350.00	Date of Receipt O7 13 2018 Transaction ID : SA11AI.43870 Amount of Each Receipt this Period 50.00 Memo Item contribution
Full Name of Individual (Last, First, Middle Leal, Ramiro, , , Mailing Address 601 Tulip City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State	Date of Receipt 13 2018 Transaction ID: SA11AI.44186 Amount of Each Receipt this Period 50.00 Memo Item contribution
SUBTOTAL of Receipts This Page (optional).	>	350.00
TOTAL This Period (last page this line number	er only)	

					PAGE	1	19 OF		259	
(0	(check only one)									
	X	11a		11b		11c		12		
		13		14		15		16		17

	nd Statements may not be sold or used by any post the name and address of any political committee				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC				
Full Name of Individual (Last, First, Middle Leal, Ramiro, , , Mailing Address 601 Tulip	e Initial) or Full Organization Name	Date of Receipt			
		09 14 2018			
City	State Zip Code TX 78504	Transaction ID : SA11AI.44703			
mcallen	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item			
selfemployed	physician	contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00				
Full Name of Individual (Last, First, Middle Ledesma, Raul, , Dr.,	e Initial) or Full Organization Name	Date of Receipt			
Mailing Address 5508 N. 1st Street		07 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State Zip Code TX 78504	Transaction ID : SA11AI.43871			
McAllen	TX 78504	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00				
Full Name of Individual (Last, First, Middle	e Initial) or Full Organization Name	Date of Receipt			
Mailing Address 5508 N. 1st Street		08 13 2018			
City McAllen	State Zip Code 78504	Transaction ID : SA11AI.44187 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer (for Individual) self-employed	Memo Item contribution				
Receipt For: Primary General Other (specify)	physician Aggregate Year-to-Date ▼ 800.00				
SUBTOTAL of Receipts This Page (optional	l)	250.00			
TOTAL This Period (last page this line num	ber only)				

FOR LINE NUMBER:						PAGE	1	20 OF	- :	259
(0	che	ck only	or	ne)						
	X	11a		11b		11c		12		
		13		14		15		16		17

	Statements may not be sold or used by any pethe name and address of any political committee				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC				
Full Name of Individual (Last, First, Middle Ledesma, Raul, , Dr., Mailing Address 5508 N. 1st Street City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed	Date of Receipt M M M / D D / 2018 Transaction ID : SA11AI.44705 Amount of Each Receipt this Period 100.00 Memo Item contribution				
Receipt For: Primary General Other (specify) ▼	eipt For: Aggregate Year-to-Date ▼ Primary General				
Full Name of Individual (Last, First, Middle Lema, Rodrigo, , Dr., Mailing Address 124 Canary City McAllen FEC ID number of contributing federal political committee.	Date of Receipt 07 13 2018 Transaction ID: SA11AI.43872 Amount of Each Receipt this Period 50.00				
Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) physician Aggregate Year-to-Date ▼ 350.00	Memo Item contribution			
Full Name of Individual (Last, First, Middle Lema, Rodrigo, , Dr., Mailing Address 124 Canary City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State Zip Code TX 78504 C Occupation (for Individual) physician Aggregate Year-to-Date ▼ 400.00	Date of Receipt 08			
SUBTOTAL of Receipts This Page (optional).	>	200.00			
TOTAL This Period (last page this line number	er only)				

					PAGE	1	21 OF	: :	259		
	(check only one)										
		X	11a		11b		11c		12		
			13		14		15		16		17

	Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle I Lema, Rodrigo, , Dr., Mailing Address 124 Canary City McAllen	State Zip Code TX 78504	Date of Receipt M
FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) physician Aggregate Year-to-Date 450.00	Memo Item contribution
Full Name of Individual (Last, First, Middle I Lin, Rick, , Dr., Mailing Address 5112 N. 10th Street City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify) Other (specify)	State Zip Code TX 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 225.00	Date of Receipt 14 2018 Transaction ID: SA11Al.44713 Amount of Each Receipt this Period 25.00 Memo Item contribution
Full Name of Individual (Last, First, Middle I Linan, Enrique, , Dr., Mailing Address 3003 Santo Olivia City Mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify)	State Zip Code 78572 C Occupation (for Individual) physician Aggregate Year-to-Date 225.00	Date of Receipt Man 2018 Transaction ID: SA11AI.44715 Amount of Each Receipt this Period 25.00 Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	>	100.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER:						PAGE	1	22 OF	: :	259
(0	(check only one)									
	X	11a		11b		11c		12		
		13		14		15		16		17

	ts and Statements may not be sold or used by any persusing the name and address of any political committee t				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDE	RAL PAC				
Linebarger, Dale, , ,	fiddle Initial) or Full Organization Name	Date of Receipt			
Mailing Address 901 West 9th Street #405		07 13 2018			
City	State Zip Code	Transaction ID : SA11AI.43877			
austin	TX 78703	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	400.00			
Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor	Memo Item contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2800.00				
Full Name of Individual (Last, First, National Linebarger, Dale, , , Mailing Address 901 West 9th Street	fiddle Initial) or Full Organization Name	Date of Receipt			
#405	08 13 2018				
City	Transaction ID : SA11AI.44193				
austin	TX 78703	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	400.00			
Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor	Memo Item contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3200.00				
Full Name of Individual (Last, First, No. Linebarger, Dale, , ,	fiddle Initial) or Full Organization Name	Date of Receipt			
Mailing Address 901 West 9th Street #405 City	State Zip Code	09 14 2018			
austin	TX 78703	Transaction ID : SA11AI.44717 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	400.00			
Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor	Memo Item contribution			
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 3600.00				
SUBTOTAL of Receipts This Page (opt	ional)	1200.00			
TOTAL This Period (last page this line	number only)				

F						PAGE	1	23 OF	=	259
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Full Name of Individual (Last, First, Middle Ini Linsangan, Linette, , Dr., Mailing Address 105 E. Yellowhammer	itial) or Full Orga	anization Name	Date of Receipt
		T	07 13 2018
City McAllen	State TX	Zip Code	Transaction ID : SA11AI.43878
	1/	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item
self-employed	physici	an	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 700.00	
Full Name of Individual (Last, First, Middle In: Linsangan, Linette, , Dr.,	itial) or Full Orga	anization Name	Date of Receipt
Mailing Address 105 E. Yellowhammer			08 13 2018
City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AL44194
	1/\	10304	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual) self-employed	Occupa physici	ation (for Individual) ian	Memo Item contribution
Receipt For:	Aggregate Ye	ar-to-Date ▼	
Primary General Other (specify) ▼	4	800.00	
Full Name of Individual (Last, First, Middle In Linsangan, Linette, , Dr.,	itial) or Full Orga	anization Name	Date of Receipt
Mailing Address 105 E. Yellowhammer			09
City	State	Zip Code	Transaction ID : SA11AI.44719
McAllen	TX	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer (for Individual)		ation (for Individual)	Memo Item
self-employed	physicia		contribution
Receipt For: Primary General	Aggregate Ye	ar-to-Date ▼	
Other (specify)	-	900.00	
SUBTOTAL of Receipts This Page (optional)		·····	300.00
TOTAL This Period (last page this line number	only)		

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

FOR LINE NUMBER (check only one)

-					PAGE	: 1	24 OF	259	
(check only one)									
	X	11a		11b		11c		12	
		13		14		15		16	17

	and Statements may not be sold or used by any pering the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC	
Full Name of Individual (Last, First, Midd Lizardo, Segundo, , Mr.,	dle Initial) or Full Organization Name	Date of Receipt
Mailing Address 800 Amethyst Drive		09 14 2018
City	State Zip Code	Transaction ID : SA11AI.44721
Weslaco	TX 78596	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
self-employed	physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	225.00	
Full Name of Individual (Last, First, Midd Loggiodice, Nelson, , Mr.,	dle Initial) or Full Organization Name	Date of Receipt
Mailing Address 3098 N. Jackson Rd		07 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.43881
Pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer (for Individual) Self employed	Occupation (for Individual) investor	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	210.00	
Full Name of Individual (Last, First, Midd Loggiodice, Nelson, , Mr.,	dle Initial) or Full Organization Name	Date of Receipt
Mailing Address 3098 N. Jackson Rd		08 / 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Pharr	State Zip Code 78577	Transaction ID : SA11AI.44197 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer (for Individual) Self employed	Occupation (for Individual) investor	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	240.00	
SUBTOTAL of Receipts This Page (option	al)	85.00
TOTAL This Period (last page this line nu	mber only)	

				:	PAGE	: 1	25 OF	•	259
(check only one)									
							1		
X	11a		11b		11c		12		
	13		14		15		16		17
	che		check only or	check only one)	check only one)	check only one) x 11a 11b 11c	check only one) X 11a 11b 11c	check only one) x 11a 11b 11c 12	check only one) x 11a 11b 11c 12

	Statements may not be sold or used by any per- ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Loggiodice, Nelson, , Mr.,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 3098 N. Jackson Rd		09 14 2018
City Pharr	State Zip Code TX 78577	Transaction ID : SA11AI.44725 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer (for Individual) Self employed Receipt For:	Occupation (for Individual) investor	Memo Item contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
Full Name of Individual (Last, First, Middle In Loja, Wilmer, , Dr., Mailing Address 105	nitial) or Full Organization Name	Date of Receipt
E. Yellowhammer City	State Zip Code	07 13 2018 Transaction ID : SA11AI.43882
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) Self employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
Full Name of Individual (Last, First, Middle In Loja, Wilmer, , Dr.,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 105 E. Yellowhammer	Out.	08 13 2018
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.44198 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) Self employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 800.00	
SUBTOTAL of Receipts This Page (optional)		230.00
TOTAL This Period (last page this line numbe	r only)	

FOR LINE NUMBER: PAGE 126 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than 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 of Individual (Last, First, Middle Initial) or Full Organization Name Loja, Wilmer, , Dr., Date of Receipt Mailing Address 105 E. Yellowhammer 2018 City State Zip Code Transaction ID: SA11AI.44727 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lopez, Alfredo, , , Date of Receipt Mailing Address 7609 N. 24th Circle 2018 City State Zip Code Transaction ID: SA11AI.43884 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 700.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Lopez, Alfredo, , , Date of Receipt Mailing Address 7609 N. 24th Circle 13 2018 City State Zip Code Transaction ID: SA11AI.44200 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

-					PAGE	: 1	27 OF	259	
(check only one)									
	X	11a		11b		11c		12	
		13		14		15		16	17

	y information copied from such Reports and Stat for commercial purposes, other than using the na						
\rangle	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	/C					
١.	Full Name of Individual (Last, First, Middle Initial Lopez, Alfredo, , ,) or Full Orga	nization Name	Date of Receipt			
	Mailing Address 7609 N. 24th Circle			09 14 2018			
	City	State	Zip Code	Transaction ID : SA11AI.44731			
	mcallen	TX	78504	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		100.00			
	Name of Employer (for Individual)	Occupa	tion (for Individual)	Memo Item			
	selfemployed	physicia	an	contribution			
	Receipt For:	Aggregate Yea	ar-to-Date ▼				
	Primary General	33 3					
	Other (specify) ▼		900.00				
3.	Full Name of Individual (Last, First, Middle Initial Lopez, Pamela, , Ms,) or Full Orga	nization Name	Date of Receipt			
	Mailing Address 413 N. Gay Drive			M M / D D / Y Y Y Y			
	o Tront day billo			09 14 2018			
	City	State	Zip Code	Transaction ID : SA11AI.44733			
	Pharr	TX	78577	Amount of Each Receipt this Period			
	FEC ID number of contributing						
	federal political committee.	C		25.00			
	Name of Employer (for Individual) self-employed	Occupa physici	ition (for Individual) an	Memo Item contribution			
	Receipt For:	Aggregate Yea	ar-to-Date ▼				
	Primary General	33.73					
	Other (specify) ▼		225.00				
<u> </u>	Full Name of Individual (Last, First, Middle Initial Lozano, Sergio, , Dr.,) or Full Orga	nization Name	Date of Receipt			
-	Mailing Address 2309 Spicewood Drive			09 14 2018			
	City	State	Zip Code	Transaction ID : SA11AI.44735			
	Weslaco	TX	78596	Amount of Each Receipt this Period			
	FEC ID number of contributing						
	federal political committee.	C		25.00			
	Name of Employer (for Individual)	Occupa	tion (for Individual)	Memo Item			
	selfemployed	physicia	,	contribution			
	Possint For:	Aggregate Yea					
	Primary General	iggiogato 160	a to Duto .				
	Other (specify)		225.00				
s	UBTOTAL of Receipts This Page (optional)		>	150.00			
T	OTAL This Period (last page this line number on	y)					

F						PAGE	1	28 OF		259
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

	nd Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name of Individual (Last, First, Middle Mangi, Salil, , , Mailing Address 3801 Sundown Court East City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name of Individual (Last, First, Middle Mangi, Salil, , , Mailing Address 3801 Sundown Court East City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78503 C Occupation (for Individual) physician Aggregate Year-to-Date 2000.00	Date of Receipt 08 13 2018 Transaction ID: SA11Al.44204 Amount of Each Receipt this Period 250.00 Memo Item contribution
Full Name of Individual (Last, First, Middle Mangi, Salil, , , Mailing Address 3801 Sundown Court Eas City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)		Date of Receipt M 9
SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line numl	ber only)	

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

FOR LINE NUMBER: PAGE 129 OF (check only one) **X** 11a 11b 11c

259 Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than 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 of Individual (Last, First, Middle Initial) or Full Organization Name Mangoo-Karim, Roberto, M., Dr., Date of Receipt Mailing Address 3817 Sundown Ct 13 2018 City Zip Code State Transaction ID: SA11AI.43889 TX McAllen 78503 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 875.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mangoo-Karim, Roberto, M., Dr., Date of Receipt Mailing Address 3817 Sundown Ct 80 13 2018 City State Zip Code Transaction ID: SA11AI.44205 TX McAllen 78503 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Mangoo-Karim, Roberto, M., Dr., Date of Receipt Mailing Address 3817 Sundown Ct 14 2018 City State Zip Code Transaction ID : SA11AI.44741 TX McAllen 78503 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1125.00 Other (specify) 375.00 SUBTOTAL of Receipts This Page (optional).....

FOR LINE NUMBER: PAGE 130 OF Use separate schedule(s) for each category of the Detailed Summary Page (check only one) **X** 11a 11b 11c

12 13 14 16 15

	v information copied from such Reports and State for commercial purposes, other than using the na			
\	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	/C		
۱.	Full Name of Individual (Last, First, Middle Initial Manrique, Carlos, , , Mailing Address 116 Cardinal) or Full Orga	nization Name	Date of Receipt
•	vialing Address 116 Caldillal			07 13 2018
	City	State	Zip Code	Transaction ID : SA11AI.43890
_	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) selfemployed	Occupa physicia	tion (for Individual) an	Memo Item contribution
_	Descript Fam.	Aggregate Yea	ar-to-Date ▼ 2800.00	
3	Full Name of Individual (Last, First, Middle Initial Manrique, Carlos, , , Mailing Address 116 Cardinal) or Full Orga	nization Name	Date of Receipt
	valing Address TTo Caldinal	08 13 2018		
	City	State	Zip Code	Transaction ID : SA11AI.44206
-	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
8	Name of Employer (for Individual) selfemployed	Occupa physici	ation (for Individual) an	Memo Item contribution
F	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 3200.00	
	Full Name of Individual (Last, First, Middle Initial, Manrique, Carlos, , ,) or Full Orga	nization Name	Date of Receipt
	Mailing Address 116 Cardinal			09
	City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.44743
F	FEC ID number of contributing rederal political committee.	С		Amount of Each Receipt this Period 400.00
	Name of Employer (for Individual) selfemployed	Occupa	tion (for Individual)	Memo Item contribution
Ē	Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 3600.00	
SU	JBTOTAL of Receipts This Page (optional)			1200.00
тс	OTAL This Period (last page this line number onl	y)		

l	FOI	PAGE	1	31 C	F 259	9			
l	(check only one)								
l	×	11a	11	b	11c		12		
l		13	1 4		15		16	17	7

	any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.											
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC										
Α.	Full Name of Individual (Last, First, Middle Initial Marquez, Guillermo, , , Mailing Address 1702 Trinity Road	al) or Full Org	anization Name	Date of Receipt								
	City	State	Zip Code	07 13 2018 Transaction ID : SA11AI.43891								
	mission	TX	78572	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	400.00										
	Name of Employer (for Individual) selfemployed	Memo Item contribution										
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 2800.00									
В.	Full Name of Individual (Last, First, Middle Initial Marquez, Guillermo, , , Mailing Address 1702 Trinity Road	Date of Receipt										
		1-	T	08 13 2018								
	City mission	State	Zip Code 78572	Transaction ID : SA11AI.44207								
	FEC ID number of contributing federal political committee.	C	16512	Amount of Each Receipt this Period 400.00								
	Name of Employer (for Individual) selfemployed	Occup physic	ation (for Individual) sian	Memo Item contribution								
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 3200.00									
С .	Full Name of Individual (Last, First, Middle Initial Marquez, Guillermo, , ,	al) or Full Orga	anization Name	Date of Receipt								
	Mailing Address 1702 Trinity Road			09 / 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y								
	City mission	State TX	Zip Code 78572	Transaction ID : SA11AI.44745 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		400.00								
	Name of Employer (for Individual) selfemployed	Occupa physici	ation (for Individual) ian	Memo Item contribution								
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 3600.00									
H	SUBTOTAL of Receipts This Page (optional)			1200.00								

FOR LINE NUMBER: PAGE 132 OF Use separate schedule(s) (check only one) **X** 11a 11b 12 11c

259

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than 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 of Individual (Last, First, Middle Initial) or Full Organization Name Martinez, Agustin, , , Date of Receipt Mailing Address 7603 N. 2nd Lane 2018 13 City Zip Code State Transaction ID: SA11AI.43892 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 2800.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Martinez, Agustin, , , Date of Receipt Mailing Address 7603 N. 2nd Lane 13 2018 City State Zip Code Transaction ID: SA11AI.44208 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 3200.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Martinez, Agustin, , , Date of Receipt Mailing Address 7603 N. 2nd Lane 14 2018 City State Zip Code Transaction ID: SA11AI.44747 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 3600.00 Other (specify)

F	OR	LINE	NU	MBER	PAGE	1	33 OF	: :	259	
(0	che	ck only	or	ıe)						
	X	11a		11b		11c		12		
		13		14		15		16		17

	the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name of Individual (Last, First, Middle Martinez, Ricardo, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 1903 W. Smith		07 13 2018
City edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.43893
FEC ID number of contributing		Amount of Each Receipt this Period 400.00
federal political committee.	C	400.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
selfemployed Receipt For:	physician	contribution
Primary General	Aggregate Year-to-Date ▼	1
Other (specify) ▼	2800.00	
Full Name of Individual (Last, First, Middle 3. Martinez, Ricardo, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 1903 W. Smith		08 13 2018
City	State Zip Code	Transaction ID : SA11AI.44209
edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3200.00	
Full Name of Individual (Last, First, Middle	Initial) or Full Organization Name	Date of Receipt
Mailing Address 1903 W. Smith		09 14 2018
City	State Zip Code	Transaction ID : SA11AI.44749
edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	3600.00	
SUBTOTAL of Receipts This Page (optional)		1200.00
TOTAL This Period (last page this line numb	·	

F	OR	LINE	NU	MBER	PAGE	PAGE 134 OF				
(0	che	ck only	or	ne)						
	X	11a		11b		11c		12		
		13		14		15		16		17

	v information copied from such Reports and State for commercial purposes, other than using the na			
\	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	/C		
۱	Full Name of Individual (Last, First, Middle Initial Martinez, Robert, , Dr.,) or Full Orga	nization Name	Date of Receipt
ľ	Mailing Address 2809 Santa Lydia			07 13 2018
	City	Transaction ID : SA11AI.43894		
_	Mission	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		100.00
1	Name of Employer (for Individual)	Occupa	tion (for Individual)	Memo Item
5	self-employee	physicia	an .	contribution
Ī	Receipt For:	Aggregate Yea	ar-to-Date ▼	
	Primary General Other (specify) ▼	33 13 11	700.00	
3.	Full Name of Individual (Last, First, Middle Initial Martinez, Robert, , Dr.,) or Full Orga	nization Name	Date of Receipt
_	Mailing Address 2809 Santa Lydia			08 13 2018
	City	State	Zip Code	Transaction ID : SA11AI.44210
_	Mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
8	Name of Employer (for Individual) self-employee	Occupa physici	ition (for Individual) an	Memo Item contribution
F		Aggregate Yea	ar-to-Date ▼	
	Primary General Other (specify) ▼		800.00	
	Full Name of Individual (Last, First, Middle Initial Martinez, Robert, , Dr.,) or Full Orga	nization Name	Date of Receipt
_	Mailing Address 2809 Santa Lydia			09 14 2018
	City	State	Zip Code	Transaction ID : SA11AI.44751
-	Mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) self-employee	Occupa	tion (for Individual)	Memo Item contribution
	Possint For:	Aggregate Yea		
	Primary General Other (specify)	Tagrogate 160	900.00	
SU	JBTOTAL of Receipts This Page (optional)			300.00
тс	OTAL This Period (last page this line number onl	y)		

F	OR	LINE	NU	MBER	:	PAGE	1	35 OI	F.	259
(0	che	ck only	or	ie)						
	X	11a		11b		11c		12		
		13		14		15		16		17

	y information copied from such Reports and Stat for commercial purposes, other than using the na							
\rangle	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	/C						
١.	Full Name of Individual (Last, First, Middle Initial Mata, Israel, , Dr.,) or Full Orga	nization Name	Date of Receipt				
	Mailing Address 2601 Lakeshore Drive			07 13 2018				
	City	State	Zip Code	Transaction ID : SA11AI.43895				
	Edinburg	TX	78539	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		50.00				
	Name of Employer (for Individual)		tion (for Individual)	Memo Item				
	self-employed Receipt For:	physicia		contributon				
	Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 350.00					
3.	Full Name of Individual (Last, First, Middle Initial Mata, Israel, , Dr.,) or Full Orga	nization Name	Date of Receipt				
	Mailing Address 2601 Lakeshore Drive			08 13 2018				
	City	State	Zip Code	Transaction ID : SA11AI.44212				
	Edinburg	TX	78539	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		50.00				
	Name of Employer (for Individual) self-employed	Occupa physici	ation (for Individual) an	Memo Item contributon				
		Aggregate Yea	ar-to-Date ▼					
	Primary General Other (specify) ▼		400.00					
	Full Name of Individual (Last, First, Middle Initial Mata, Israel, , Dr.,) or Full Orga	nization Name	Date of Receipt				
	Mailing Address 2601 Lakeshore Drive			09 14 2018				
	City Edinburg	State TX	Zip Code 78539	Transaction ID : SA11AI.44753 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		50.00				
	Name of Employer (for Individual)	Occupa	tion (for Individual)	Memo Item				
	self-employed	physicia	an	contributon				
	Receipt For: Primary General	Aggregate Yea	ar-to-Date ▼					
	Other (specify)		450.00					
s	UBTOTAL of Receipts This Page (optional)			150.00				
Т	OTAL This Period (last page this line number on	ly)						

FOF	PAGE	PAGE 136 OF							
(che	ck only	or	ne)						
X	11a		11b		11c		12		
	13		14		15		16		17

	and Statements may not be sold or used by any pering the name and address of any political committee	
NAME OF COMMITTEE (IN Full) BORDER HEALTH FEDER	AL PAC	
Full Name of Individual (Last, First, Mid Mata, Nelson, , Dr.,	dle Initial) or Full Organization Name	Date of Receipt
Mailing Address 1705 Palazzo		07 13 / Y = Y = Y = Y
City	State Zip Code	Transaction ID : SA11AI.43896
Mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	Contribution
Primary General Other (specify) ▼	700.00	
Full Name of Individual (Last, First, Mid Mata, Nelson, , Dr.,	dle Initial) or Full Organization Name	Date of Receipt
Mailing Address 1705 Palazzo		08 13 2018
City	State Zip Code	Transaction ID : SA11AI.44213
Mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	800.00	
Full Name of Individual (Last, First, Mid	dle Initial) or Full Organization Name	Date of Receipt
Mailing Address 1705 Palazzo		09 14 2018
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.44755
FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.	C	100.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	900.00	
SUBTOTAL of Receipts This Page (option	nal)	300.00
TOTAL This Period (last page this line nu	ımber only)	

F	OR	LINE	NU	MBER	PAGE	1	37 C	F	259	
(0	che	ck only	or	ne)						
	X	11a		11b		11c		12		
		13		14		15		16		17

	ny information copied from such Reports and Stator commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
Α.	Full Name of Individual (Last, First, Middle Initial McNutt, Kimberely, , Ms, Mailing Address 7716 N. 27th	al) or Full Orga	anization Name	Date of Receipt
	City	State	Zip Code	09 14 2018 Transaction ID : SA11AI.44759
	McAllen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	25.00		
	Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item
	self-employed	private	investor	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 225.00	
В.	Full Name of Individual (Last, First, Middle Initial Media, Javier, , Dr.,	Date of Receipt		
	Mailing Address 3601 Oakwood Lane			07 13 2018
	City	State	Zip Code	Transaction ID : SA11AI.43899
	Mission	TX	78573	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual) selfemployed	Occup physic	ation (for Individual) iian	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 350.00	
<u>-</u>	Full Name of Individual (Last, First, Middle Initial Media, Javier, , Dr.,	al) or Full Orga	anization Name	Date of Receipt
•	Mailing Address 3601 Oakwood Lane			08 13 2018
	City Mission	State TX	Zip Code 78573	Transaction ID : SA11AI.44216 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual) selfemployed	Occupa physici	ation (for Individual) an	Memo Item contribution
	Receipt For: Primary General	Aggregate Ye	ear-to-Date ▼	
	Primary General Other (specify)			
H	SUBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number of			125.00

		LINE			PAGE	1	38 C)F	259	
(c	he	ck only	or	ne)						
	X	11a		11b		11c		12		
		13		14		15		16		17

				son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTE BORDER HEAL	E (In Full) LTH FEDERAL PA	/C		
Media, Javier, , Dr.,	(Last, First, Middle Initia	l) or Full Orga	nization Name	Date of Receipt
Mailing Address 3601	Jakwood Lane			09 14 2018 _
City		State	Zip Code	Transaction ID : SA11AI.44761
Mission		TX	78573	Amount of Each Receipt this Period
FEC ID number of con federal political commit	•	С		50.00
Name of Employer (for selfemployed	Individual)	Occupa physicia	tion (for Individual) an	Memo Item contribution
Receipt For: Primary Other (specify)	General	Aggregate Yea	ar-to-Date ▼ 450.00	
Full Name of Individual Medina, Bertha, , Mailing Address 1300		l) or Full Orga	nization Name	Date of Receipt
	1/2 Street			07 13 2018
City		State	Zip Code	Transaction ID : SA11AI.43900
mcallen		TX	78501	Amount of Each Receipt this Period
FEC ID number of con federal political commit	•	С		400.00
Name of Employer (for selfemployed	Individual)	Occupa physici	ition (for Individual) an	Memo Item contribution
Receipt For: Primary Other (specify) ▼	General	Aggregate Yea	ar-to-Date ▼ 2800.00	
Full Name of Individua Medina, Bertha,	(Last, First, Middle Initia	l) or Full Orga	nization Name	Date of Receipt
Mailing Address 1300				08 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mcallen		State TX	Zip Code 78501	Transaction ID : SA11AI.44217
FEC ID number of con federal political commit	•	C		Amount of Each Receipt this Period 400.00
Name of Employer (for selfemployed	Individual)	Occupa physicia	tion (for Individual)	Memo Item contribution
Receipt For: Primary Other (specify)	General	Aggregate Yea	ar-to-Date ▼ 3200.00	
SUBTOTAL of Receipts	This Page (optional)			850.00
TOTAL This Period (last	page this line number on	ly)		1 1 40 1 1 40 1 1 40 1

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

F	OR	LINE	NU	MBER	:	PAGE	1	39 O	F	259
(0	che	ck only	or	ıe)						
	X	11a		11b		11c		12		
		13		14		15		16		17

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

NAME OF COMMITTEE (In Full)

\rangle	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	AC .		
١.	Full Name of Individual (Last, First, Middle Initial Medina, Bertha, , , Mailing Address 1300 1 1/2 Street) or Full Orga	anization Name	Date of Receipt
	City mcallen	State TX	Zip Code 78501	09 14 2018 Transaction ID : SA11AI.44763 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer (for Individual) selfemployed Receipt For: Primary General	Occupa physici Aggregate Ye		Memo Item contribution
	Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Orga	3600.00	
3.	Medina, Camen Martha, , Ms, Mailing Address 509 E. Yucca	., or i all orge	ALLEANOT HAITO	Date of Receipt 07 13 2018
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.43901 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual) self-employed Receipt For:	physic		Memo Item contribution
	Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 350.00	
) .	Full Name of Individual (Last, First, Middle Initial Medina, Camen Martha, , Ms,	l) or Full Orga	anization Name	Date of Receipt
	Mailing Address 509 E. Yucca City	State	Zip Code	08 13 2018 Transaction ID : SA11AI.44218
	McAllen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer (for Individual) self-employed Receipt For:	physicia		Memo Item contribution
	Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 400.00	
s	UBTOTAL of Receipts This Page (optional)		<u> </u>	500.00
Т	OTAL This Period (last page this line number on	ly)	>	

F	OR	LINE	NU	MBER	:	PAGE	1	40 OF	 259
(0	che	ck only	or	ne)					
	X	11a		11b		11c		12	
		13		14		15		16	17

	statements may not be sold or used by any per ne name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle Ir Medina, Camen Martha, , Ms,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 509 E. Yucca		09 14 2018
City	State Zip Code	Transaction ID : SA11AI.44765
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
self-employed	physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	450.00	
Full Name of Individual (Last, First, Middle Ir Mego, Carlos, , Dr.,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 602 McColl Circle		07 13 2018
City	State Zip Code	Transaction ID : SA11AI.43902
McAllen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2800,00	
Full Name of Individual (Last, First, Middle Ir Mego, Carlos, , Dr.,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 602 McColl Circle		08 13 2018
City	State Zip Code	Transaction ID : SA11AI.44219
McAllen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify)	3200.00	
SUBTOTAL of Receipts This Page (optional)		850.00
TOTAL This Period (last page this line number	<u>-</u>	

FOR LINE NUMBER: PAGE 141 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

259

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than 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 of Individual (Last, First, Middle Initial) or Full Organization Name Mego, Carlos, , Dr., Date of Receipt Mailing Address 602 McColl Circle 14 2018 City Zip Code State Transaction ID: SA11AI.44767 TX McAllen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 3600.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mehkri, Imtiaz, , Dr., Date of Receipt Mailing Address 7120 Ware Road 07 13 2018 City State Zip Code Transaction ID: SA11AI.43903 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 90.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 630.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Mehkri, Imtiaz, , Dr., Date of Receipt Mailing Address 7120 Ware Road 13 2018 City State Zip Code Transaction ID: SA11AI.44220 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 90.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 720.00 Other (specify) 580.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

		NUMBE	PAGE	1	42 OF	: :	259	
(che								
×	11a	11b		11c		12		
	13	14		15		16		17

	Statements may not be sold or used by any per he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle I Mehkri, Imtiaz, , Dr., Mailing Address 7120 Ware Road City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State TX T8504 C Occupation (for Individual) physician Aggregate Year-to-Date 810.00	Date of Receipt M M M / D D / 2018 Transaction ID: SA11AI.44769 Amount of Each Receipt this Period 90.00 Memo Item contribution
Full Name of Individual (Last, First, Middle I Mercado, Manuel, , , Mailing Address 3002 Santa Susana City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) Other (specify)	State Zip Code 78572 C Occupation (for Individual) physician Aggregate Year-to-Date ▼ 1750.00	Date of Receipt O7 13 2018 Transaction ID: SA11AI.43906 Amount of Each Receipt this Period 250.00 Memo Item contribution
Full Name of Individual (Last, First, Middle I Mercado, Manuel, , , Mailing Address 3002 Santa Susana City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation (for Individual) physician Aggregate Year-to-Date 2000.00	Date of Receipt M M
SUBTOTAL of Receipts This Page (optional)	>	590.00
TOTAL This Period (last page this line number	er only)	

F	OR	LINE	NU	MBER	:	PAGE	1	43 O	F	259
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

	Statements may not be sold or used by any per e name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle Ir Mercado, Manuel, , , Mailing Address 3002 Santa Susana City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General	State Zip Code TX 78572 C Occupation (for Individual) physician Aggregate Year-to-Date Aggregate Year-to-Date	Date of Receipt 14 2018 Transaction ID: SA11AI.44775 Amount of Each Receipt this Period 250.00 Memo Item contribution
Other (specify) ▼ Full Name of Individual (Last, First, Middle In Meyer, Scott, , , Mailing Address 2100 School Lane	2250.00 itial) or Full Organization Name	Date of Receipt
City Mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General	State Zip Code TX 78572 C Occupation (for Individual) private investor Aggregate Year-to-Date ▼	Transaction ID : SA11AI.43907 Amount of Each Receipt this Period 35.00 Memo Item contribution
Other (specify) ▼ Full Name of Individual (Last, First, Middle In Meyer, Scott, , , Mailing Address 2100 School Lane City Mission FEC ID number of contributing federal political committee. Name of Employer (for Individual)	State Zip Code TX 78572 Occupation (for Individual)	Date of Receipt 08 13 2018 Transaction ID : SA11AI.44224 Amount of Each Receipt this Period 35.00 Memo Item
selfemployed Receipt For: Primary General Other (specify) SUBTOTAL of Receipts This Page (optional)	private investor Aggregate Year-to-Date ▼ 280.00	contribution 320.00
TOTAL This Period (last page this line number	only)	

	R LINE			:	PAGE	: 1	44 OF	259
(che	ck only	or	ne)					
×	11a		11b		11c		12	
	13		14		15		16	17

Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or us the name and address of any politic	sed by any person for the purpose of soliciting contributions cal committee to solicit contributions from such committee.
BORDER HEALTH FEDERA	L PAC	
Full Name of Individual (Last, First, Middle Meyer, Scott, , , Mailing Address 2100 School Lane	Initial) or Full Organization Name	Date of Receipt
maining / tada 555 2 700 School Lane		09 14 2018
City	State Zip Code	Transaction ID : SA11AI.44777
Mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual)	Occupation (for Individua	al) Memo Item
selfemployed	private investor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	315.00
Full Name of Individual (Last, First, Middle Milano, Emil, , Dr.,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 225 E. Cornell		07 13 2018
City	State Zip Code	Transaction ID : SA11AI.43908
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual private investor	al) Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼		700.00
Full Name of Individual (Last, First, Middle Milano, Emil, , Dr.,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 225 E. Cornell		08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City McAllen	State Zip Code 78504	Transaction ID : SA11AI.44225 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual)	Occupation (for Individua	al) Memo Item
selfemployed	private investor	contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	800.00
SUBTOTAL of Receipts This Page (optional		235.00

					PAGE	1	45 OF		259
(check only one)									
×	11a		11b		11c		12		
	13		14		15		16		17

	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.										
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P.	AC									
Α.	Full Name of Individual (Last, First, Middle Initial Milano, Emil, , Dr., Mailing Address 225 E. Cornell	al) or Full Orga	anization Name	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
	City	State	Zip Code	Transaction ID : SA11AI.44779							
	McAllen	TX	78504	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		100.00							
	Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item							
	selfemployed	private	investor	contribution							
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 900.00								
В.	Full Name of Individual (Last, First, Middle Initial Mohamed, Carlos, N, , Jr.	Date of Receipt									
	Mailing Address 2821 Michael Angelo	07 13 2018									
	City	State	Zip Code	Transaction ID : SA11AI.43910							
	Edinburg	TX	78539	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		100.00							
	Name of Employer (for Individual) self-employed	Occupa physic	ation (for Individual) iian	Memo Item contribution							
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 700.00								
<u> </u>	Full Name of Individual (Last, First, Middle Initial Mohamed, Carlos, N, , Jr.	al) or Full Orga	anization Name	Date of Receipt							
	Mailing Address 2821 Michael Angelo			08 / 13 / 2018							
	City Edinburg	State TX	Zip Code 78539	Transaction ID : SA11AI.44227 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		100.00							
	Name of Employer (for Individual) self-employed	Occupa physici	ation (for Individual) an	Memo Item contribution							
	Receipt For:	Aggregate Ye	ear-to-Date ▼								
	Primary General Other (specify)										
H	SUBTOTAL of Receipts This Page (optional)			300.00							

						PAGE	: 1	46 OF		259
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may he name and add	not be sold or used by any perfects of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC						
Full Name of Individual (Last, First, Middle I Mohamed, Carlos, N, , Jr. Mailing Address 2821 Michael Angelo	nitial) or Full Org	anization Name	Date of Receipt				
City	Oteta	Zin Codo	09 14 2018				
City Edinburg	State	Zip Code 78539	Transaction ID : SA11AI.44783				
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 100.00				
Name of Employer (for Individual) self-employed	physic		Memo Item contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 900.00					
Full Name of Individual (Last, First, Middle I Mohamed, Samira, T., Dr., Mailing Address 324 Heron	Date of Receipt						
City	State	Zip Code	07 13 2018 Transaction ID : SA11Al.43911				
McAllen	TX	78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		50.00				
Name of Employer (for Individual) selfemployed	Occup physic	ation (for Individual) sian	Memo Item contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 350.00					
Full Name of Individual (Last, First, Middle I Mohamed, Samira, T., Dr.,	nitial) or Full Org	anization Name	Date of Receipt				
Mailing Address 324 Heron	Otete	7in Code	08 13 2018				
City McAllen	State TX	Zip Code 78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		50.00				
Name of Employer (for Individual) selfemployed	Occup	ation (for Individual) ian	Memo Item contribution				
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 400.00					
SUBTOTAL of Receipts This Page (optional)		······	200.00				
TOTAL This Period (last page this line numbe	er only)						

FOF	PAGE	1	47 OF		259				
(check only one)									
×	11a		11b		11c		12		
	13		14		15		16		17

	Statements may not be sold or used by any pe he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle I Mohamed, Samira, T., Dr., Mailing Address 324 Heron City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer (for Individual) selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation (for Individual) physician Aggregate Year-to-Date ▼ 450.00	Memo Item contribution
Full Name of Individual (Last, First, Middle I Mohme, Ruben, , Dr., Mailing Address 7309 N. 4th Street City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary Other (specify) General	State Zip Code TX 78504 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt 07 13 2018 Transaction ID: SA11Al.43912 Amount of Each Receipt this Period 100.00 Memo Item contribution
Full Name of Individual (Last, First, Middle I Mohme, Ruben, , Dr., Mailing Address 7309 N. 4th Street City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	250.00
TOTAL This Period (last page this line number	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page (check only 11a)

						PAGE	1	48 O	F	259
(c	(check only one)									
	X	11a		11b		11c		12		
		13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.										
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC								
Α.	Full Name of Individual (Last, First, Middle Initial Mohme, Ruben, , Dr., Mailing Address 7309 N. 4th Street	al) or Full Org	anization Name	Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y						
	City	State	Zip Code	Transaction ID : SA11AI.44787						
	McAllen	TX	78504	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		100.00						
	Name of Employer (for Individual) self-employed									
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 900.00							
В.	Full Name of Individual (Last, First, Middle Initial Moncada, Armando, , Dr., Mailing Address 1421 North 2nd Street	Date of Receipt								
	Walling Address 1421 North 2nd Street	07 13 2018								
	City	State	Zip Code	Transaction ID : SA11AI.43913						
	McAllen	TX	78504	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		400.00						
	Name of Employer (for Individual) self-employee	Occup physic	ation (for Individual) Dian	Memo Item contribution						
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 2800.00							
<u> </u>	Full Name of Individual (Last, First, Middle Initial Moncada, Armando, , Dr.,	al) or Full Orga	anization Name	Date of Receipt						
	Mailing Address 1421 North 2nd Street			08 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City McAllen	State TX	Zip Code 78504	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		400.00						
	Name of Employer (for Individual) self-employee	Occup: physici	ation (for Individual) ian	Memo Item contribution						
	Receipt For: Primary General	Aggregate Ye	ear-to-Date ▼							
	Other (specify)									
	SUBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number o			900.00						

FOR LINE NUMBER: PAGE 149 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c

259

for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than 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 of Individual (Last, First, Middle Initial) or Full Organization Name Moncada, Armando, , Dr., Date of Receipt Mailing Address 1421 North 2nd Street 14 2018 City Zip Code State Transaction ID: SA11AI.44789 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employee physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 3600.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Montanez, Guillermo, , Dr., Date of Receipt Mailing Address 100 S. W. Augusta Square 07 13 2018 City State Zip Code Transaction ID: SA11AI.43914 TX McAllen 78503 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 350.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Montanez, Guillermo, , Dr., Date of Receipt Mailing Address 100 S. W. Augusta Square 13 2018 City Zip Code State Transaction ID: SA11AI.44231 TX McAllen 78503 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution Self employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

						1	50 OF		259
(check only one)									
X	11a		11b		11c		12		
	13		14		15		16		17

		y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	L PAC	
Full Name of Individual (Last, First, Middle Montanez, Guillermo, , Dr., Mailing Address 100 S. W. Augusta Square		Date of Receipt
		09 14 2018
City	State Zip Code TX 78503	Transaction ID : SA11AI.44791
McAllen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Self employed	physician	contribution
Receipt For: Primary General Other (specify) ▼		
Full Name of Individual (Last, First, Middle Morales, Carlos, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 3325 Kent Lane	07 13 2018	
City	State Zip Code	Transaction ID : SA11AI.43915
mcallen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2800.00	
Full Name of Individual (Last, First, Middle Morales, Carlos, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 3325 Kent Lane		08 13 2018
City mcallen	State Zip Code 78503	Transaction ID : SA11AI.44232
	70000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	3200.00	
SUBTOTAL of Receipts This Page (optional)		850.00
TOTAL This Period (last page this line numb	er only)	

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

FOR LINE NUMBER: (check only one)

						PAGE	1	51 O	F	259
(0	(check only one)									
	X	11a		11b		11c		12		
		13		14		15		16		17

	ny information copied from such Reports and Stator commercial purposes, other than using the							
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC						
Α.	Full Name of Individual (Last, First, Middle Initi-Morales, Carlos, , ,	al) or Full Org	ganization Name	Date of Receipt				
	Mailing Address 3325 Kent Lane			09 14 2018				
	City	State	Zip Code	Transaction ID : SA11AI.44793				
	mcallen	TX	78503	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	400.00						
	Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item				
	selfemployed	cian	contribution					
	Receipt For: Primary General Other (specify) ▼		∕ear-to-Date ▼ 3600.00	_				
<u> </u>	Full Name of Individual (Last, First, Middle Initi-Moreno, Leonel, , ,	Date of Receipt						
	Mailing Address 1608 Woods Drive	07 13 2018						
	City	State	Zip Code	Transaction ID : SA11AI.43917				
	mission	TX	78572	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		250.00				
	Name of Employer (for Individual) selfemployed	pation (for Individual) ician	Memo Item contribution					
	Receipt For:	Aggregate Y	∕ear-to-Date ▼					
	Primary General Other (specify) ▼		1750.00					
<u> </u>	Full Name of Individual (Last, First, Middle Initi Moreno, Leonel, , ,	al) or Full Orç	ganization Name	Date of Receipt				
	Mailing Address 1608 Woods Drive			08 13 2018				
	City	State	Zip Code	Transaction ID : SA11AI.44234				
	mission	TX	78572	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		250.00				
	Name of Employer (for Individual)	Occur	pation (for Individual)	Memo Item				
	selfemployed	physic	cian	contribution				
	Receipt For:	Aggregate Y	/ear-to-Date ▼					
	Primary General Other (specify)		2000.00					
H	UBTOTAL of Receipts This Page (optional)		<u> </u>	900.00				
I T	OTAL This Period (last page this line number o	nly)						

					PAGE	: 1	52 O	F	259
(che	(check only one)								
X	11a	1	1b		11c		12		
	13	1	4		15		16		17

Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Moreno, Leonel, , , Mailing Address 1608 Woods Drive	itial) or Full Organization Name	Date of Receipt
City	State Zip Code TX 78572	Transaction ID : SA11AI.44797 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer (for Individual)	Occupation (for Individual)	250.00 Memo Item
selfemployed Receipt For: Primary General Other (specify) Other	physician Aggregate Year-to-Date ▼ 2250.00	contribution
Full Name of Individual (Last, First, Middle In Moreno, LeRoy, , Mr., Mailing Address 6908 N. 31st	itial) or Full Organization Name	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City McAllen FEC ID number of contributing federal political committee.	State Zip Code 78504	Transaction ID : SA11AI.44799 Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) Self employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation (for Individual) investor Aggregate Year-to-Date ▼ 225.00	Memo Item contribution
Full Name of Individual (Last, First, Middle In Najaraj, Namitha, , Dr., Mailing Address 2605 San Lucas City Mission FEC ID number of contributing federal political committee. Name of Employer (for Individual)	State Zip Code TX 78572 C Occupation (for Individual)	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
self-employed Receipt For: Primary General Other (specify)	physician Aggregate Year-to-Date ▼ 225.00	contribution
SUBTOTAL of Receipts This Page (optional)	>	300.00
TOTAL This Period (last page this line number	only)	4

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

FOR LINE NUMBE (check only one)

					PAGE	1	53 OF	259
(check only one)								
×	11a		11b		11c		12	
	13		14		15		16	17

	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC							
Α.	Full Name of Individual (Last, First, Middle Inition Nandipaty, Sivakumari, , Dr., Mailing Address 1509 N. Misty Lane	al) or Full Orga	anization Name	Date of Receipt					
	City	State	Zip Code	07 13 2018					
	Weslaco	TX	78596	Transaction ID : SA11AI.43920 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		50.00					
	Name of Employer (for Individual) self-employed	ation (for Individual) ian	Memo Item contribution						
	Receipt For: Primary General Other (specify) ▼	Ceipt For: Aggregate Year-to-Date ▼ Primary General							
В.	Full Name of Individual (Last, First, Middle Initial Nandipaty, Sivakumari, , Dr.,	al) or Full Orga	anization Name	Date of Receipt					
	Mailing Address 1509 N. Misty Lane	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
	City Weslaco	State	Zip Code 78596	Transaction ID : SA11AI.44237					
	FEC ID number of contributing federal political committee.	C	7,000	Amount of Each Receipt this Period 50.00					
	Name of Employer (for Individual) self-employed	Occup	ation (for Individual) sian	Memo Item contribution					
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 400.00						
<u> </u>	Full Name of Individual (Last, First, Middle Initial Nandipaty, Sivakumari, , Dr.,	al) or Full Orga	anization Name	Date of Receipt					
	Mailing Address 1509 N. Misty Lane			09 14 2018					
	City Weslaco	State TX	Zip Code 78596	Transaction ID : SA11AI.44803 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		50.00					
	Name of Employer (for Individual) self-employed	Occupa physici	ation (for Individual) ian	Memo Item contribution					
	Receipt For: Primary General	Aggregate Ye	ear-to-Date ▼						
	Other (specify)	7	450.00						
	SUBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number o			150.00					

					PAGE	1	54 OF	: :	259		
	(check only one)										
	[X	11a		11b		11c		12		
			13		14		15		16		17

	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P.	AC							
Α.	Full Name of Individual (Last, First, Middle Initial O'Callaghan, William, , Dr., Mailing Address 111 NE Augusta Square	al) or Full Org	anization Name	Date of Receipt					
	City	Ctoto	Zin Codo	07 13 2018					
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.43921 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		100.00 Memo Item					
	Name of Employer (for Individual) self-employed								
	Receipt For: Primary General Other (specify) ▼	Primary General Aggregate Teal-to-Date V							
В.	Full Name of Individual (Last, First, Middle Initial O'Callaghan, William, , Dr.,	Date of Receipt							
	Mailing Address 111 NE Augusta Square	08 13 2018							
	City	State	Zip Code	Transaction ID : SA11AI.44238					
	McAllen	TX	78504	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		100.00					
	Name of Employer (for Individual) self-employed	Occup physic	ation (for Individual) cian	Memo Item contribution					
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 800.00						
<u> </u>	Full Name of Individual (Last, First, Middle Initia O'Callaghan, William, , Dr.,	al) or Full Orga	anization Name	Date of Receipt					
	Mailing Address 111 NE Augusta Square			09 14 2018					
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.44805 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		100.00					
	Name of Employer (for Individual) self-employed	Occup: physici	ation (for Individual) ian	Memo Item contribution					
	Receipt For: Primary General	Aggregate Ye	ear-to-Date ▼						
	Other (specify)	7	900.00						
H	SUBTOTAL of Receipts This Page (optional)			300.00					

					PAGE	1	55 OF	: :	259	
	(check only one)									
	X	11a		11b		11c		12		
		13		14		15		16		17

	Statements may not be sold or used by any pe he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle I Ochoa, Alfonso, , Dr., Mailing Address 1901 W. 18th Street City Weslaco FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	or Full Organization Name State	Date of Receipt 07 13 2018 Transaction ID : SA11Al.43922 Amount of Each Receipt this Period 100.00 Memo Item contribution
Full Name of Individual (Last, First, Middle I Ochoa, Alfonso, , Dr., Mailing Address 1901 W. 18th Street City Weslaco FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify) Other (specify)	State Zip Code 78596 C Occupation (for Individual) physician Aggregate Year-to-Date 800.00	Date of Receipt M M M / D D / Y D Y D Y D Y D Y D Y D Y D Y D
Full Name of Individual (Last, First, Middle I Ochoa, Alfonso, , Dr., Mailing Address 1901 W. 18th Street City Weslaco FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78596 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt M 9
SUBTOTAL of Receipts This Page (optional)	>	300.00
TOTAL This Period (last page this line numbe	er only)	

					PAGE	1	56 OF	259	
(0	(check only one)								
	X	11a		11b		11c		12	
		13		14		15		16	17

	Statements may not be sold or used by any pene name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle II Ochoa, Jessica, , Ms, Mailing Address 1920 Treasure Oak Drive City Harlingen FEC ID number of contributing federal political committee.	State Zip Code TX 78550	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer (for Individual) self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation (for Individual) private investor Aggregate Year-to-Date 225.00	Memo Item contribution
Full Name of Individual (Last, First, Middle II Ochoa, Ricardo, , Mr., Mailing Address 2421 N. 'J' Street City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	State Zip Code TX Zip Code TX 78501 C Occupation (for Individual) private investor Aggregate Year-to-Date ▼ 700.00	Date of Receipt 107 13 2018 Transaction ID: SA11Al.43924 Amount of Each Receipt this Period 100.00 Memo Item contribution
Full Name of Individual (Last, First, Middle In Ochoa, Ricardo, , Mr., Mailing Address 2421 N. 'J' Street City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation (for Individual) private investor Aggregate Year-to-Date ▼	Date of Receipt M M
SUBTOTAL of Receipts This Page (optional)	>	225.00
TOTAL This Period (last page this line numbe	r only)	

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

FOR LINE NUMBER (check only one)

FOR LINE NUMBER:					PAGE	1	57 OF	: :	259	
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

	and Statements may not be sold or used by any pering the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC	
Full Name of Individual (Last, First, Midd Ochoa, Ricardo, , Mr.,	fle Initial) or Full Organization Name	Date of Receipt
Mailing Address 2421 N. 'J' Street		09 14 2018
City	State Zip Code	Transaction ID : SA11AI.44812
McAllen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
self-employed	private investor	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	900.00	
Full Name of Individual (Last, First, Mido Ogunlana, Victor, , Dr.,	lle Initial) or Full Organization Name	Date of Receipt
Mailing Address 2604 Santa Teresa		07 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.43925
Mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) doctor	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	700.00	
Full Name of Individual (Last, First, Mido	tle Initial) or Full Organization Name	Date of Receipt
Mailing Address 2604 Santa Teresa		08 / 13 / 2018
City Mission	State Zip Code 78572	Transaction ID : SA11AI.44244 Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	100.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) doctor	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify)	800.00	
SUBTOTAL of Receipts This Page (option	al)	300.00
TOTAL This Period (last page this line nur	mber only)	

F	FOR LINE NUMBER:					PAGE	1	58 OF	259
(0	(check only one)								
	X	11a		11b		11c		12	
		13		14		15		16	17

	ny information copied from such Reports and Stator commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
Α.	Full Name of Individual (Last, First, Middle Initial Ogunlana, Victor, , Dr.,	al) or Full Org	anization Name	Date of Receipt
	Mailing Address 2604 Santa Teresa			09 14 2018
	City	State	Zip Code	Transaction ID : SA11AI.44814
	Mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual)	Occup	ation (for Individual)	Memo Item
	self-employed	docto	r	contribution
	Receipt For:			
	Primary General	Aggregate Y	ear-to-Date ▼	
	Other (specify) ▼		900.00	
В.	Full Name of Individual (Last, First, Middle Initia Ohabor, Chioma, , Ms,	al) or Full Org	anization Name	Date of Receipt
	Mailing Address 6114			M M / D D / Y Y Y Y
	N. 3rd Lane			07 13 2018
	City	State	Zip Code	Transaction ID : SA11AI.43926
	McAllen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual) selfemployed		oation (for Individual) e investor	Memo Item contribution
	Receipt For:	Aggregate Y	ear-to-Date ▼	
	Primary General Other (specify) ▼		350.00	
С .	Full Name of Individual (Last, First, Middle Initial Ohabor, Chioma, , Ms,	al) or Full Org	anization Name	Date of Receipt
	Mailing Address 6114 N. 3rd Lane			08 13 2018
	City	State	Zip Code	Transaction ID : SA11AI.44242
	McAllen	TX	78504	Amount of Each Receipt this Period
				Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item
	selfemployed	private	e investor	contribution
	Receipt For:	'		1
	Primary General	Aggregate 1	ear-to-Date ▼	
	Other (specify)		400.00	
s	SUBTOTAL of Receipts This Page (optional)		•	200.00
_	OTAL This Period (last page this line number of	nly)		

FOR LINE NUMBER: PAGE 159 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

259

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than 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 of Individual (Last, First, Middle Initial) or Full Organization Name Ohabor, Chioma, , Ms, Date of Receipt Mailing Address 6114 14 2018 N. 3rd Lane City State Zip Code Transaction ID: SA11AI.44816 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Olveira, Noel, , Dr., Date of Receipt Mailing Address 9917 Bentsen Road 07 13 2018 City State Zip Code Transaction ID: SA11AI.43927 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 700.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Olveira, Noel, , Dr., Date of Receipt Mailing Address 9917 Bentsen Road 13 2018 City State Zip Code Transaction ID: SA11AI.44245 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) 250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 160 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c

259

for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than 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 of Individual (Last, First, Middle Initial) or Full Organization Name Olveira, Noel, , Dr., Date of Receipt Mailing Address 9917 Bentsen Road 14 2018 City Zip Code State Transaction ID: SA11AI.44818 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Orfanos, Athanaji, , Dr., Date of Receipt Mailing Address 3013 Lakeshore Drive 07 13 2018 City State Zip Code Transaction ID: SA11AI.43928 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 700.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Orfanos, Athanaji, , Dr., Date of Receipt Mailing Address 3013 Lakeshore Drive 13 2018 City State Zip Code Transaction ID: SA11AI.44246 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER:					PAGE	1	61 OF	259
(che	eck only							
×	11a		11b		11c		12	
	13		14		15		16	17

	and Statements may not be sold or used by any per ng the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC	
Full Name of Individual (Last, First, Mide Orfanos, Athanaji, , Dr.,	dle Initial) or Full Organization Name	Date of Receipt
Mailing Address 3013 Lakeshore Drive		09 14 2018
City	State Zip Code	Transaction ID : SA11AI.44820
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
selfemployed	private investor	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	900.00	
Full Name of Individual (Last, First, Middal). Orfanos, John, , Dr.,	l dle Initial) or Full Organization Name	Date of Receipt
Mailing Address 5416 N. Cynthia		07 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.43929
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
Full Name of Individual (Last, First, Midd C. Orfanos, John, , Dr.,	dle Initial) or Full Organization Name	Date of Receipt
Mailing Address 5416 N. Cynthia		08 / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City McAllen	State Zip Code 78504	Transaction ID : SA11AI.44247 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify)	400.00	
SUBTOTAL of Receipts This Page (option	nal)	200.00
TOTAL This Period (last page this line nu	mber only)	

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

FOR LINE NUMBER: (check only one)

F	FOR LINE NUMBER:						1	62 OF	=	259
(0	che	ck only	or	ne)						
	X	11a		11b		11c		12		
		13		14		15		16		17

	ny information copied from such Reports and State for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
Α.	Full Name of Individual (Last, First, Middle Initial Orfanos, John, , Dr., Mailing Address 5416 N. Cynthia	al) or Full Orga	anization Name	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID : SA11AI.44822
	McAllen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	50.00		
	Name of Employer (for Individual) self-employed	Occupa	ation (for Individual) ian	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye		
В.	Full Name of Individual (Last, First, Middle Initial Osorio-Castillo, Carmen, , ,	al) or Full Orga	anization Name	Date of Receipt
	Mailing Address 1601 Sebastian Drive	L-	T	07 13 2018
	City Mission	State	Zip Code 78572	Transaction ID : SA11Al.43931 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10012	50.00
	Name of Employer (for Individual) self-employee		ation (for Individual) e investor	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 350.00	
<u>-</u>	Full Name of Individual (Last, First, Middle Initial Osorio-Castillo, Carmen, , ,	al) or Full Orga	anization Name	Date of Receipt
•	Mailing Address 1601 Sebastian Drive			08 13 2018
	City Mission	State TX	Zip Code 78572	Transaction ID : SA11AI.44249 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer (for Individual) self-employee		ation (for Individual) investor	Memo Item contribution
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 400.00	
H	SUBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number o			150.00

Use separate schedule(s) for each category of the

FOR LINE NUMBER:						PAGE	1	63 O	F	259
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than 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 of Individual (Last, First, Middle Initial) or Full Organization Name Osorio-Castillo, Carmen, , , Date of Receipt Mailing Address 1601 Sebastian Drive 2018 14 City Zip Code State Transaction ID: SA11AI.44826 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employee private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Otero, Fernando, , , Date of Receipt Mailing Address 121 E. Quamasia 07 13 2018 #148 City State Zip Code Transaction ID: SA11AI.43932 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 2800.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Otero, Fernando, , , Date of Receipt Mailing Address 121 E. Quamasia 13 2018 #148 City State Zip Code Transaction ID: SA11AI.44250 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 3200.00 Other (specify)

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

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

850.00

F	FOR LINE NUMBER:						1	64 OF	 259
(0	che	ck only	or	ne)					
	X 11a 11b							12	
		13		14		15		16	17

	the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name of Individual (Last, First, Middle Otero, Fernando, , , Mailing Address 121 E. Quamasia	e Initial) or Full Organization Name	Date of Receipt
#148		09 14 2018
City	State Zip Code	Transaction ID: SA11AI.44828
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
selfemployed	physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	3600.00	
Full Name of Individual (Last, First, Middle Owen, Kip, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 2305 Red River		07 13 2018
City	State Zip Code	Transaction ID : SA11AL43933
mcallen	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
Full Name of Individual (Last, First, Middle Owen, Kip, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 2305 Red River		08 / 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.44251
mcallen	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
selfemployed	physician	contribution
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	800.00	
SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line numl	ber only)	

						PAGE	: 1	65 OF	259	
(c	he	ck only	or	ne)						
	X	11a		11b		11c		12		
		13		14		15		16	17	

	ny information copied from such Reports and Stator commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
Α.	Full Name of Individual (Last, First, Middle Initial Owen, Kip, , , , Mailing Address 2305 Red River	al) or Full Orga	anization Name	Date of Receipt 09 14 2018
	City	State	Zip Code	Transaction ID : SA11AI.44830
	FEC ID number of contributing federal political committee.	С	78572	Amount of Each Receipt this Period 100.00
	Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	Occupa physic Aggregate Ye		Memo Item contribution
В.	Full Name of Individual (Last, First, Middle Initial Padilla, Juan, , Dr., Mailing Address p.o. box 3702	al) or Full Orga	anization Name	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID : SA11AI.44832
	McAllen FEC ID number of contributing federal political committee.	C	78502	Amount of Each Receipt this Period 25.00
	Name of Employer (for Individual) Self employed	Occup	ation (for Individual)	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 225.00	
С .	Full Name of Individual (Last, First, Middle Initial Palacios, Esteban, , Mr., Jr.	al) or Full Orga	anization Name	Date of Receipt
	Mailing Address P.O. Box 3669		I and a second	07 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Edinburg	State TX	Zip Code 78540	Transaction ID : SA11AI.43935 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual) selfemployed Receipt For:	private	ation (for Individual)	Memo Item contribution
	Primary General Other (specify)	Aggregate Ye	aar-to-Date ▼ 350.00	
H	SUBTOTAL of Receipts This Page (optional)		<u> </u>	175.00

ı	FOF	R LINE	NU	MBER	PAGE	: 1	66 OF	259	
ı	(che	ck only	on	ıe)					
	×	11c		12					
		13		14		15		16	17

	Statements may not be sold or used by any pene name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle II Palacios, Esteban, , Mr., Jr. Mailing Address P.O. Box 3669 City Edinburg FEC ID number of contributing	State Zip Code TX 78540	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) private investor Aggregate Year-to-Date 400.00	Memo Item contribution
Full Name of Individual (Last, First, Middle II Palacios, Esteban, , Mr., Jr. Mailing Address P.O. Box 3669 City Edinburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (checify)	State Zip Code TX 78540 C Occupation (for Individual) private investor Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / 2018 Transaction ID: SA11AI.44834 Amount of Each Receipt this Period 50.00 Memo Item contribution
Full Name of Individual (Last, First, Middle In Palimar, Prakash, , , Mailing Address 121 Canary City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	At A	Date of Receipt MO7 13 2018 Transaction ID: SA11AI.43936 Amount of Each Receipt this Period 250.00 Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	>	350.00
TOTAL This Period (last page this line numbe	er only)	

SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE 167 OF

EMIZED RECEIPTS	for each category of the Detailed Summary Page	(che	11a 13	one) 11b 14	11c		12 16		17		
ny information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions r for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.											
NAME OF COMMITTEE (In Full)											

Palimar, Prakash, , , Mailing Address 121 Canary		Date of Receipt
		08 13 2018
City	State Zip Code	Transaction ID : SA11AI.44254
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
selfemployed	physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name of Individual (Last, First, Midd Palimar, Prakash, , ,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 121 Canary	09 14 2018	
City	State Zip Code	Transaction ID : SA11AI.44836
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00]
Full Name of Individual (Last, First, Midd Pathak, Umesh, , ,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 2004 Alexander Drive	la.	07 13 2018
City weslaco	State Zip Code 78596	Transaction ID : SA11AI.43937
FEC ID number of contributing federal political committee.	C 76590	Amount of Each Receipt this Period
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 700.00]
		600.00

F						PAGE	1	68 OF	OF 2			
(0	(check only one)											
	X	11a		11b		11c		12				
		13		14		15		16		17		

	by information copied from such Reports and Stator commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
Α.	Full Name of Individual (Last, First, Middle Initial Pathak, Umesh, , , , Mailing Address 2004 Alexander Drive	al) or Full Org	anization Name	Date of Receipt
				08 13 2018
	City weslaco	State	Zip Code 78596	Transaction ID : SA11AI.44255
	FEC ID number of contributing federal political committee.	C	70000	Amount of Each Receipt this Period 100.00
	Name of Employer (for Individual) selfemployed	Occup	ation (for Individual) ian	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 800.00	
В.	Full Name of Individual (Last, First, Middle Initial Pathak, Umesh, , , Mailing Address 2004 Alexander Drive	Date of Receipt		
	City	09 14 2018		
	weslaco	State TX	Zip Code 78596	Transaction ID : SA11AI.44838 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer (for Individual) selfemployed	Occup physic	ation (for Individual) sian	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 900.00	
С .	Full Name of Individual (Last, First, Middle Initial Pean, Harold, J., Dr.,	al) or Full Orga	anization Name	Date of Receipt
	Mailing Address 700 Brazos			07 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Mission	State TX	Zip Code 78572	Transaction ID : SA11AI.43938 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer (for Individual) Self employed	Occup: physici	ation (for Individual) ian	Memo Item contribution
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 700.00	
H	CUBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number o			300.00

FOR LINE NUMBER:					PAGE	: 1	69 OF	- :	259
(che	ck only	or	ne)						
×	11a		11b		11c		12		
	13		14		15		16		17

	ly information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
Α.	Full Name of Individual (Last, First, Middle Initi Pean, Harold, J., Dr.,	al) or Full Org	ganization Name	Date of Receipt
	Mailing Address 700 Brazos			08 13 2018
	City	State	Zip Code	Transaction ID : SA11AI.44256
	Mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) Self employed	Occup physic	oation (for Individual) cian	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼	
В.	Full Name of Individual (Last, First, Middle Initi Pean, Harold, J., Dr., Mailing Address 700	al) or Full Org	ganization Name	Date of Receipt
	Brazos			09 14 2018
	City	State	Zip Code	Transaction ID : SA11AI.44840
	Mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) Self employed	Occup physi	pation (for Individual) ician	Memo Item contribution
	Receipt For:	Aggregate Y	'ear-to-Date ▼	
	Primary General Other (specify) ▼	4	900.00	
С .	Full Name of Individual (Last, First, Middle Initi Pechero, Guillermo, , Dr.,	al) or Full Org	ganization Name	Date of Receipt
	Mailing Address 2312 La Condesa	0	Tr. O. d.	07 13 2018
	City Edinburg	State TX	Zip Code 78539	Transaction ID : SA11AI.43939 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) self-employed	Occup	oation (for Individual) cian	Memo Item contribution
	Receipt For:	1	'ear-to-Date ▼	
	Primary General Other (specify)		2800.00	
H	UBTOTAL of Receipts This Page (optional)			600.00
I T	OTAL This Period (last page this line number of	nly)		

FOR LINE NUMBER: PAGE 170 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c

259

for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than 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 of Individual (Last, First, Middle Initial) or Full Organization Name Pechero, Guillermo, , Dr., Date of Receipt Mailing Address 2312 La Condesa 13 2018 City Zip Code State Transaction ID: SA11AI.44257 Edinburg TX 78539 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 3200.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Pechero, Guillermo, , Dr., Date of Receipt Mailing Address 2312 La Condesa 09 14 2018 City State Zip Code Transaction ID: SA11AI.44842 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 3600.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Pena, Alberto, , Dr., Date of Receipt Mailing Address 3716 Tigris 13 2018 City Zip Code State Transaction ID: SA11AI.43940 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed doctor Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) 850.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 171 OF Use separate schedule(s) (check only one) **X** 11a 11b 12 11c

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than 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 of Individual (Last, First, Middle Initial) or Full Organization Name Pena, Alberto, , Dr., Date of Receipt Mailing Address 3716 Tigris 13 2018 City Zip Code State Transaction ID: SA11AI.44258 Edinburg TX 78539 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed doctor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Pena, Alberto, , Dr., Date of Receipt Mailing Address 3716 Tigris 09 2018 City State Zip Code Transaction ID: SA11AI.44844 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed doctor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 450.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Pena, Jose, , , Date of Receipt Mailing Address 100 Bluebird 13 2018 City State Zip Code Transaction ID: SA11AI.43941 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2800.00 Other (specify) 500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

se separate schedule(s) r each category of the etailed Summary Page	FOI	FOR LINE NUMBER:					: 1	2	259	
	(che	(check only one)								
	×	11a		11b		11c		12		
		13		14		15		16		17

	and Statements may not be sold or used by any pering the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	RAL PAC	
Full Name of Individual (Last, First, Mid Pena, Jose, , , Mailing Address 100 Bluebird	ddle Initial) or Full Organization Name	Date of Receipt
0.0		08 13 2018
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.44259
	76504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
selfemployed	physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	3200.00	
Full Name of Individual (Last, First, Mica. Pena, Jose, , ,	ddle Initial) or Full Organization Name	Date of Receipt
Mailing Address 100 Bluebird	09 14 2018	
City	State Zip Code	Transaction ID : SA11AI.44846
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	3600.00	
Full Name of Individual (Last, First, Mic	ddle Initial) or Full Organization Name	Date of Receipt
Mailing Address 905 S. Huisache Court		07 13 2018
City	State Zip Code	Transaction ID : SA11AI.43942
pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General		
Other (specify)	2800.00	
SUBTOTAL of Receipts This Page (option	nal)	1200.00
TOTAL This Period (last page this line no	umber only)	1 1 40 1 1 40 1 1 70 1

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

FOR LINE NOMB
(check only one)

F	FOR LINE NUMBER:					PAGE	: 1	73 OF		259	
(0	(check only one)										
	×	11a		11b		11c		12			
		13		14		15		16		17	

	Statements may not be sold or used by any per name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Pena, Juan, , , Mailing Address 905 S. Huisache Court City pharr FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	State Zip Code 78577 C Occupation (for Individual) private investor Aggregate Year-to-Date 3200.00	Date of Receipt 08 13 2018 Transaction ID: SA11AI.44260 Amount of Each Receipt this Period 400.00 Memo Item contribution
Full Name of Individual (Last, First, Middle In Pena, Juan, , , Mailing Address 905 S. Huisache Court City pharr FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify) Full Name of Individual (Last, First, Middle In	State TX Zip Code 78577 C Occupation (for Individual) private investor Aggregate Year-to-Date ▼ 3600.00	Date of Receipt 14 2018 Transaction ID: SA11Al.44848 Amount of Each Receipt this Period 400.00 Memo Item contribution
Pena, Raul, , Dr., Mailing Address 3500 San Clemente City Mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation (for Individual) physician Aggregate Year-to-Date ▼ 875.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	>	925.00
TOTAL This Period (last page this line number	r only)	

FOR LINE NUMBER: PAGE 174 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

259

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than 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 of Individual (Last, First, Middle Initial) or Full Organization Name Pena, Raul, , Dr., Date of Receipt Mailing Address 3500 San Clemente 13 2018 City Zip Code State Transaction ID: SA11AI.44261 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Pena, Raul, , Dr., Date of Receipt Mailing Address 3500 San Clemente 09 14 2018 City State Zip Code Transaction ID: SA11AI.44850 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1125.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Penalo, Pedro, Dr., Date of Receipt Mailing Address 906 S. Bridge 13 2018 City Zip Code State Transaction ID: SA11AI.43944 TX Weslaco 78596 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution Self employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1400.00 Other (specify) 450.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) ITE

FOR LINE NUMBER: PAGE 175 OF 259

EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	`	ck only 11a 13	one) 11b 14	11c		12 16	17
y information copied from such Reports and Statements ma	, , , ,					_		

Any information copied from such Reports and or for commercial purposes, other than using			rson for the purpose of soliciting contributions to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL						
Full Name of Individual (Last, First, Middle Penalo, Pedro, , Dr., Mailing Address 906 S. Bridge	Date of Receipt					
City		Zip Code	08 13 2018 Transaction ID : SA11AI.44262			
Weslaco	TX	78596	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		200.00			
Name of Employer (for Individual) Self employed Receipt For:	physicia		Memo Item contribution			
Primary General Other (specify) ▼	Aggregate Year	r-to-Date ▼ 1600.00				
Full Name of Individual (Last, First, Middle Penalo, Pedro, , Dr., Mailing Address 906 S. Bridge	Initial) or Full Organ	Date of Receipt				
City						
Weslaco	TX	78596	Transaction ID : SA11AI.44852 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		200.00			
Name of Employer (for Individual) Self employed	Occupati physicia	ion (for Individual) n	Memo Item contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year	r-to-Date ▼ 1800.00				
Full Name of Individual (Last, First, Middle C. Pereira, Nicholas, , Dr.,	Initial) or Full Organ	ization Name	Date of Receipt			
Mailing Address 7005 North Cynthia			07 13 2018			
City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.43945 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		100.00			
Name of Employer (for Individual) self-employee	Occupati physiciar	on (for Individual)	Memo Item contribution			
Receipt For: Primary General Other (specify)	Aggregate Year	r-to-Date ▼ 700.00				
SUBTOTAL of Receipts This Page (optional)		>	500.00			
TOTAL This Period (last page this line numb	er only)	>				

FC	R LINE	NUMBER	: PAGI	E 176 OF	259			
(check only one)								
7	1 1a	11b	11c	12				
	13	14	15	16	17			

Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may not be sold or used by an g the name and address of any political comm	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC						
Full Name of Individual (Last, First, Middle Pereira, Nicholas, , Dr., Mailing Address 7005 North Cynthia	Date of Receipt						
	gg						
City	State Zip Code	Transaction ID : SA11AI.44263					
McAllen	TX 78504	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	100.00					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
self-employee	physician	contribution					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00						
Full Name of Individual (Last, First, Middl 3. Pereira, Nicholas, , Dr.,	le Initial) or Full Organization Name	Date of Receipt					
Mailing Address 7005 North Cynthia	- Laure I	09 14 2018					
City	State Zip Code 78504	Transaction ID : SA11AI.44854					
McAllen	TX 78504	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	100.00					
Name of Employer (for Individual) self-employee	Occupation (for Individual) physician	Memo Item contribution					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00						
Full Name of Individual (Last, First, Middle Perez, Florencia, , Dr.,	le Initial) or Full Organization Name	Date of Receipt					
Mailing Address 4600 Victoria		07 13 2018					
City McAllen	State Zip Code 78503	Transaction ID : SA11AI.43947					
McAllen	TX 78503	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	100.00					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item contribution					
selfemployed	point For:						
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 700.00						
	al)	> 300.00					
TOTAL This Period (last page this line nun	nber only)						

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 177 OF (check only one) **X** 11a 11b 11c

259 Use separate schedule(s) ITEMIZED RECEIPTS for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than 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 of Individual (Last, First, Middle Initial) or Full Organization Name Perez, Florencia, , Dr., Date of Receipt Mailing Address 4600 Victoria 13 2018 City Zip Code State Transaction ID: SA11AI.44858 TX McAllen 78503 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Perez, Florencia, , Dr., Date of Receipt Mailing Address 4600 Victoria 09 2018 City State Zip Code Transaction ID: SA11AI.44859 TX McAllen 78503 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 900.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Perez, Francisco, , Dr., Date of Receipt

Mailing Address 4726 S. Jackson 13 2018 City State Zip Code Transaction ID: SA11AI.43948 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employee physician Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) 250.00

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

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

FOR LINE NUMBER:					PAGE	1	78 OF		259	
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

	Statements may not be sold or used by any per he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle I Perez, Francisco, , Dr., Mailing Address 4726 S. Jackson City Edinburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary Other (specify)	State Zip Code 78539 C Occupation (for Individual) physician Aggregate Year-to-Date 400.00	Date of Receipt M M M / D J 2018 Transaction ID: SA11AI.44265 Amount of Each Receipt this Period 50.00 Memo Item contribution
Full Name of Individual (Last, First, Middle In Perez, Francisco, , Dr., Mailing Address 4726 S. Jackson City Edinburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle In Individual)	State Zip Code 78539 C Occupation (for Individual) physician Aggregate Year-to-Date 450.00	Date of Receipt 14 2018 Transaction ID: SA11Al.44861 Amount of Each Receipt this Period 50.00 Memo Item contribution
City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary Other (specify)	State Zip Code 78501 C Occupation (for Individual) physician Aggregate Year-to-Date 2800.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	>	500.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER:						PAGE	1	79 OF	259	
	(check only one)									
		×	11a		11b		11c		12	
			13		14		15		16	17

NAME OF COMMITTEE (in Full)		y information copied from such Reports and St for commercial purposes, other than using the								
A. Pierson, Claudia, , Maling Address 6912 N. Peking City State Zip Code TX 78501 Amount of Each Receipt this Period FEC. ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed. Primary General Other (specify) ▼ State Zip Code TX 78501 Transaction ID: SA11AL43268 Aggregate Year-to-Date ▼ Contribution Primary General Other (specify) ▼ State Zip Code TX 78501 Transaction ID: SA11AL43683 Amount of Each Receipt this Period Memo Item contribution Date of Receipt Memo Item contribution Date of Receipt Memo Item contribution Transaction ID: SA11AL43683 Amount of Each Receipt this Period FEC. ID number of contributing federal political committee. Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Cocupation (for Individual) physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Cocupation (for Individual) Selfemployee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Pope, Bill, , Dr., Maling Address 6600 North 6th Street C. Pope, Bill, , Dr., Maling Address 6600 North 6th Street C. Pope, Bill, or Cocupation (for Individual) Physician FEC ID number of contributing federal political committee. C. Pope, Bill, or Cocupation (for Individual) Physician FEC ID number of contributing federal political committee. C. Pope, Bill, or Cocupation (for Individual) Physician FEC ID number of contributing federal political committee. Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: SA11AL43980 Amount of Each Receipt this Period Appreciation to Sality Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: SA11AL43980 Amount of Each Receipt this Period Appreciation to Sality Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: SA11AL43980 Amount of Each Receipt this Period Appreciation to Sality Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: SA11AL43980 Amount of Each Receipt this Period Appreciation to Sality Aggregate Year-to-Date ▼ Date of Re										
mcallen TX 78501 FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Pierson, Claudia, , Mailing Address 6912 N, Peking Gity mcallen TX 78501 FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Primary General Other (specify) ▼ Full Name of Individual) selfemployed Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Pope, Bill, , Dr., Mailing Address 5600 North 5th Street City McAllen TX 78502 FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Fill Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Pope, Bill, , Dr., Mailing Address 5600 North 5th Street City McAllen TX 78502 FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Primary General Other (specify) General Aggregate Year-to-Date ▼ Primary General Other (specify) General Aggregate Year-to-Date ▼ Primary General Other (specify) General Aggregate Year-to-Date ▼ Primary General Other (specify) Tear-to-Date Tear	Α.	Pierson, Claudia, , ,	M = M / D = D / Y = Y = Y							
Name of Employer (for Individual) selfemployed Receipt For:			Transaction ID : SA11AI.44266							
selfemployed		•	C		400.00					
Other (specify) ▼ Substance of Individual (Last, First, Middle Initial) or Full Organization Name B. Pierson, Claudia, , , Mailing Address 6912 N. Peking City meallen FEC ID number of contributing federal political committee. Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Mailing Address 5600 North 5th Street C. Pope, Bill, , Dr., Mailing Address 5600 North 5th Street City McAllen FEC ID number of contributing federal political committee. Aggregate Year-to-Date ▼ Malling Address 5600 North 5th Street City McAllen Tx 78502 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al.4863 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al.4983 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al.4983 Amount of Each Receipt this Period Date of Receipt Or 13 2018 Transaction ID: SA11Al.49950 Amount of Each Receipt this Period Amount of Each Receipt this Period Memo Item contribution Memo Item contribution Memo Item contribution Substortal of Receipts This Page (optional) Substortal of Receipts This Page (optional)		selfemployed Receipt For:								
B. Pierson, Claudia, , Mailing Address 6912 N. Peking City		Other (specify) ▼								
City meallen TX 78501 FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self-employee G. Pirmary General Other (specify) ▼ State TX 78502 Name of Employer (for Individual) State PEC ID number of contributing federal political committee. Pull Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Pope, Bill., Dr., Mailing Address 5600 North 5th Street City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) Occupation (for Individual) Physician Receipt For: Primary General Occupation (for Individual) Occupation (for Individual) Physician Aggregate Year-to-Date ▼ Substate Pipoyee Receipt For: Primary General Occupation (for Individual) Occupation (for Individual) Physician Aggregate Year-to-Date ▼ Substate Pipoyee Receipt For: Primary General Other (specify) Occupation (for Individual) Physician Aggregate Year-to-Date ▼ Substate Pipoyee Primary General Other (specify) Occupation (for Individual) Physician Aggregate Year-to-Date ▼ Substate Pipoyee Primary General Other (specify) Occupation (for Individual) Physician Primary General Primary General Other (specify) Occupation (for Individual) Physician Primary General Other (specify) Occupation (for Individual) Physician Primary General Pr	В.	Pierson, Claudia, , ,	al) or Full Org	anization Name	M = M / D = D / Y = Y = Y					
FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) Other (specify) State Zip Code TX 78502 FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self-employee Receipt For: Primary General Other (specify) Aggregate Year-to-Date Date of Receipt Transaction ID : SA11AI.43950 Amount of Each Receipt this Period Aggregate Year-to-Date Aggregate Year-to-Date Substitution Aggregate Year-to-Date Agg		•		'	Transaction ID : SA11AI.44863					
selfemployed physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt Tansaction ID: SA11AL43950 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Substortal of Receipts This Page (optional) Substortal of Receipts This Page (optional)		FEC ID number of contributing		78501						
Primary			1							
C. Pope, Bill, , Dr., Mailing Address 5600 North 5th Street City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary Other (specify) Subtotal Aggregate Year-to-Date ▼ Subtotal of Receipt This Page (optional). Date of Receipt Mm M / D D / Y 2018 Transaction ID: SA11AI.43950 Amount of Each Receipt this Period Memo Item contribution		Primary General	Aggregate Ye							
City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify) State Zip Code 78502 Amount of Each Receipt this Period Memo Item contribution Aggregate Year-to-Date ▼ SUBTOTAL of Receipts This Page (optional)	С .		al) or Full Org	anization Name	Date of Receipt					
McAllen TX 78502 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ SUBTOTAL of Receipts This Page (optional) TX 78502 Amount of Each Receipt this Period 400.00 Memo Item contribution										
Name of Employer (for Individual) self-employee Receipt For: Primary Other (specify) SUBTOTAL of Receipts This Page (optional). Aggregate Year-to-Date ▼ 1200.00 Aggregate Year-to-Date ▼ 1200.00										
self-employee physician Receipt For: Primary General Other (specify) SUBTOTAL of Receipts This Page (optional) Aggregate Year-to-Date 2800.00 1200.00		· · · · · · · · · · · · · · · · · · ·	С		400.00					
Primary General Other (specify) SUBTOTAL of Receipts This Page (optional)		self-employee	l .	,						
SUBTOTAL OF Necelpts Trils Fage (optional)		Primary General	Primary General Other (specify) Aggregate real-to-Date 2800.00							
TO THE TAIL THE PARTIE HAVE BEEN HIS THE HUMBER OF THE TAIL THE TA	H				1200.00					

FOR LINE NUMBER:					PAGE	1	80 OF		259	
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC									
Α.	Full Name of Individual (Last, First, Middle Initia Pope, Bill, , Dr., Mailing Address 5600 North 5th Street	Date of Receipt								
	City McAllen	State TX	7 Transaction ID : SA11AI.44267 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		400.00						
	Name of Employer (for Individual) self-employee Receipt For:	Memo Item contribution								
	Primary General Other (specify) ▼									
В.	Full Name of Individual (Last, First, Middle Initia Pope, Bill, , Dr., Mailing Address 5600 North 5th Street	al) or Full Orga	anization Name	Date of Receipt 09 14 2018						
	City McAllen	State	Zip Code 78502	Transaction ID : SA11Al.44865 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		400.00						
	Name of Employer (for Individual) self-employee	Occupa	ation (for Individual) sian	Memo Item contribution						
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 3600.00							
С .	Full Name of Individual (Last, First, Middle Initial Porras, Jessica, , Ms,	al) or Full Orga	anization Name	Date of Receipt						
	Mailing Address 5128 North 10th Street			09 14 2018						
	McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.44867 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		25.00						
	Name of Employer (for Individual) self-employee		ation (for Individual) investor	Memo Item contribution						
	Receipt For: Primary General Other (specify)	905.00								
H	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number o			825.00						

FOR LINE NUMBER:						PAGE	1	81 OF	259	ļ	
	(0	che	ck only	or	ne)						
		X	11a		11b		11c		12		
			13		14		15		16	17	

	Statements may not be sold or used by any pene name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle II Preciado, Sergio, , , Mailing Address 521 E. Bluebird City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 1750.00	Date of Receipt 07
Full Name of Individual (Last, First, Middle II Preciado, Sergio, , , Mailing Address 521 E. Bluebird City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) Full Name of Individual (Last, First, Middle III)	State Zip Code 78504 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt 08 13 2018 Transaction ID: SA11AI.44269 Amount of Each Receipt this Period 250.00 Memo Item contribution
Full Name of Individual (Last, First, Middle In Preciado, Sergio, , , Mailing Address 521 E. Bluebird City	State Zip Code TX 78504 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt 09
SUBTOTAL of Receipts This Page (optional)	>	750.00
TOTAL This Period (last page this line numbe	r only)	

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

FOR LINE NUMBE (check only one)

l FOF	PAGE	: 1	82 OF	•	259			
(check only one)								
×]11a	11b		11c		12		
	13	14		15		16		17

	ly information copied from such Reports and St for commercial purposes, other than using the						
\setminus	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC					
Α.	Full Name of Individual (Last, First, Middle Initi Prieto-Harris, Robert, , Dr.,	ial) or Full Org	anization Name	Date of Receipt			
	Mailing Address 7516 N. 3rd			07 13 2018			
	City	State	Zip Code	Transaction ID : SA11AI.43953			
	McAllen	TX	78504	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.						
	Name of Employer (for Individual)	Occup	ation (for Individual)	Memo Item			
	Self employed	physic	,	contribution			
	Receipt For:	1.,					
	Primary General	Aggregate Ye	ear-to-Date ▼				
	Other (specify) ▼	7	350.00				
В.	Full Name of Individual (Last, First, Middle Initi Prieto-Harris, Robert, , Dr.,	Date of Receipt					
	Mailing Address 7516 N. 3rd	08 13 2018					
	City	State	Zip Code	Transaction ID : SA11AI.44270			
	McAllen	TX	78504	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer (for Individual) Self employed	Occup physic	ation (for Individual) cian	Memo Item contribution			
	Receipt For:	Aggregate Ye	ear-to-Date ▼				
	Primary General Other (specify) ▼		400.00				
	Full Name of Individual (Last, First, Middle Initi Prieto-Harris, Robert, , Dr.,	ial) or Full Org	anization Name	Date of Receipt			
•	Mailing Address 7516 N. 3rd			09 14 2018			
	City	State	Zip Code	Transaction ID : SA11AI.44871			
	McAllen	TX	78504	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer (for Individual)	Occup	ation (for Individual)	Memo Item			
	Self employed	physici	,	contribution			
	Receipt For:	1, 7					
	Primary General						
	Other (specify)						
s	UBTOTAL of Receipts This Page (optional)		<u> </u>	150.00			
Ιт	OTAL This Period (last page this line number of	only)					

FOR LINE NUMBER:					PAGE	1	83 OF		259	
(c	(check only one)									
	X	11a		11b		11c		12		
		13		14		15		16		17

	d Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name of Individual (Last, First, Middle Puenta, Rosalba, E., Ms, Mailing Address 1701 N. Ebony City Pharr FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State Zip Code 78577 C Occupation (for Individual) private investor Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / 2018 Transaction ID : SA11AI.44873 Amount of Each Receipt this Period 25.00 Memo Item contribution
Full Name of Individual (Last, First, Middle Quach, Tin, , Dr., Mailing Address 100 E. Zenaida City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self employed Receipt For: Primary General Other (specify) Self Name of Employer (For Individual)	State Zip Code 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 225.00	Date of Receipt M M M / D D / Y D Y D Y D Y D Y D Y D Y D Y D
Full Name of Individual (Last, First, Middle Quinteros, Maria, , Dr., Mailing Address 702 South 1st Lane City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation (for Individual) physician Aggregate Year-to-Date ▼ 350.00	Date of Receipt 07
SUBTOTAL of Receipts This Page (optional).	>	100.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER:						PAGE	1	84 OF	: :	259
(0	(check only one)									
	X	11a		11b		11c		12		
		13		14		15		16		17

	Statements may not be sold or used by any pers he name and address of any political committee to				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC				
Full Name of Individual (Last, First, Middle Quinteros, Maria, , Dr., Mailing Address 702 South 1st Lane	Initial) or Full Organization Name	Date of Receipt			
		08 13 2018			
City McAllen	State Zip Code TX 78501	Transaction ID : SA11AI.44273			
	70301	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	50.00			
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item			
selfemployed	physician	contribution			
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	400.00				
Full Name of Individual (Last, First, Middle Quinteros, Maria, , Dr.,	Date of Receipt				
Mailing Address 702 South 1st Lane	ling Address 702 South 1st Lane State Zip Code				
City					
McAllen	TX 78501	Transaction ID : SA11AI.44877 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	50.00			
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00				
Full Name of Individual (Last, First, Middle Rafols, Rafael, , Dr.,	Initial) or Full Organization Name	Date of Receipt			
Mailing Address 3113 Capri Court		09 14 2018			
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.44879			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 25.00			
Name of Employer (for Individual) Self employed	Occupation (for Individual) physician	Memo Item contribution			
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify)	225.00				
SUBTOTAL of Receipts This Page (optional).	•	125.00			
TOTAL This Period (last page this line number	er only)				

FOR LINE NUMBER:						PAGE	1	85 OF		259
(0	(check only one)									
	X	11a		11b		11c		12		
		13		14		15		16		17

	nd Statements may not be sold or used by any pe the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name of Individual (Last, First, Middle Ramirez, Ernesto, , Dr.,	Date of Receipt	
Mailing Address P.O.Box 720298		07 13 2018
City	Transaction ID : SA11AI.43958	
McAllen	TX 78502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
self-employee	physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify) ▼	700.00	
	4 4	
Full Name of Individual (Last, First, Middle 3. Ramirez, Ernesto, , Dr.,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address P.O.Box 720298		08 13 2018
City	State Zip Code	Transaction ID : SA11AI.44275
McAllen	TX 78502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) self-employee	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	800.00	
Full Name of Individual (Last, First, Middle C. Ramirez, Ernesto, , Dr.,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address P.O.Box 720298		09 14 2018
City	State Zip Code	Transaction ID : SA11AI.44881
McAllen	TX 78502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) self-employee	Occupation (for Individual) physician	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General		
Other (specify)	900.00	
SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line num	ber only)	

FOR LINE NUMBER: PAGE 186 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c

259

for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than 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 of Individual (Last, First, Middle Initial) or Full Organization Name Ramirez, Samuel, , Dr., Date of Receipt Mailing Address 5201 N. 10th 13 2018 City Zip Code State Transaction ID: SA11AI.43959 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employee physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ramirez, Samuel, , Dr., Date of Receipt Mailing Address 5201 N. 10th 80 13 2018 City State Zip Code Transaction ID: SA11AI.44276 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employee contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 320.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Ramirez, Samuel, , Dr., Date of Receipt Mailing Address 5201 N. 10th 14 2018 City Zip Code State Transaction ID: SA11AI.44883 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employee physician Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER:					PAGE	: 1	87 OF		259
(check only one)									
×	11a		11b		11c		12		
	13		14		15		16		17

	d Statements may not be sold or used by any per the name and address of any political committee					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC					
Full Name of Individual (Last, First, Middle Ramirez, Sergio, , , Mailing Address 1608 Woods Drive City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State Zip Code 78572 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt 07 13 2018 Transaction ID: SA11AI.43961 Amount of Each Receipt this Period 250.00 Memo Item contribution				
Full Name of Individual (Last, First, Middle Ramirez, Sergio, , , Mailing Address 1608 Woods Drive City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) City Mailing Address 1608 Woods Drive City Mission FEC ID number of contributing federal political committee.	State Zip Code 78572 C Occupation (for Individual) physician Aggregate Year-to-Date 2000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Full Name of Individual (Last, First, Middle Ramirez, Sergio, , , Mailing Address 1608 Woods Drive City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State	Date of Receipt M 9				
SUBTOTAL of Receipts This Page (optional).	>	750.00				
TOTAL This Period (last page this line number	er only)					

							1	88 OF		259
(check only one)										
	×	11a		11b		11c		12		
		13		14		15		16		17

				$\overline{}$
			ny person for the purpose of soliciting contributions suittee to solicit contributions from such committee.	
NAME OF COMMITTEE (IN BORDER HEALTH				
Full Name of Individual (Las Ramos, Gustavo, , , Mailing Address 1301 S. Per City mcallen FEC ID number of contributifederal political committee.	State TX	Organization Name Zip Code 78501	Date of Receipt 07 13 2018 Transaction ID : SA11AI.43962 Amount of Each Receipt this Period 400.00	
Name of Employer (for Indiviselfemployed Receipt For: Primary Other (specify) ▼	ph: Aggregate	cupation (for Individual) ysicain e Year-to-Date ▼ 2800.00	Memo Item contribution	
Full Name of Individual (Las Ramos, Keith, , Dr., Mailing Address P.O. Box 44 City McAllen	t, First, Middle Initial) or Full (Date of Receipt M		
FEC ID number of contributifederal political committee. Name of Employer (for Indiviselfemployed Receipt For: Primary Other (specify) ▼	idual) Oc ph Aggregate	cupation (for Individual) sysician e Year-to-Date 350.00	Amount of Each Receipt this Period 50.00 Memo Item contribution	
Full Name of Individual (Las Ramos, Keith, , Dr., Mailing Address P.O. Box 44 City McAllen FEC ID number of contributifederal political committee. Name of Employer (for Indiviselfemployed Receipt For: Primary General Other (specify)	State TX ng C idual) Occ phy Aggregate	Zip Code 78502 cupation (for Individual) ysician e Year-to-Date ▼ 400.00	Date of Receipt 08 13 2018 Transaction ID: SA11AI.44279 Amount of Each Receipt this Period 50.00 Memo Item contribution	
SUBTOTAL of Receipts This I	Page (optional)		> 500.00	=
TOTAL This Period (last page	this line number only)			╝

FOR LINE NUMBER: PAGE 189 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

259

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than 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 of Individual (Last, First, Middle Initial) or Full Organization Name Ramos, Keith, , Dr., Date of Receipt Mailing Address P.O. Box 4412 2018 14 City Zip Code State Transaction ID: SA11AI.44889 TX McAllen 78502 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Rangel, Soraya, , Ms, Date of Receipt Mailing Address 2010 S. Cynthia Ste 110 09 2018 City State Zip Code Transaction ID: SA11AI.44893 TX McAllen 78503 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 225.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Reddy, R.V., , , Date of Receipt Mailing Address 1500 Southland Drive 13 2018 City State Zip Code Transaction ID: SA11AI.43966 TX weslaco 78596 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 875.00 Other (specify) 200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

City

weslaco

selfemployed

FEC ID number of contributing

Name of Employer (for Individual)

federal political committee.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 190 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c Detailed Summary Page 13 14 15

259

12

16

Transaction ID: SA11AI.44895

Memo Item

contribution

Amount of Each Receipt this Period

125.00

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Reddy, R.V.,,, Date of Receipt Mailing Address 1500 Southland Drive 2018 13 City State Zip Code Transaction ID: SA11AI.44282 TX weslaco 78596 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Reddy, R.V., , , Date of Receipt Mailing Address 1500 Southland Drive 09 2018

Zip Code

78596

Occupation (for Individual)

physician

State

TX

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

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

	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 1125.00			
c.	Full Name of Individual (Last, First, Middle Ini Reddy, Vangala, , , Mailing Address 605 Tulip	tial) or Full Orgai	nization Name	Date of Receipt 07 13 2018		
	City mcallen FEC ID number of contributing federal political committee.	State TX	Zip Code 78504	Transaction ID: SA11AI.43967 Amount of Each Receipt this Period 200.00		
	Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	Occupat physicia Aggregate Yea		Memo Item contribution		

450.00

ı	FOF	{ LINE	NOWREK	: PA	GE 191 (JF 259					
	(check only one)										
	×	11a	11b	11c	12						
ı		13	14	15	16	17					

	ny information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions r for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.										
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC									
Α.	Full Name of Individual (Last, First, Middle Initial Reddy, Vangala, , , Mailing Address 605 Tulip	al) or Full Orga	anization Name	Date of Receipt							
	City	State	Zip Code	08 13 2018 Transaction ID : SA11AI.44283							
	mcallen FEC ID number of contributing federal political committee.	С	78504	Amount of Each Receipt this Period							
	Name of Employer (for Individual) selfemployed Receipt For: Primary General	Occupa physici Aggregate Ye		Memo Item contribution							
	Other (specify) ▼	4	1600.00								
В.	Full Name of Individual (Last, First, Middle Initi Reddy, Vangala, , , Mailing Address 605 Tulip	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y									
	City mcallen	Transaction ID : SA11AI.44897									
	FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period 200.00									
	Name of Employer (for Individual) selfemployed	Occupa	ation (for Individual) ian	Memo Item contribution							
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1800.00								
С .	Full Name of Individual (Last, First, Middle Initi Reinoso, Manuel, , Dr.,	al) or Full Orga	anization Name	Date of Receipt							
	Mailing Address 1400 E Ridge suite 7			09 / 14 / 2018							
	McAllen	State TX	Zip Code 78503	Transaction ID : SA11AI.44899 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		25.00							
	Name of Employer (for Individual) self-employee Receipt For:	Occupa physici Aggregate Ye		Memo Item contribution							
	Primary General Other (specify)										
H	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number of			425.00							

ı	FOF	LINE	NOMBER	PAGE	: 1	92 OF	•	259			
	(check only one)										
	×	11a	11b		11c		12				
		13	14		15		16		17		

	ny information copied from such Reports and St for commercial purposes, other than using the							
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC						
Α.	Full Name of Individual (Last, First, Middle Initi Restrepo, William, , , Mailing Address 1117 S. Cynthia	ial) or Full Org	anization Name	Date of Receipt				
	City	State TX	Zip Code 78504	07 13 2018 Transaction ID : SA11AI.43969				
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 400.00				
	Name of Employer (for Individual) selfemployed Receipt For:	physic	ation (for Individual) cian ear-to-Date ▼	Memo Item contribution				
	Primary General Other (specify) ▼							
В.	Full Name of Individual (Last, First, Middle Initi Restrepo, William, , , Mailing Address 1117 S. Cynthia	Date of Receipt						
	City mcallen	State TX	Zip Code 78504	Transaction ID : SA11Al.44285 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	ů .						
	Name of Employer (for Individual) selfemployed Receipt For:	physic		Memo Item contribution				
	Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 3200,00					
С.	Full Name of Individual (Last, First, Middle Initi Restrepo, William, , ,	ial) or Full Org	anization Name	Date of Receipt				
	Mailing Address 1117 S. Cynthia City	State	Zip Code	09 14 2018				
	mcallen	TX	78504	Transaction ID : SA11AI.44901 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		400.00				
	Name of Employer (for Individual) selfemployed Receipt For:	physic	ation (for Individual) ian ear-to-Date ▼	Memo Item contribution				
	Primary General Other (specify)							
s	SUBTOTAL of Receipts This Page (optional)		·····	1200.00				
+	OTAL This Period (last page this line number o	only)						

F							1	93 OF		259	
(0	(check only one)										
	X	11a		11b		11c		12			
		13		14		15		16		17	

	nd Statements may not be sold or used by any per g the name and address of any political committee					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC					
Full Name of Individual (Last, First, Middle Ringheanu, Mihaela, , Dr.,	e Initial) or Full Organization Name	Date of Receipt				
Mailing Address 3214		07 13 2018				
Banyan Circle City	State Zip Code	Transaction ID : SA11AI.43970				
Harlingen	TX 78550	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	125.00				
Name of Employer (for Individual) Self employed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00					
Ringheanu, Mihaela, , Dr.,						
Mailing Address 3214 Banyan Circle City	State Zip Code	08 13 2018				
Harlingen	TX 78550	Transaction ID : SA11AI.44286 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	125.00				
Name of Employer (for Individual) Self employed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00					
Full Name of Individual (Last, First, Middle 2. Ringheanu, Mihaela, , Dr.,	e Initial) or Full Organization Name	Date of Receipt				
Mailing Address 3214 Banyan Circle		09 14 2018				
City Harlingen	State Zip Code TX 78550	Transaction ID : SA11AI.44903				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period				
Name of Employer (for Individual) Self employed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1125.00					
SUBTOTAL of Receipts This Page (optional	l) >	375.00				
TOTAL This Period (last page this line num	ber only)					

F							1	94 OF	2	259
(check only one)										
	×	11a		11b		11c		12		
		13		14		15		16		17

	Statements may not be sold or used by any per the name and address of any political committee				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC				
Full Name of Individual (Last, First, Middle I Rivas, Homero, , , Mailing Address 100 E. Houston City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	Date of Receipt 07				
Rivas, Homero, , , Mailing Address 100 E. Houston City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	Mailing Address 100 E. Houston City State Zip Code TX 78501 FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General State Zip Code TX 78501 C Aggregate Year-to-Date ▼				
Full Name of Individual (Last, First, Middle I Rivas, Homero, , , Mailing Address 100 E. Houston City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501	Date of Receipt 14 2018 Transaction ID: SA11AI.44905 Amount of Each Receipt this Period 250.00 Memo Item contribution			
SUBTOTAL of Receipts This Page (optional)	>	750.00			
TOTAL This Period (last page this line numbe	er only)				

FOR LINE NUMBER: PAGE 195 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

259

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than 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 of Individual (Last, First, Middle Initial) or Full Organization Name Robalino, Benjamin, , , Date of Receipt Mailing Address 1217 S. Cynthia 13 2018 City Zip Code State Transaction ID: SA11AI.43972 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physcian contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1750.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Robalino, Benjamin, , , Date of Receipt Mailing Address 1217 S. Cynthia 13 2018 City State Zip Code Transaction ID: SA11AI.44288 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physcian Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Robalino, Benjamin, , , Date of Receipt Mailing Address 1217 S. Cynthia 14 2018 City State Zip Code Transaction ID: SA11AI.44907 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physcian Receipt For: Aggregate Year-to-Date ▼ Primary General 2250.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

l	FOR	PAGE	1	96 C)F	259				
(check only one)										
	×	11a		11b		11c		12		
l		13		14		15		16		17

	d Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name of Individual (Last, First, Middle Rocha, Martin, , Mr., Mailing Address P.O. Box 662		Date of Receipt 07 13 2018
City Santa Rosa	State Zip Code TX 78593	Transaction ID : SA11AI.43973
FEC ID number of contributing federal political committee.	Occupation (for Individual)	Amount of Each Receipt this Period 50.00
Name of Employer (for Individual)	Memo Item	
selfemployed Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	contribution
Full Name of Individual (Last, First, Middle Rocha, Martin, , Mr., Mailing Address P.O. Box 662	Initial) or Full Organization Name	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.44289
Santa Rosa	TX 78593	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name of Individual (Last, First, Middle	Initial) or Full Organization Name	Date of Receipt
Mailing Address P.O. Box 662		09 14 2018
City Santa Rosa	State Zip Code TX 78593	Transaction ID : SA11AI.44909
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) selfemployed Receipt For:	Occupation (for Individual) private investor	Memo Item contribution
Primary General Other (specify)	Aggregate Year-to-Date ▼ 450.00	
SUBTOTAL of Receipts This Page (optional))	150.00
TOTAL This Period (last page this line numb	per only)	40 1 40 1

ı	FOF	PAGE	: 1	97 OF	•	259			
ı	(check only one)								
	×	11a	11b		11c		12		
		13	14		15		16		17

	Statements may not be sold or used by any penhe name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle I Rodriguez, Ofelia, , Dr., Mailing Address 112 E. Xenops City McAllen FEC ID number of contributing	State Zip Code TX 78504	Date of Receipt 07 13 2018 Transaction ID : SA11Al.43976 Amount of Each Receipt this Period
federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) physician Aggregate Year-to-Date 350.00	Memo Item contribution
Full Name of Individual (Last, First, Middle I Rodriguez, Ofelia, , Dr., Mailing Address 112 E. Xenops City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General	or Full Organization Name State	Date of Receipt 13 2018 Transaction ID: SA11AI.44292 Amount of Each Receipt this Period 50.00 Memo Item contribution
Other (specify) ▼ Full Name of Individual (Last, First, Middle I Rodriguez, Ofelia, , Dr., Mailing Address 112 E. Xenops City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	Aggregate Year-to-Date 400.00 400.00 Augustion Name Zip Code 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 450.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	·····	150.00
TOTAL This Period (last page this line numbe	er only)	

					PAGE	1	98 OF	: :	259	
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

	and Statements may not be sold or used by any per g the name and address of any political committee					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC					
Full Name of Individual (Last, First, Midd Ruiz, Henry, E., Dr., Mailing Address 208 W. Pelician	le Initial) or Full Organization Name	Date of Receipt				
		07 13 2018				
City	State Zip Code	Transaction ID : SA11AI.43979				
Mcallen	TX 78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	150.00				
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00					
Full Name of Individual (Last, First, Midd Ruiz, Henry, E., Dr., Mailing Address 208 W. Pelician	le Initial) or Full Organization Name	Date of Receipt				
Walling Address 208 W. Felician		08 13 2018				
City	State Zip Code	Transaction ID : SA11AI.44295				
Mcallen	TX 78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	150.00				
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00					
Full Name of Individual (Last, First, Midd C. Ruiz, Henry, E., Dr.,	le Initial) or Full Organization Name	Date of Receipt				
Mailing Address 208 W. Pelician		09 14 2018				
City Mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.44924				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period				
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1350.00					
SUBTOTAL of Receipts This Page (optional	al)	450.00				
TOTAL This Period (last page this line num	nber only)					

FC	OR LINE	NUMBER	: PAGE	E 199 OF	259				
(check only one)									
	X 11a	11b	11c	12					
	13	14	15	16	17				

	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.										
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	AC									
Α.	Full Name of Individual (Last, First, Middle Initial Saca, Paulette, , , Mailing Address 109 Condor	ıl) or Full Orga	anization Name	Date of Receipt							
	City	State TX	Zip Code	07 13 2018 Transaction ID : SA11AI.43981							
	mcallen FEC ID number of contributing federal political committee.	C	78504	Amount of Each Receipt this Period 25.00							
	Name of Employer (for Individual) self-employed Receipt For: Primary General	'	ation (for Individual) investor ar-to-Date ▼	Memo Item contribution							
	Other (specify) ▼										
В.	Full Name of Individual (Last, First, Middle Initial Saca, Paulette, , , Mailing Address 109 Condor	Date of Receipt									
	City	08 13 2018 Transaction ID : SA11Al.44297									
	mcallen	TX	78504	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		25.00							
	Name of Employer (for Individual) self-employed		ation (for Individual) investor	Memo Item contribution							
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 425.00								
<u> </u>	Full Name of Individual (Last, First, Middle Initial Saca, Paulette, , ,	ıl) or Full Orga	anization Name	Date of Receipt							
	Mailing Address 109 Condor			09 / 14 2018							
	City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.44928 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		25.00							
	Name of Employer (for Individual) self-employed Receipt For:		ation (for Individual) investor	Memo Item contribution							
	Primary General Other (specify)										
H	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number or			75.00							

					PAGE	2	00 OF	259
(che								
×	11a		11b		11c		12	
	13		14		15		16	17

	y information copied from such Reports and Stat for commercial purposes, other than using the na			
	NAME OF COMMITTEE (IN FUII) BORDER HEALTH FEDERAL PA	AC		
Α.	Primary General Other (specify) ▼	State TX C Occupa physicia Aggregate Yea	Zip Code 78574 tion (for Individual) an ar-to-Date ▼ 2800.00	Date of Receipt 13 2018 Transaction ID: SA11AI.43982 Amount of Each Receipt this Period 400.00 Memo Item contribution
3.	Primary General Other (specify) ▼	State TX C Occupa physici. Aggregate Yea	Zip Code 78574 Ition (for Individual) an ar-to-Date ▼ 3200.00	Date of Receipt 13 2018 Transaction ID: SA11AI.44298 Amount of Each Receipt this Period 400.00 Memo Item contribution
.	Full Name of Individual (Last, First, Middle Initial Saenz, Javier, , , Mailing Address 2308 Monaco Drive City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State TX	Zip Code 78574 tion (for Individual)	Date of Receipt M M M
SI	JBTOTAL of Receipts This Page (optional)		>	1200.00
T	OTAL This Period (last page this line number on	ly)	·····	

FOR LINE NUMBER:					PAGE	2	01 OF	259	
(check only one)									
	X	11a		11b		11c		12	
		13		14		15		16	17

	y information copied from such Reports and St for commercial purposes, other than using the						
\setminus	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC					
Α.	Full Name of Individual (Last, First, Middle Init Saenz, Jessica, , Ms,	ial) or Full Org	anization Name	Date of Receipt			
	Mailing Address 2608 Swallow Ave			09 14 2018			
	City	State	Zip Code	Transaction ID : SA11AI.44932			
	McAllen	TX 78504		Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		25.00			
	Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item			
	selfemployed	investor	contribution				
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 225.00				
В.	Full Name of Individual (Last, First, Middle Init Saenz, JJ, , ,	Date of Receipt					
	Mailing Address 2400 S.E. Augusta Square	07 13 2018					
	City	State	Zip Code	Transaction ID : SA11AI.43984			
	mcallen	TX	78503	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		400.00			
	Name of Employer (for Individual) selfemployed	Occup physic	ation (for Individual) cian	Memo Item contribution			
	Receipt For:	Aggregate Ye	ear-to-Date ▼				
	Primary General Other (specify) ▼	4	2800.00				
_	Full Name of Individual (Last, First, Middle Init	ial) or Full Orga	anization Name				
C.	Saenz, JJ, , ,			Date of Receipt			
	Mailing Address 2400 S.E. Augusta Square			08 13 2018			
	City	State	Zip Code	Transaction ID : SA11AI.44300			
	mcallen	TX	78503	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		400.00			
	Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item			
	selfemployed	physici	ian	contribution			
	Receipt For:						
	Primary General Other (specify)						
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number of		<u> </u>	825.00			

FOR LINE NUMBER: PAGE 202 OF Use separate schedule(s) (check only one) **X** 11a 11b 12 11c

259

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than 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 of Individual (Last, First, Middle Initial) or Full Organization Name Saenz, JJ, , , Date of Receipt Mailing Address 2400 S.E. Augusta Square 2018 14 City Zip Code State Transaction ID: SA11AI.44934 TX mcallen 78503 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 3600.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Safir, Larry, , , Date of Receipt Mailing Address 3300 S. 2nd 2018 suite 10 City State Zip Code Transaction ID: SA11AI.43985 TX mcallen 78503 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2800.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Safir, Larry, , , Date of Receipt Mailing Address 3300 S. 2nd 13 2018 suite 10 City State Zip Code Transaction ID: SA11AI.44301 TX mcallen 78503 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 3200.00 Other (specify) 1200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 - - -

F	FOR LINE NUMBER:					PAGE	PAGE 203 OF			
(0	(check only one)									
	X	11a		11b		11c		12		
		13		14		15		16		17

	nd Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name of Individual (Last, First, Middle Safir, Larry, , , Mailing Address 3300 S. 2nd	e Initial) or Full Organization Name	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
suite 10 City	State Zip Code	
mcallen	TX 78503	Transaction ID : SA11AI.44936
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 400.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
self-employed	private investor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3600.00	
Full Name of Individual (Last, First, Middle Salazar, Juan, , , Mailing Address 801 E Nolana Loop	Date of Receipt	
0.11	7: 0 1	07 13 2018
City	State Zip Code	Transaction ID : SA11AI.43986
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
Full Name of Individual (Last, First, Middle	Initial) or Full Organization Name	Date of Receipt
Mailing Address 801 E Nolana Loop		08 13 2018
City	State Zip Code	Transaction ID : SA11AI.44302
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	2000.00	
SUBTOTAL of Receipts This Page (optional))	900.00
TOTAL This Period (last page this line numb	ber only)	

F	OR	LINE	NU	MBER	:	= :	259			
(check only one)										
	X	11a		11b		11c	12			
		13		14		15	16		17	

	Statements may not be sold or used by any pe he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle I Salazar, Juan, , , Mailing Address 801 E Nolana Loop City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual)	Initial) or Full Organization Name State Zip Code TX 78504 C Occupation (for Individual)	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
selfemployed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 2250.00	contribution
Full Name of Individual (Last, First, Middle I Salcedo, Leonardo, , Dr., Mailing Address 5409 N. 1st Street City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Date of Receipt M
Name of Employer (for Individual) self-employee Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation (for Individual) physician Aggregate Year-to-Date ▼ 350.00	Memo Item contribution
Full Name of Individual (Last, First, Middle I Salcedo, Leonardo, , Dr., Mailing Address 5409 N. 1st Street City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary Other (specify)	Initial) or Full Organization Name State Zip Code 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 400.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	>	350.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c

259 PAGE 205 OF 12 13 14 15 16

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than 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 of Individual (Last, First, Middle Initial) or Full Organization Name Salcedo, Leonardo, , Dr., Date of Receipt Mailing Address 5409 N. 1st Street 2018 14 City Zip Code State Transaction ID: SA11AI.44940 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employee physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Salinas, Mariano, , Dr., Date of Receipt Mailing Address 2203 Red River 07 13 2018 City State Zip Code Transaction ID: SA11AI.43988 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 700.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Salinas, Mariano, , Dr., Date of Receipt Mailing Address 2203 Red River 13 2018 City State Zip Code Transaction ID: SA11AI.44304 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) 250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOR LINE NOMBER: (check only one)

	FOR LINE NUMBER: PAGE 206 OF						259		
(check only one)									
	X	11a		11b		11c	12		
		13		14		15	16		17

	nd Statements may not be sold or used by any pe the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name of Individual (Last, First, Middle Salinas, Mariano, , Dr.,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 2203 Red River		09 14 2018
City	State Zip Code	Transaction ID : SA11AI.44942
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
selfemployed	physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	900.00	
Full Name of Individual (Last, First, Middle Sanchez, Elisa, Garza, ,	 Initial) or Full Organization Name	Date of Receipt
Mailing Address 3509		M = M / D = D / Y = Y = Y
N. Glasscock		07 13 2018
City	State Zip Code	Transaction ID : SA11AI.43989
Mission	TX 78574	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer (for Individual) Self employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	875.00	
Full Name of Individual (Last, First, Middle Sanchez, Elisa, Garza, ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 3509 N. Glasscock		08 13 2018
City	State Zip Code	Transaction ID : SA11AI.44305
Mission	TX 78574	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer (for Individual) Self employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify)	1000.00	
SUBTOTAL of Receipts This Page (optional))	350.00
TOTAL This Period (last page this line number	per only)	1 1 40 1 1 40 1 1 70 7

FOR LINE NUMBER: PAGE 207 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

259

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than 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 of Individual (Last, First, Middle Initial) or Full Organization Name Sanchez, Elisa, Garza,, Date of Receipt Mailing Address 3509 N. Glasscock 14 2018 City Zip Code State Transaction ID: SA11AI.44944 TX Mission 78574 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1125.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Sanchez, Manuel, , , Date of Receipt Mailing Address 2804 Santa Lydia 07 13 2018 City State Zip Code Transaction ID: SA11AI.43990 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 700.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Sanchez, Manuel, , , Date of Receipt Mailing Address 2804 Santa Lydia 13 2018 City State Zip Code Transaction ID: SA11AI.44306 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) 325.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 208 OF							•	259	
(check only one)									
×	11a	11b		11c		12			
	13	14		15		16		17	

	Statements may not be sold or used by any per name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Sanchez, Manuel, , , Mailing Address 2804 Santa Lydia City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual)	State Zip Code TX 78572 Occupation (for Individual)	Date of Receipt 09
selfemployed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 900.00	contribution
Full Name of Individual (Last, First, Middle In Santoy, Elena, , Ms, Mailing Address 416 N. 17th Street City Donna FEC ID number of contributing federal political committee.	State Zip Code TX 78537	Date of Receipt 07 20 2018 Transaction ID : SA11Al.43992 Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) selfemployed Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation (for Individual) physician Aggregate Year-to-Date ▼ 350.00	Memo Item contribution
Full Name of Individual (Last, First, Middle In Santoy, Elena, , Ms, Mailing Address 416 N. 17th Street City Donna FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	or Full Organization Name State Zip Code 78537 C Occupation (for Individual) physician Aggregate Year-to-Date ▼ 400.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	>	200.00
TOTAL This Period (last page this line numbe	r only)	

FOR LINE NUMBER: PAGE 209 OF 259 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than 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 of Individual (Last, First, Middle Initial) or Full Organization Name Santoy, Elena, , Ms, Date of Receipt Mailing Address 416 N. 17th Street 14 2018 City Zip Code State Transaction ID: SA11AI.44950 TX Donna 78537 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Seas, Manuel, , Dr., Date of Receipt Mailing Address 5714 N. 6th Street 07 13 2018 City State Zip Code Transaction ID: SA11AI.43993 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 210.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Seas, Manuel, , Dr., Date of Receipt Mailing Address 5714 N. 6th Street 13 2018 City State Zip Code Transaction ID: SA11AI.44309 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 110.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 210 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c

259

for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than 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 of Individual (Last, First, Middle Initial) or Full Organization Name Seas, Manuel, , Dr., Date of Receipt Mailing Address 5714 N. 6th Street 14 2018 City Zip Code State Transaction ID: SA11AI.44952 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Serna, Samuel, , Dr., Date of Receipt Mailing Address 125 E. Cornell 07 13 2018 City State Zip Code Transaction ID: SA11AI.43995 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employee contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 700.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Serna, Samuel, , Dr., Date of Receipt Mailing Address 125 E. Cornell 13 2018 City State Zip Code Transaction ID: SA11AI.44310 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employee physician Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) 230.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... -

FOR LINE NUMBER: PAGE 211 OF 259 Use se for ea Detaile

ch category of the	eparate schedule(s)	(check only	one)			
ed Summary Page	ed Summary Page	X 11a	11b	11c	12	
13 14 15 16 17	,	13	14	15	16	17

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may r	not be sold or used by any peess of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Full Name of Individual (Last, First, Middle II Serna, Samuel, , Dr., Mailing Address 125 E. Cornell	nitial) or Full Orga	nization Name	Date of Receipt
			09 14 2018
City	State	Zip Code	Transaction ID : SA11AI.44954
McAllen	TX	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual)	Occupa	tion (for Individual)	Memo Item
self-employee	physicia	an	contribution
Receipt For: Primary General	Aggregate Yea		1
Other (specify) ▼		900.00	
Full Name of Individual (Last, First, Middle II Shan, Pankajkumar, , Dr.,	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 2300 Solera Drive		Tip Code	07 13 7 2018
City Mission	State TX	Zip Code 78572	Transaction ID : SA11AI.43996 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual) Self employed	Occupa physicia	ation (for Individual) an	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 350.00	
Full Name of Individual (Last, First, Middle II	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 2300 Solera Drive			08 13 2018
City Mission	State TX	Zip Code 78572	Transaction ID : SA11AI.44311
		1	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual)		tion (for Individual)	Memo Item contribution
Self employed Receipt For:	physicia		
Primary General	Aggregate Yea		1
Other (specify)		400.00	
SUBTOTAL of Receipts This Page (optional)		_	200.00
TOTAL This Period (last page this line number	r only)		

FOR LINE NUMBER:						PAGE	: 2	12 OF	- 4	259
(0	(check only one)									
Ì		1 1		i		l I		١		
	×	11a		11b		11c		12		
		13		14		15		16		17

Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	g the name and address of any political committ	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
Full Name of Individual (Last, First, Middle Shan, Pankajkumar, , Dr., Mailing Address 2300 Solera Drive City Mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self employed Receipt For: Primary General		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ Full Name of Individual (Last, First, Middl B. Shuaib, Tawhid, , , Mailing Address 4000 Burns Drive City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed	State Zip Code TX 78503 C Occupation (for Individual) physician	Date of Receipt 07 13 2018 Transaction ID: SA11AI.43997 Amount of Each Receipt this Period 400.00 Memo Item contribution
Receipt For: Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Shuaib, Tawhid, , , Mailing Address 4000 Burns Drive City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual)	Aggregate Year-to-Date ▼ 2800.00 e Initial) or Full Organization Name State Zip Code TX 78503 C	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
selfemployed Receipt For: Primary General Other (specify)	physician Aggregate Year-to-Date ▼ 3200.00	contribution 850.00

					PAGE 213 OF				259	
(0	(check only one)									
	X	11a		11b		11c		12		
		13		14		15		16		17

	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC								
Α.	Full Name of Individual (Last, First, Middle Initial Shuaib, Tawhid, , , Mailing Address 4000 Burns Drive	Date of Receipt							
	City	State	Zip Code	09 14 2018 Transaction ID : SA11AI.44958					
	mcallen FEC ID number of contributing federal political committee.	C	78503	Amount of Each Receipt this Period 400.00					
	Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	Occup physic Aggregate Ye	Memo Item contribution						
В.	Full Name of Individual (Last, First, Middle Initi Siberman, Herschel, , Dr., Mailing Address 609 Tulip	Date of Receipt 07 13 2018							
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.43998 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		50.00					
	Name of Employer (for Individual) selfemployed	Occup physic	ation (for Individual) cian	Memo Item contribution					
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 350.00						
С .	Full Name of Individual (Last, First, Middle Initi Siberman, Herschel, , Dr.,	Date of Receipt							
	Mailing Address 609 Tulip	08 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
	McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.44313 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		50.00					
	Name of Employer (for Individual) selfemployed Receipt For:	physic		Memo Item contribution					
	Primary General Other (specify)	Primary General							
H	SUBTOTAL of Receipts This Page (optional)		<u>^</u>	500.00					

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

FOR LINE NUMBER: (check only one)

-	OH	LINE	NU	MRFK	:	PAGE 214 OF 259							
(0	che	ck only	or	ne)									
	X	11a		11b		11c		12					
		13		14		15		16		17			

	d Statements may not be sold or used by any per the name and address of any political committee					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	L PAC					
Full Name of Individual (Last, First, Middle Siberman, Herschel, , Dr., Mailing Address 609 Tulip City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code CAllen TX 78504 CC ID number of contributing Deral political committee. C ID number of contributing Deral political committee. C ID number of contributing Deral political committee. Aggregate Year-to-Date Aggregate Year-to-Date					
Full Name of Individual (Last, First, Middle Slavin, Dennis, , , Mailing Address 1501 S. Oklahoma City weslaco FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78596 C Occupation (for Individual) physician Aggregate Year-to-Date ▼ 700.00	Date of Receipt O7 13 2018 Transaction ID: SA11Al.44000 Amount of Each Receipt this Period 100.00 Memo Item contribution				
Full Name of Individual (Last, First, Middle Slavin, Dennis, , , Mailing Address 1501 S. Oklahoma City weslaco FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78596 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt Max				
SUBTOTAL of Receipts This Page (optional)	>	250.00				
TOTAL This Period (last page this line numb	per only)					

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

FOR LINE NUMBER: PAGE 215 OF (check only one) **X** 11a 11b 11c

259 Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than 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 of Individual (Last, First, Middle Initial) or Full Organization Name Slavin, Dennis, , , Date of Receipt Mailing Address 1501 S. Oklahoma 2018 14 City Zip Code State Transaction ID: SA11AI.44964 TX weslaco 78596 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Solis, Hilda, , , Date of Receipt Mailing Address P.O.Box 3302 09 2018 City State Zip Code Transaction ID: SA11AI.44966 TX McAllen 78502 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 225.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Solis, Joel, , , Date of Receipt Mailing Address 405 E. Avocet 13 2018 City Zip Code State Transaction ID: SA11AI.44002 TX Mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1050.00 Other (specify) 275.00 SUBTOTAL of Receipts This Page (optional).....

7

FOR LINE NUMBER:						PAGE	2	16 OF	: :	259	
(check only one)											
		X	11a		11b		11c		12		
			13		14		15		16		17

	Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name of Individual (Last, First, Middle Solis, Joel, , , Mailing Address 405 E. Avocet City Mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State Zip Code 78501 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt M M M
Full Name of Individual (Last, First, Middle Solis, Joel, , , Mailing Address 405 E. Avocet City Mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	State Zip Code 78501 C Occupation (for Individual) physician Aggregate Year-to-Date 1350.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name of Individual (Last, First, Middle Soto, Hector, , Dr., Mailing Address 101 South Greenbriar City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State	Date of Receipt M 7 13 2018 Transaction ID : SA11AI.44003 Amount of Each Receipt this Period 250.00 Memo Item contribution
SUBTOTAL of Receipts This Page (optional).	>	550.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: F (check only one)						PAGE	2	17 OF	: :	259	
	(0	che	ck only	or	ne)						
		X	11a		11b		11c		12		
			13		14		15		16		17

Any information copied from such Reports an	d Statements may not be sold or used by any per-	son for the purpose of soliciting contributions				
or for commercial purposes, other than using	the name and address of any political committee to					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC					
Full Name of Individual (Last, First, Middle Soto, Hector, , Dr., Mailing Address 101 South Greenbriar	Initial) or Full Organization Name	Date of Receipt				
City	State Zip Code	08 13 2018				
McAllen	TX 78502	Transaction ID : SA11AI.44319 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
self-employee Receipt For:	physician	contribution				
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00					
Full Name of Individual (Last, First, Middle Soto, Hector, , Dr.,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 101 South Greenbriar		09 14 2018				
City	State Zip Code	Transaction ID : SA11AL44970				
McAllen	TX 78502	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer (for Individual) self-employee	Occupation (for Individual) physician	Memo Item contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00					
Full Name of Individual (Last, First, Middle S. Sreenivas, Nanjappa, , Dr.,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 2610 Emerald Lake Drive		09 / 14 2018				
City Harlingen	State Zip Code TX 78550	Transaction ID : SA11AI.44972				
FEC ID number of contributing		Amount of Each Receipt this Period				
federal political committee.		25.00				
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For:	Aggregate Year-to-Date ▼					
Other (specify)	Primary General Other (specify)					
SUBTOTAL of Receipts This Page (optional)) >	525.00				
TOTAL This Period (last page this line numb	per only)					

FOR LINE NUMBER: PAGE 218 OF Use separate schedule(s) for each category of the Detailed Summary Page

(0	che	ck only	or	ne)				
	X	11a		11b		11c	12	
		13		14		15	16	17

	y information copied from such Reports and Stat for commercial purposes, other than using the na							
\rangle	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	/C						
١.	Full Name of Individual (Last, First, Middle Initial Sustaita, Raul, , Mr.,) or Full Orga	nization Name	Date of Receipt				
	Mailing Address 1602 Scobey			09 14 2018				
	City	State	Zip Code	Transaction ID : SA11AI.44974				
	Donna	TX	78537	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		25.00				
	Name of Employer (for Individual)	Occupa	tion (for Individual)	Memo Item				
	selfemployed	private	investor	contribution				
	Descint Form	Aggregate Yea	ar-to-Date ▼					
	Primary General	Aggregate ret	ar to Bate 1					
	Other (specify) ▼							
3.	Full Name of Individual (Last, First, Middle Initial Swarup, Jyothi, , Dr.,) or Full Orga	nization Name	Date of Receipt				
	Mailing Address 8109 N. 1st Street	M = M / D = D / Y = Y = Y						
				07 13 2018				
	City	State	Zip Code	Transaction ID : SA11AI.44006				
	McAllen	TX	78504	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		100.00				
	Name of Employer (for Individual) selfemployed	Occupa physici	ation (for Individual) an	Memo Item contribution				
		Aggregate Yea	ar-to-Date ▼					
	Primary General Other (specify) ▼	700.00						
	Full Name of Individual (Last, First, Middle Initial Swarup, Jyothi, , Dr.,) or Full Orga	nization Name	Date of Receipt				
	Mailing Address 8109 N. 1st Street			08 13 2018				
	City	State	Zip Code	Transaction ID : SA11AI.44322				
	McAllen	TX	78504	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		100.00				
	Name of Employer (for Individual)	Occupa	tion (for Individual)	Memo Item				
	selfemployed	an	contribution					
	Receipt For:	Aggregate Yea						
	Primary General							
	Other (specify)	4	800.00					
s	UBTOTAL of Receipts This Page (optional)			225.00				
Т	OTAL This Period (last page this line number on	ly)						

FOR LINE NUMBER: PAGE 219 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

259

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than 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 of Individual (Last, First, Middle Initial) or Full Organization Name Swarup, Jyothi, , Dr., Date of Receipt Mailing Address 8109 N. 1st Street 14 2018 City Zip Code State Transaction ID: SA11AI.44976 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Sy, Wilson, , Dr., Date of Receipt Mailing Address 6724 N.Cynthia 09 14 2018 City State Zip Code Transaction ID: SA11AI.44978 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 225.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Tehran, Norma, , Ms, Date of Receipt Mailing Address 1616 Oaks Road 14 2018 City State Zip Code Transaction ID: SA11AI.44980 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOF	PAGE	2	20 OF		259				
(check only one)									
×	11a		11b		11c		12		
	13		14		15		16		17

	Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name of Individual (Last, First, Middle Tey, Alejandro, , , Mailing Address 3012 Laurie Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self employed Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State Zip Code 78539 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt 07 13 2018 Transaction ID: SA11AI.44009 Amount of Each Receipt this Period 250.00 Memo Item contribution
Full Name of Individual (Last, First, Middle Tey, Alejandro, , , Mailing Address 3012 Laurie Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self employed Receipt For: Primary General Other (specify)	State Zip Code 78539 C Occupation (for Individual) physician Aggregate Year-to-Date 2000.00	Date of Receipt 08 13 2018 Transaction ID: SA11Al.44325 Amount of Each Receipt this Period 250.00 Memo Item contribution
Full Name of Individual (Last, First, Middle Tey, Alejandro, , , Mailing Address 3012 Laurie Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self employed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation (for Individual) physician Aggregate Year-to-Date 2250.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional).	>	750.00
TOTAL This Period (last page this line number	er only)	

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

FOR LINE NUMBER: (check only one)

FOR LINE NUMBER:					PAGE	2	21 O	F	259	
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC						
Α.	Full Name of Individual (Last, First, Middle Initia Tiu, Jimmy, , Dr., Mailing Address 7700 N. Cynthia	al) or Full Orga	anization Name	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID : SA11AI.44986				
	McAllen FEC ID number of contributing federal political committee.	C	78504	Amount of Each Receipt this Period				
	Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	Memo Item contribution						
В.	Full Name of Individual (Last, First, Middle Initia Trejo, Jose, , , Mailing Address 112 S. Broadway	Date of Receipt						
	City	State	Zip Code 78501	07 13 2018 Transaction ID : SA11AI.44012				
	mcallen FEC ID number of contributing federal political committee.	C	76301	Amount of Each Receipt this Period 250.00				
	Name of Employer (for Individual) self-employed		ation (for Individual)	Memo Item contribution				
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1750,00					
С .	Full Name of Individual (Last, First, Middle Initia	al) or Full Orga	anization Name	Date of Receipt				
	Mailing Address 112 S. Broadway	10		08 13 2018				
	City mcallen	State TX	Zip Code 78501	Transaction ID : SA11AI.44328 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)		ation (for Individual) investor ear-to-Date ▼	Memo Item contribution				
H	SUBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number of		>	525.00				

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

FOR LINE NUMBER: (check only one)

FOR LINE NUMBER:					PAGE	2	22 OF		259	
(0	(check only one)									
	X	11a		11b		11c		12		
		13		14		15		16		17

				on for the purpose of soliciting contributions o solicit contributions from such committee.			
\	OMMITTEE (In Full) R HEALTH FEDERAL PA	/C					
Trejo, Jose	Individual (Last, First, Middle Initia s, , , ess 112 S. Broadway	l) or Full Orga	nization Name	Date of Receipt			
City		Ctoto	Zip Code	09 14 2018			
City mcallen		State TX	78501	Transaction ID : SA11AI.44988			
FEC ID numb	per of contributing al committee.	С		Amount of Each Receipt this Period 250.00			
Name of Emp self-employed Receipt For:			tion (for Individual) investor ar-to-Date ▼	Memo Item contribution			
Other (s	specify) ▼ Individual (Last, First, Middle Initia						
3. Turlapati,	Krishna, , Dr.,	The state of the s	Date of Receipt 07 13 2018				
City		State	Zip Code	Transaction ID : SA11AI.44013			
McAllen		TX	78504	Amount of Each Receipt this Period			
FEC ID numb federal politica	per of contributing al committee.	С		100.00			
selfemployed .	oloyer (for Individual)	Occupa physici	tion (for Individual) an	Memo Item contribution			
Receipt For: Primary Other (s		Aggregate Yea	ar-to-Date ▼ 700.00				
c. Turlapati,	Individual (Last, First, Middle Initial, Krishna, , Dr.,	l) or Full Orga	nization Name	Date of Receipt			
	9123 1st Street	Ctata	Tip Code	08 13 2018			
City McAllen		State TX	Zip Code 78504	Transaction ID : SA11AI.44329 Amount of Each Receipt this Period			
FEC ID numb	per of contributing al committee.	C		100.00			
selfemployed	oloyer (for Individual)	Occupa physicia	tion (for Individual) an	Memo Item contribution			
Receipt For: Primary Other (s	General	Aggregate Yea	ar-to-Date ▼ 800.00				
SUBTOTAL of	Receipts This Page (optional)		>	450.00			
TOTAL This Pe	eriod (last page this line number on	ly)					

FOR LINE NUMBER: PAGE 223 OF (check only one) **X** 11a 11b 11c

259 Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than 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 of Individual (Last, First, Middle Initial) or Full Organization Name Turlapati, Krishna, , Dr., Date of Receipt Mailing Address 9123 1st Street 2018 14 City Zip Code State Transaction ID: SA11AI.44990 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Turley, Susan, , , Date of Receipt Mailing Address 312 Thunderbird 2018 City State Zip Code Transaction ID: SA11AI.44014 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1750.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Turley, Susan, , , Date of Receipt Mailing Address 312 Thunderbird 13 2018 City State Zip Code Transaction ID: SA11AI.44330 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) 600.00

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

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

7

FOF	R LINE	NUMBER	:	PAGE	: 2	24 OF	 259	
(che	ck only	one)						
×	11a	11b		11c		12		
	13	14		15		16	17	

		any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC						
Full Name of Individual (Last, First, Middle Turley, Susan, , , Mailing Address 312 Thunderbird	Initial) or Full Organization Name	Date of Receipt					
		09 14 2018					
City	State Zip Code	Transaction ID : SA11AI.44992					
mcallen	TX 78504	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For: Primary General Other (specify) ▼	00						
Full Name of Individual (Last, First, Middle Twahirwa, Marcel, , , Mailing Address 2403 El Encino Drive							
City	State Zip Code 78572	Transaction ID : SA11AI.44015					
mission	TX 78572	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	00					
Full Name of Individual (Last, First, Middle	Initial) or Full Organization Name	Date of Receipt					
Mailing Address 2403 El Encino Drive		08 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.44331 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2000.	00					
SUBTOTAL of Receipts This Page (optional)		750.00					
TOTAL This Period (last page this line numb	per only)						

	FOR LINE NUMBER:					PAGE	2	25 OF	 259	
(check only one)										
		X	11a		11b		11c		12	
			13		14		15		16	17

	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC							
Α.	Full Name of Individual (Last, First, Middle Initial Twahirwa, Marcel, , , Mailing Address 2403 El Encino Drive	al) or Full Org	anization Name	Date of Receipt 09 14 2018					
	City mission	State TX	Zip Code 78572	Transaction ID : SA11AI.44994 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		250.00					
	Name of Employer (for Individual) selfemployed Receipt For:	Memo Item contribution							
	Primary General Other (specify) ▼								
В.	Full Name of Individual (Last, First, Middle Initial Uribe, Lourdes, , , Mailing Address 801 E. Nolana	Date of Receipt 07 13 2018							
	City McAllen	Transaction ID : SA11AI.44016							
	FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period 50.00							
	Name of Employer (for Individual) Self employed	Occup	oation (for Individual) cian	Memo Item contribution					
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 350.00						
С .	Full Name of Individual (Last, First, Middle Initial Uribe, Lourdes, , ,	al) or Full Org	anization Name	Date of Receipt					
	Mailing Address 801 E. Nolana			08 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.44332 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		50.00					
	Name of Employer (for Individual) Self employed Receipt For:	physic		Memo Item contribution					
	Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 400.00						
s	UBTOTAL of Receipts This Page (optional)		>	350.00					
	OTAL This Period (last page this line number o								

259 FOR LINE NUMBER: PAGE 226 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than 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 of Individual (Last, First, Middle Initial) or Full Organization Name Uribe, Lourdes, , , Date of Receipt Mailing Address 801 E. Nolana 2018 14 City Zip Code State Transaction ID: SA11AI.44996 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Valladares, Theresa, , Dr., Date of Receipt Mailing Address 2302 Red River Drive 07 13 2018 City State Zip Code Transaction ID: SA11AI.44017 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 700.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Valladares, Theresa, , Dr., Date of Receipt Mailing Address 2302 Red River Drive 13 2018 City State Zip Code Transaction ID: SA11AI.44333 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) 250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... -

					PAGE	2	27 OF	=	259	
(0	(check only one)									
	X	11a		11b		11c		12		
		13		14		15		16		17

	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC							
Α.	Full Name of Individual (Last, First, Middle Initial Valladares, Theresa, , Dr., Mailing Address 2302 Red River Drive	al) or Full Orga	anization Name	Date of Receipt					
	City	State	Zip Code	09 14 2018 Transaction ID : SA11AI.44998					
	Mission	TX	78572	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.		100.00						
	Name of Employer (for Individual) selfemployed	Occupa physic	ation (for Individual) ian	Memo Item contribution					
	Receipt For: Primary General Other (specify) ▼								
В.	Full Name of Individual (Last, First, Middle Initial Vasquez, Jose, , , Mailing Address 2548 Palm Circle	Date of Receipt							
		07 13 2018							
	City	State	Zip Code 78582	Transaction ID : SA11AI.44018					
	rio grande city FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period 250.00							
	Name of Employer (for Individual) selfemployed	Occupa physic	ation (for Individual)	Memo Item contribution					
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1750.00						
С .	Full Name of Individual (Last, First, Middle Initial Vasquez, Jose, , ,	Date of Receipt							
	Mailing Address 2548 Palm Circle			08 / 13 / 2018					
	City rio grande city	State TX	Zip Code 78582	Transaction ID : SA11AI.44334 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		250.00					
	Name of Employer (for Individual) selfemployed	Occupa physici	ation (for Individual) an	Memo Item contribution					
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 2000.00						
H	SUBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number of		<u> </u>	600.00					

Use separate schedule(s) for each category of the Detailed Summary Page (check only 11a)

FOR LINE NUMBER:					PAGE	2	28 OF	: :	259	
(c	(check only one)									
	X	11a		11b		11c		12		
		13		14		15		16		17

	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P.	AC							
Α.	Mailing Address 2548 Palm Circle			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City	State TX	Zip Code	Transaction ID : SA11AI.45000					
	rio grande city FEC ID number of contributing federal political committee.	С	78582	Amount of Each Receipt this Period 250.00					
	Name of Employer (for Individual)	ation (for Individual) ian	Memo Item						
	selfemployed Receipt For: Primary General Other (specify) ▼	contribution							
В.	Full Name of Individual (Last, First, Middle Initia Veeramachaneni, Ravindra, , Dr., Mailing Address 4404 Santa Fabiola	Date of Receipt							
	Mailing Address 4404 Santa Fabiola	09 14 2018							
	City	State	Zip Code	Transaction ID : SA11AI.45002					
	Mission	TX	78572	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	25.00							
	Name of Employer (for Individual) selfemployed	Occup physic	ation (for Individual) zian	Memo Item contribution					
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 225,00						
С .	Full Name of Individual (Last, First, Middle Initial Vela, Efraim, , Dr.,	al) or Full Org	anization Name	Date of Receipt					
	Mailing Address 100 E. Ridge Road #B			07 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City McAllen	State TX	Zip Code 78503	Transaction ID : SA11AI.44021 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		250.00					
	Name of Employer (for Individual) selfemployed	Occup	ation (for Individual) ian	Memo Item contribution					
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 1750.00						
H	SUBTOTAL of Receipts This Page (optional)			525.00					

FOR LINE NUMBER: PAGE 229 OF 259 Use separate schedule(s) for each category of the Detailed Summary Page

ı					FAGL	 29 01	•	200	
	(che	ck only	or	ie)					
	X	11a		11b		11c	12		
		13		14		15	16		17

Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used be the name and address of any political co	by any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name of Individual (Last, First, Middle Vela, Efraim, , Dr., Mailing Address 100 E. Ridge Road #B	Initial) or Full Organization Name	Date of Receipt
Mailing Address TOU E. Ridge Road #B		08 13 2018
City	State Zip Code	Transaction ID : SA11AI.44337
McAllen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name of Individual (Last, First, Middle Vela, Efraim, , Dr., Mailing Address 100 E. Ridge Road #B	Date of Receipt	
	09 14 2018	
City	State Zip Code	Transaction ID : SA11AI.45006
McAllen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2250	0.00
Full Name of Individual (Last, First, Middle Verdoreen, Ramiro, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 301 E. Newport		07 13 2018
City mcallen	State Zip Code 78501	Transaction ID : SA11AI.44024 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	0.00
SUBTOTAL of Receipts This Page (optional)		700.00
TOTAL This Period (last page this line numb	per only)	

FOR LINE NUMBER:					PAGE	2	30 OF	259	
(c	(check only one)								
	×	11a		11b		11c		12	
		13		14		15		16	17

Any information copied from such Reports and	Statements may not be sold or used by any per-	son for the purpose of soliciting contributions				
	e name and address of any political committee t					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC					
Full Name of Individual (Last, First, Middle In Verdoreen, Ramiro, , ,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 301 E. Newport		08 13 2018				
City	State Zip Code	Transaction ID : SA11AI.44340				
mcallen	TX 78501	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	200.00					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
selfemployed	physician	contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00					
Full Name of Individual (Last, First, Middle In Verdoreen, Ramiro, , ,	iitial) or Full Organization Name	Date of Receipt				
Mailing Address 301 E. Newport	Mailing Address 301 E. Newport					
City	State Zip Code	Transaction ID : SA11AI.45013				
mcallen	TX 78501	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	ů l					
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00					
Full Name of Individual (Last, First, Middle In Villalta, Carlos, , ,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address P. O. Box 1632		07 13 2018				
City	State Zip Code	Transaction ID : SA11AI.44026				
mission	TX 78573	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	125.00				
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify)	875.00					
SUBTOTAL of Receipts This Page (optional)	····	525.00				
TOTAL This Period (last page this line number	only)					

FOR LINE NUMBER: PAGE 231 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c

259

for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than 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 of Individual (Last, First, Middle Initial) or Full Organization Name Villalta, Carlos, , , Date of Receipt Mailing Address P. O. Box 1632 13 2018 City Zip Code State Transaction ID: SA11AI.44342 TX mission 78573 Amount of Each Receipt this Period FEC ID number of contributing C 90.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 965.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Villalta, Carlos, , , Date of Receipt Mailing Address P. O. Box 1632 09 2018 City State Zip Code Transaction ID: SA11AI.45017 TX mission 78573 Amount of Each Receipt this Period FEC ID number of contributing 90.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1055.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Villanueva, Rita, , , Date of Receipt Mailing Address 801 E. Nolana 13 2018 Suite 4 City State Zip Code Transaction ID: SA11AI.44027 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) 230.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

7

FO	PAGE	2	32 OF	25	59			
(check only one)								
×	11a	11b		11c		12		
	13	14		15		16	□ 1	7

	information copied from such Reports and State or commercial purposes, other than using the n		
	IAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	AC	
۱	full Name of Individual (Last, First, Middle Initia Villanueva, Rita, , , Mailing Address 801 E. Nolana	I) or Full Organization Name	Date of Receipt
-	Suite 4		08 13 2018
	City	State Zip Code	Transaction ID : SA11AI.44343
r	mcallen	TX 78504	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C	50.00
N	lame of Employer (for Individual)	Occupation (for Individual)	Memo Item
s	elfemployed	physician	contribution
F	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	Aggregate real-to-bate v	
	Other (specify) ▼	400.00	
3	ull Name of Individual (Last, First, Middle Initia Villanueva, Rita, , ,	I) or Full Organization Name	Date of Receipt
N	Mailing Address 801 E. Nolana		M = M / D = D / Y = Y = Y
_	Suite 4	Otata Zin Cada	09 14 2018
	City	State Zip Code	Transaction ID : SA11AI.45019
<u>_</u>	ncallen	TX 78504	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C	50.00
	Name of Employer (for Individual) elfemployed	Occupation (for Individual) physician	Memo Item contribution
F	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
	full Name of Individual (Last, First, Middle Initia Villarreal, Carlos, , ,	I) or Full Organization Name	Date of Receipt
N	Mailing Address 24275 FM 490		09 14 2018
	City	State Zip Code	Transaction ID : SA11AI.45021
_	edinburg	TX 78541	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C	25.00
s	lame of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
F	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify)	225.00	
SU	BTOTAL of Receipts This Page (optional)		125.00
то	TAL This Period (last page this line number on	ily)	

						PAGE	2	33 OF	: :	259
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

	nd Statements may not be sold or used by any peg the name and address of any political committee					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC					
Villarreal, Victor, , ,						
Mailing Address 901 W. Moore		07 13 2018				
City	State Zip Code	Transaction ID : SA11AI.44029				
pharr	TX 78577	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	90.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
selfemployed	physician	contribution				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	630.00					
Full Name of Individual (Last, First, Middle Villarreal, Victor, , ,	e Initial) or Full Organization Name	Date of Receipt				
Mailing Address 901 W. Moore	Mailing Address 901 W. Moore					
City	State Zip Code	Transaction ID : SA11AI.44345				
pharr	TX 78577	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	ů					
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	720.00					
Full Name of Individual (Last, First, Middle Villarreal, Victor, , ,	e Initial) or Full Organization Name	Date of Receipt				
Mailing Address 901 W. Moore		09 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City pharr	State Zip Code 78577	Transaction ID : SA11AI.45023 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	90.00				
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For:	Aggregate Year-to-Date ▼	7				
Primary General Other (specify)	810.00					
SUBTOTAL of Receipts This Page (optional	l) >	270.00				
TOTAL This Period (last page this line num	ber only)					

FOF	PAGE	2	34 OF	259				
(check only one)								
×	11a		11b		11c		12	
	13		14		15		16	17

		person for the purpose of soliciting contributions tee to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC			
Full Name of Individual (Last, First, Middle Viswamitra, Saroja, , ,	Initial) or Full Organization Name	Date of Receipt		
Mailing Address 101 Condor		07 13 2018		
City	State Zip Code	Transaction ID : SA11AI.44030		
mcallen	mcallen TX 78504			
FEC ID number of contributing federal political committee.	C	400.00		
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2800.00			
Full Name of Individual (Last, First, Middle Viswamitra, Saroja, , , Mailing Address 101 Condor	Initial) or Full Organization Name	Date of Receipt		
	7.0.1	08 13 2018		
City mcallen	State Zip Code 78504	Transaction ID : SA11AI.44346		
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 400.00		
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3200.00			
Full Name of Individual (Last, First, Middle	Initial) or Full Organization Name	Date of Receipt		
Mailing Address 101 Condor		09		
City mcallen	State Zip Code 78504	Transaction ID : SA11AI.45025 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	400.00		
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution		
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 3600.00			
SUBTOTAL of Receipts This Page (optional))	1200.00		
TOTAL This Period (last page this line numb	per only)			

FOR LINE NUMBER: PAGE 235 OF							259				
	(check only one)										
	×	11c		12							
		13	14		15		16		17		

	Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name of Individual (Last, First, Middle Vitko, Roger, , , Mailing Address 1017 south 1st City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State Zip Code TX 78502 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt 07 13 2018 Transaction ID : SA11AI.44031 Amount of Each Receipt this Period 400.00 Memo Item contribution
Full Name of Individual (Last, First, Middle Vitko, Roger, , , Mailing Address 1017 south 1st City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify) Other (specify)	State Zip Code 78502 C Occupation (for Individual) physician Aggregate Year-to-Date 3200.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name of Individual (Last, First, Middle Vitko, Roger, , , Mailing Address 1017 south 1st City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State Zip Code 78502 C Occupation (for Individual) physician Aggregate Year-to-Date ▼ 3600.00	Date of Receipt O9 14 2018 Transaction ID: SA11AI.45027 Amount of Each Receipt this Period 400.00 Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	>	1200.00
TOTAL This Period (last page this line number	er only)	

						PAGE	2	36 C)F	259
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

	and Statements may not be sold or used by any pering the name and address of any political committee				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC				
Full Name of Individual (Last, First, Midd Walker, Raymond, , , Mailing Address 1117 Shallow	lle Initial) or Full Organization Name	Date of Receipt			
apt 4		07 13 2018			
City	State Zip Code	Transaction ID : SA11AI.44032			
mcallen	TX 78504	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item			
self-employed	private investor	contribution			
Receipt For: Primary General	Aggregate Year-to-Date ▼				
Other (specify) ▼					
Full Name of Individual (Last, First, Midd Walker, Raymond, , ,	lle Initial) or Full Organization Name	Date of Receipt			
Mailing Address 1117 Shallow apt 4	08 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code TX 78504	Transaction ID : SA11AI.44348			
mcallen	TX 78504	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.					
Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor	Memo Item contribution			
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	2000.00				
Full Name of Individual (Last, First, Mido	tle Initial) or Full Organization Name	Date of Receipt			
Mailing Address 1117 Shallow apt 4		09 14 2018			
City	State Zip Code	Transaction ID : SA11AI.45029			
mcallen	TX 78504	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor	Memo Item contribution			
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify)	2250.00				
SUBTOTAL of Receipts This Page (option	al)	750.00			
TOTAL This Period (last page this line nur	mber only)				

FOR LINE NUMBER: PAGE 237 OF Use separate schedule(s) (check only one) **X** 11a 11b 12 11c

259

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than 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 of Individual (Last, First, Middle Initial) or Full Organization Name Webb, James, , , Date of Receipt Mailing Address 312 Redbud 13 2018 City Zip Code State Transaction ID: SA11AI.44033 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 62.50 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 437.50 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Webb, James, , , Date of Receipt Mailing Address 312 Redbud 13 2018 City State Zip Code Transaction ID: SA11AI.44349 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing 62.50 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Webb, James, , , Date of Receipt Mailing Address 312 Redbud 14 2018 City Zip Code State Transaction ID: SA11AI.45031 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 62.50 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 562.50 Other (specify) 187.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

7

7

FOR LINE NUMBER: PAGE 238 OF Use separate schedule(s) for each category of the Detailed Summary Page (check only one) **X** 11a 11b 11c

12 13 14 16 15

Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any e name and address of any political commit	y person for the purpose of soliciting contributions ttee to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC				
Full Name of Individual (Last, First, Middle In Wilcox, Patrick, , , Mailing Address 111 Rio Grande	nitial) or Full Organization Name	Date of Receipt			
		07 13 2018			
City	State Zip Code	Transaction ID : SA11AI.44034			
mission	TX 78572	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item			
selfemployed	physician	contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00				
3. Wilcox, Patrick, , ,					
Mailing Address 111 Rio Grande					
City	State Zip Code	Transaction ID : SA11Al.45033			
mission	TX 78572	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.					
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00				
Full Name of Individual (Last, First, Middle In	itial) or Full Organization Name	Date of Receipt			
Mailing Address 111 Rio Grande		09 14 2018			
City mission	State Zip Code 78572	Transaction ID : SA11AI.45034			
		Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item			
selfemployed Receipt For:	physician	contribution			
Primary General Other (specify)	Aggregate Year-to-Date ▼ 900.00				
SUBTOTAL of Receipts This Page (optional)		300.00			
TOTAL This Period (last page this line number					

						PAGE	2	39 OF	: :	259	
	(ch	nec	ck only	or	ne)						
	[3	X	11a		11b		11c		12		
			13		14		15		16		17

	d Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	L PAC	
Full Name of Individual (Last, First, Middle Wilson, Teresa, , Ms, Mailing Address 1520 Xanthisma City McAllen	Initial) or Full Organization Name State Zip Code TX 78504	Date of Receipt 07 13 2018 Transaction ID : SA11AI.44036 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) investor Aggregate Year-to-Date ▼ 250.00	Memo Item contribution
Full Name of Individual (Last, First, Middle Wilson, Teresa, , Ms, Mailing Address 1520 Xanthisma City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State Zip Code TX 78504 C Occupation (for Individual) investor Aggregate Year-to-Date ▼ 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name of Individual (Last, First, Middle Wilson, Teresa, , Ms, Mailing Address 1520 Xanthisma City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State	Date of Receipt 14 2018 Transaction ID: SA11AI.45038 Amount of Each Receipt this Period 50.00 Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	>	150.00
TOTAL This Period (last page this line numb	per only)	

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

FOR LINE NUMBER: PAGE 240 OF (check only one) **X** 11a 11b 11c

259 Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than 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 of Individual (Last, First, Middle Initial) or Full Organization Name Yanez, Sandra, , Ms, Date of Receipt Mailing Address 106 S. Alton Blvd 14 2018 City Zip Code State Transaction ID: SA11AI.45044 TX Alton 78573 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Yarra, Subbarrao, , , Date of Receipt Mailing Address 6905 07 13 2018 N. Cynthia City State Zip Code Transaction ID: SA11AI.44040 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 700.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Yarra, Subbarrao, , , Date of Receipt Mailing Address 6905 13 2018 N. Cynthia City State Zip Code Transaction ID: SA11AI.44356 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution Self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) 225.00 SUBTOTAL of Receipts This Page (optional).....

7

FO	R LINE	NUMBER	PAGE	2	41 OF	: :	259	
(ch	eck only	one)						
×	11a	11b		11c		12		
	13	14		15		16		17

	d Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name of Individual (Last, First, Middle Yarra, Subbarrao, , , Mailing Address 6905 N. Cynthia City McAllen	State Zip Code TX 78504	Date of Receipt 09 14 2018 Transaction ID : SA11AI.45046 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self-employed Receipt For: □ Primary □ General Other (specify) ▼	Occupation (for Individual) physician Aggregate Year-to-Date 900.00	Memo Item contribution
Full Name of Individual (Last, First, Middle Zayed, Fuad, , Dr., Mailing Address 1425 Sweet Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General	State Zip Code TX 78539 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt 07 13 2018 Transaction ID: SA11AI.44041 Amount of Each Receipt this Period 75.00 Memo Item contribution
Tull Name of Individual (Last, First, Middle Zayed, Fuad, , Dr., Mailing Address 1425 Sweet Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary Other (specify)	State Zip Code TX 78539 C Occupation (for Individual) physician Aggregate Year-to-Date 600.00	Date of Receipt 08
SUBTOTAL of Receipts This Page (optional)) >	250.00
TOTAL This Period (last page this line numb	per only)	

F	OR	LINE	NU	IMBER	:	PAGE	2	42 OF	259
(0	che	ck only	or	ne)					
	X	11a		11b		11c		12	
		13		14		15		16	17

	d Statements may not be sold or used by any pe the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name of Individual (Last, First, Middle Zayed, Fuad, , Dr., Mailing Address 1425 Sweet Lane	Initial) or Full Organization Name	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.45048 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer (for Individual) selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation (for Individual) physician Aggregate Year-to-Date ▼ 675.00	Memo Item contribution
Full Name of Individual (Last, First, Middle 3. Mailing Address City	State Zip Code	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer (for Individual)	Occupation (for Individual)	Amount of Each Receipt this Period Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name of Individual (Last, First, Middle	Initial) or Full Organization Name	Date of Receipt
Mailing Address City	State Zip Code	Amount of Food Possint this Poving
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer (for Individual) Receipt For: Primary General Other (specify)	Occupation (for Individual) Aggregate Year-to-Date ▼	Memo Item
SUBTOTAL of Receipts This Page (optional))	75.00
TOTAL This Period (last page this line numb	per only)	122842.50

S 17

S	CHEDULE B (FEC Form 3X)	Llos concrete cohodulo(s)					NE NUMBER: PAGE 243 OF 25									
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the (check only 21b)														
			Summary Page			21b 28a	22 28b		23 28c	ш	26 29	27 30b				
Γ _Λ																
	ny information copied from such Reports and Stater for commercial purposes, other than using the nar															
	NAME OF COMMITTEE (In Full)															
	BORDER HEALTH FEDERAL PAGE	C														
_	Full Name (Last, First, Middle Initial)						Date of Disbursement									
Α.							M = M	t Dis	D	D /		Y Y	Y			
	Mailing Address 1418 Quince						07	_	05)	<u> </u>	2018				
	,	State TX	Zip Code				FEC Id	lentif	ication	Num	ıber					
	McAllen Purpose of Disbursement	17	78504								_	-				
	contract services - salary expenditure		C	_												
	Candidate Name			Cate	aory					_		. 44372 Int this P	eriod			
				Тур			71110411	. 01	Laon	Dioba	1001110	110 1	Cilou			
	Office Sought: House Disburser	ment For:							-		-	722.98	3			
	Senate	Primary	General													
	State: President State:	Other (spec	city) 🔻				Me	emo	Item							
_	Full Name (Last, First, Middle Initial)															
В.							Date o	f Dis	burser	nent						
			M = M / D = D / Y = Y = Y													
	Mailing Address 1418 Quince					07 20 2018										
	,	State TX	Zip Code				FEC Identification Number									
	McAllen Purpose of Disbursement	17	78504				С									
	contract services - salary expenditure			00	01	Ш			-4: I	D . C	DOAD	44077				
	Candidate Name			Cate	aorv	,				_		44377 Int this P	eriod			
				Тур				-	_	-			т.			
		ment For:							,			1522.98	3			
	Senate President	Primary Other (spec	General				_									
	State: District:	Other (spec	City)				Memo Item									
_	Full Name (Last, First, Middle Initial)															
C.	Escamilla, Sandra, , Ms,						Date o	f Dis								
	Mailing Address 1418 Quince						08		03	_		2018	<u> </u>			
	City	State	Zip Code				FEC Id	lontif	ication	Num	hor					
	McAllen	TX	78504				T LO 10	CHUI	ication	INUIT	ibei					
	Purpose of Disbursement contract services - salary expenditure			00)1	٦	Transaction ID : SB21B.44387									
	Candidate Name	Category/ Type								_		nt this P	eriod			
	Office Sought: House Disburser	ment For:		ıyı	he	722.97										
	Senate	Primary	General						,	4	,	1 40				
	President	Other (spec	cify) ▼				Me	emo	ltem							
	State: District:						L IVIE	,,,,,								
s	SUBTOTAL of Disbursements This Page (optional)]	•						2968.9	3			
						_	_		-				可			
ı T	OTAL This Period (last page this line number only))			1			_	_		_	_				

S 17

SCHEDULE B (FEC Form 3X)	T		NE NUMBER: PAGE 244 OF 25												
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the (check onl														
		Summary Page		21b 28a	22 28b	23 28c	26	27 30b							
Annintermenting against transports Demants and Chate		met be seld av													
Any information copied from such Reports and State or for commercial purposes, other than using the na															
NAME OF COMMITTEE (In Full)															
BORDER HEALTH FEDERAL PA	С														
Full Name (Last, First, Middle Initial)					Date of Disbursement										
A. Escamilla, Sandra, , Ms,					Date of	/ D	D /	2018	Y						
Mailing Address 1418 Quince		ı			08 17 2018										
City McAllen	State TX	Zip Code 78504			FEC Ide	entificatio	n Numbe	r							
Purpose of Disbursement		76504													
contract services - salary expenditure			001	C		17. 27.									
Candidate Name			Category	,			_	1B.44397 ment this P	Period						
			Type	´	7	0. 200.	2.020.00								
	ment For:							722.98	В						
Senate	Primary	General													
State: District:	Other (spe	ecity) \blacktriangledown			Me	mo Item									
Full Name (Last, First, Middle Initial)															
B. Escamilla, Sandra, , Ms,					Date of	Disburse	ement								
				M M / D D / Y Y Y Y Y											
Mailing Address 1418 Quince					08 31 2018										
City	State TX	Zip Code			FEC Identification Number										
McAllen Purpose of Disbursement	1/	78504			С										
contract services - salary expenditure						ID ODG	15.44004								
Candidate Name			Category	/			ID: SB2 Disburse	ment this P	eriod						
			Type												
	ment For:							722.98	8						
Senate President	Primary Other (spe	General			_										
State: District:	Other (spe	ecity)			Memo Item										
Full Name (Last, First, Middle Initial)															
C. Escamilla, Sandra, , Ms,					Date of	Disburse		YYYY	V						
Mailing Address 1418 Quince					08		1	2018							
City	State	Zip Code			FFC Id	entificatio	n Numbe	r							
McAllen	TX	78504													
Purpose of Disbursement contract services - salary expenditure			001		Transaction ID : SB21B.44412										
Candidate Name		/	Amount	of Each	Disburse	ment this P	'eriod								
Office Sought: House Disburse	ment For:		Type	\dashv	722.98										
Senate	Primary	General				7	- 7								
President	Other (spe	ecify) ▼			Me	mo Item									
State: District:															
SUBTOTAL of Disbursements This Page (optional).				•		-		2168.9	94						
TOTAL This Period (last page this line number only	<i>(</i>)			_											

S П

S	CHEDULE B (FEC Form 3X)		IE NUMBER: PAGE 245 OF 25													
IT	EMIZED DISBURSEMENTS	Use sepa for each of		only one) 1b												
			Summary Page	x	21b 28a	22 28b		23 28c		26	30b					
Δι	by information copied from such Reports and Stater	nente may n	not be sold or us	ed by an			nur					one				
	for commercial purposes, other than using the nan															
\setminus	NAME OF COMMITTEE (In Full)															
$ \rangle$	BORDER HEALTH FEDERAL PAG	2														
\angle	Full Name (Last, First, Middle Initial)															
Α.	•					Date of Disbursement										
						M M / D D / Y Y Y Y										
	Mailing Address 1418 Quince					09 14 2018										
	City	State	Zip Code			FFO Markforker M. J.										
	McAllen	TX	78504			FEC Identification Number										
	Purpose of Disbursement contract services - salary expenditure			204		C										
	Candidate Name			001						SB21B						
	Candidate Name			Catego Type		Amoun	t of	Each	Disb	urseme	ent this P	eriod				
	Office Sought: House Disburser	ment For:	l.	71-			Ξ.				722.97	7				
	Senate	Primary	General					,		,						
	State: District:	Other (spec	ify) 🔻			Me	emo	Item								
_	Full Name (Last, First, Middle Initial)															
В.	,					Date o	f Dis	sburse	ment	1						
				M = M / D = D / Y = Y = Y												
	Mailing Address 1418 Quince		09 14 2018													
	City SMcAllen	State TX	Zip Code 78504			FEC Io	lenti	fication	n Nur	mber						
	Purpose of Disbursement	17	70304	_	_											
	contract services - salary expenditure			001			nsa	ction	ID · s	SB21B.	44408					
	Candidate Name			Catego						_	ent this P	eriod				
	Office Sought: House Disburser	ment For:		Туре)			722.97								
	Senate	Primary	General			122.01										
	President	Other (spec	ify)			Me	emo	Item								
_	State: District:															
C	Full Name (Last, First, Middle Initial) Escamilla, Sandra, , Ms,					Date o	f Dis	sburse	ment	t						
•	LSCarrilla, Sariura, , IVIS,					M = M		D			Y	Υ				
	Mailing Address 1418 Quince					09	_	28	3	L	2018					
	City	State	Zip Code			FEC Id	lontii	fication	Nlin	mbor						
	McAllen	TX	78504					ilcation	I INUI	TIDEI						
	Purpose of Disbursement contract services - salary expenditure			001		C										
	Candidate Name				m/					SB21B	5 .4436(ent this P	eriod				
		Category/ Type					. 01		55			-				
		sement For:						,		7	722.9	3				
	Senate President	Primary Other (spec	General ifv) ▼			п.										
	State: District:	22. (OPOO	<i>31</i> ▼			Me	emo	Item								
	'					-	-	-	-			-				
S	UBTOTAL of Disbursements This Page (optional)				•		_				2168.9	2				
Ţ	OTAL This Period (last page this line number only)				_							-				
1 '	I ino i onos (last page tino line number only)						-									

17

50	CHEDULE B (FEC Form 3X)	lles serie		NE NUMBER: PAGE 246 OF 2												
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check	-			_	7.00	7 26						
			Summary Page	X	21b 28a	22 28b	23	,	26 29	-	27 30b					
Δr	y information copied from such Reports and Stater	nents may r	not he sold or us	ed by any						na cc		ns				
	for commercial purposes, other than using the nan															
	NAME OF COMMITTEE (In Full)															
$ \rangle$	BORDER HEALTH FEDERAL PAGE	2														
\angle	Full Name (Last First Middle Initial)															
Α.	Full Name (Last, First, Middle Initial) Escamilla, Sandra, , Ms,					Date of	Disbur	seme	ent							
						M = M	_	■ D	/	YYY	Y Y Y					
	Mailing Address 1418 Quince					09 28 2018										
	City	State	Zip Code													
	McAllen .	TX	78504			FEC Identification Number										
	Purpose of Disbursement				\neg	С										
	contract services - salary expenditure Candidate Name			001		Tra	nsactio		_							
	Candidate Name			Categor Type	y/	Amount	of Eac	h Dis	sburse	ment	t this Pe	eriod				
	Office Sought: House Disburser	ment For:		1300							722.98					
	Senate	Primary	General				7					_				
	President State: District:	Other (spec	cify) ▼			Me	mo Iten	ı								
_	Full Name (Last, First, Middle Initial)															
В.	Gonzales-Leal, Nicole, , ,					Date of	Disbur	seme	ent							
						M = M	/ D	■ D	/	Y	Y	7				
	Mailing Address 2401 W. Rhin Drive			07 06 2018												
	,	State	Zip Code			FEC Ide	entificat	ion N	Numhe	r						
	Edinburg Purpose of Disbursement	TX	78539			FEC Identification Number										
	contract services - salary expenditures			001	\Box	C				_						
	Candidate Name			Categor	v/		nsactio of Eac		-		4373 t this Pe	eriod				
	200			Type												
	Office Sought: House Disburser Senate	nent For: Primary	General				_	_		_	942.16					
	President	Other (spec														
	State: District:	\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-				Me	mo Iten	1								
_	Full Name (Last, First, Middle Initial)															
C.	Gonzales-Leal, Nicole, , ,					Date of	_									
	Mailing Address 2401 W. Rhin Drive					07	/ D	∎ _D	'		018					
	City :	State TX	Zip Code 78539			FEC Id	entificat	ion N	Numbe	r						
	Purpose of Disbursement	1//	10008			С										
	contract services - salary expenditures			001		Transaction ID : SB21B.44378										
	Candidate Name			Categor	y/				-		t this Pe	eriod				
	Office Sought: House Disburser	Type Type sement For:									942.15					
	Senate	Primary General					7		-	_	1 40					
	President	Other (spec	cify) 🔻			Me	mo Iten	1								
_	State: District:					Ц										
	UBTOTAL of Disbursements This Page (optional)						-				2607.29)				
Ľ	ODITION DISDUISEMENTS THIS Page (OPTIONAL)				_		-	-	-	=	1 4	=				
Т	OTAL This Period (last page this line number only)				•	Ι.						. 1				

S 17

SCHEDULE B (FEC Form 3X)			FOR LINE	NE NUMBER: PAGE 247 OF 2										
ITEMIZED DISBURSEMENTS		parate schedule(s) h category of the	(6110011 61	conly one)										
		d Summary Page	211		23 28c	26 27 29 30b								
Any information popular from such Departs and Cla														
Any information copied from such Reports and Sta or for commercial purposes, other than using the r														
NAME OF COMMITTEE (In Full)														
$ \; angle$ BORDER HEALTH FEDERAL P.	AC													
Full Name (Last, First, Middle Initial)														
A. Gonzales-Leal, Nicole, , ,				Date of Disbursement										
				M M / D D / Y Y Y Y										
Mailing Address 2401 W. Rhin Drive				08 03 2018										
City	State	Zip Code		FEO Id		- Niversia - v								
Edinburg	TX	78539		FEC IO	entification	1 Number								
Purpose of Disbursement contract services - salary expenditures			004	C										
Candidate Name			001			ID : SB21B.44388								
Candidate Name			Category/ Type	Amount	of Each	Disbursement this Period								
Office Sought: House Disbur	sement For:	l	71	11:	70 1	942.15								
Senate	Primary	General			,	,								
State: District:	Other (sp	ecify) 🔻		Me	mo Item									
Full Name (Last, First, Middle Initial)														
B. Gonzales-Leal, Nicole, , ,				Date of	Disburse	ment								
				M M / D D / Y Y Y Y Y										
Mailing Address 2401 W. Rhin Drive				08 17 2018										
City Edinburg	State TX	Zip Code 78539		FEC Ide	entification	n Number								
Purpose of Disbursement	17	78559		С										
contract services - salary expenditures			001		nsaction	ID : SB21B.44396								
Candidate Name			Category/	Amount of Each Disbursement this Perio										
Office Sought: House Disbur	sement For:		Туре			942.16								
Senate	Primary	General			7	4								
President	Other (sp	ecify)		Me	mo Item									
State: District:				П										
Full Name (Last, First, Middle Initial) C. Gonzales-Leal, Nicole, , ,				Date of	Disburse	ment								
Mailing Address 0404 W. Dhir Brita				M = M	/ D									
Mailing Address 2401 W. Rhin Drive				08	3	1 2018								
City	State	Zip Code		FEC Ide	entification	n Number								
Edinburg Purpose of Disbursement	TX	78539												
contract services - salary expenditures			001	C		ID - CD04D 4407(
Candidate Name			Category/			ID: SB21B.4437(Disbursement this Period								
Office Courth			Туре	1		942.16								
Office Sought: House Disbur	sement For: Primary	General		J-12.10										
President	Other (sp			Пи										
State: District:				Me Me	mo Item									
				-		2000 17								
SUBTOTAL of Disbursements This Page (optional	l)		·····•			2826.47								
TOTAL This Period (last page this line number or	nlv)													

S П

S	CHEDULE B (FEC Form 3X)		LINE	IE NUMBER: PAGE 248 OF 25												
IT	EMIZED DISBURSEMENTS		rate schedule(s) category of the	I ` —	•	nly one)										
			Summary Page	×	21b 28a	22 28b		23 28c	Ш	26 29	27 30b					
Γ.	ny information copied from such Reports and Stater	nonto mou n	at he cold or up	ad by any												
	for commercial purposes, other than using the nan															
	NAME OF COMMITTEE (In Full)															
$ \rangle$	BORDER HEALTH FEDERAL PAG															
\angle	Full Name (Last, First, Middle Initial)															
A.						Date of Disbursement										
						M M / D D / Y Y Y Y										
	Mailing Address 2401 W. Rhin Drive					08 31 2018										
	City	State	Zip Code			FEC Identification Number										
	Edinburg	TX	78539				CHUIN	Jation	INUI	ilbei	-					
	Purpose of Disbursement contract services - salary expenditures		C													
	Candidate Name			001	24					SB21B.	.44411 ent this P	oriod				
				Categor Type	y/	Amoun	l OI L	acii i	וטפוע	JI Sellie	דוו נוווס ר	enou				
	Office Sought: House Disburser										942.16	3				
	Senate President	Primary Other (spec	General													
	State: District:	Other (spec	.iiy) ▼			Me	emo It	tem								
_	Full Name (Last, First, Middle Initial)															
В.	Gonzales-Leal, Nicole, , ,					Date of	f Dist	ourser	ment							
	Mailing Address 242444 Divini			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y												
	Mailing Address 2401 W. Rhin Drive		09 14 2018													
	,	State	Zip Code			FEC Identification Number										
	Edinburg Purpose of Disbursement	TX	78539													
	contract services - salary expenditures			001		C										
	Candidate Name			Categor	v/	Transaction ID : SB21B.44366 Amount of Each Disbursement this Perio										
				Туре												
	Office Sought: House Disburser Senate	nent For: Primary	General			1444.00										
	President	Other (spec														
	State: District:		- /			Me	emo It	tem								
	Full Name (Last, First, Middle Initial)															
C.	Gonzales-Leal, Nicole, , ,					Date of	t Disk									
	Mailing Address 2401 W. Rhin Drive					09	'	14			2018	Y				
			I													
	City Stanburg	State TX	Zip Code 78539			FEC Id	entific	cation	Nun	nber						
	Purpose of Disbursement				_	С										
	contract services - salary expenditures			001		Transaction ID : SB21B.44406										
	Candidate Name		Amoun	t of E	ach [Disbu	ırseme	ent this P	eriod							
	Office Sought: House Disburser	Type Sement For:									1444.00	3				
	Senate	Primary	General				- 7		_	-	. 4					
	President	Other (spec	eify) ▼			Me	emo It	tem								
	State: District:															
5	SUBTOTAL of Disbursements This Page (optional)										3830.2	8				
F					_	-	-		÷		- 4	=				
Т	OTAL This Period (last page this line number only)				•											

S П

S	CHEDULE B (FEC Form 3X)			T F	OR.	LINE	NII	JMBEF	· ·			PA	GE	249 C	F 259
IT	EMIZED DISBURSEMENTS		arate schedule(s)	- 1			nly one)								
			category of the Summary Page		X	21b		22		23		26		27	
						28a		28b		28c	\perp	29	丄	30b	
	ny information copied from such Reports and State for commercial purposes, other than using the name														
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAGE	С													
<u></u>	Full Name (Last, First, Middle Initial)										_		_		
Α.	Gonzales-Leal, Nicole, , ,							Date	of Di		eme	ent / Y		/ I Y I	Y
	Mailing Address 2401 W. Rhin Drive							09	_	2	28		2	018	
	Edinburg	State TX	Zip Code 78539					FEC I	dent	ificatio	n N	lumber	_	_	
	Purpose of Disbursement contract services - salary expenditures			C	01	T	Transaction ID : SB21B.44359								
	Candidate Name	Category/ Type												t this F	Period
	Office Sought: House Disburse Senate	sement For: Primary General							_	_	_	-	_	1444.0	8
	President State: District:	Other (spec		М	emo	Item									
_	Full Name (Last, First, Middle Initial)														
В.			Date of Disbursement								Y				
	Mailing Address 2401 W. Rhin Drive						09 28 2018								
	City Edinburg	State TX	Zip Code 78539					FEC I	dent	ificatio	n N	lumber			
	Purpose of Disbursement contract services - salary expenditures				001		C								
	Candidate Name			Cate	egoi ype	ry/	Transaction ID: SB21B.44399 Amount of Each Disbursement this Peri								Period
	Office Sought: House Disburse Senate	ment For: Primary	General	<u> </u>	<i>)</i> -		1444.08								8
	President State: District:	Other (spec						М	emo	Item					
_	Full Name (Last, First, Middle Initial)														
C.	Internal Revenue Services							Date of			eme	ent		Y	V
	Mailing Address 324 25th Street							07)2	I L		018	
	City Odgen	State UT	Zip Code 84401					FEC I	dent	ificatio	n N	lumber			
	Purpose of Disbursement quarterly tax deposits - IRS			C	001			С	ane	action	, ID	: SB2	1R /	1/1371	
	Candidate Name	Category/ Type						Amount of Each Disbursement this Period							
	Office Sought: House Disburse Senate	sement For:				332.92							2		
	President	Primary Other (spec	☐ General cify) ▼					М	emo	Item					
г	State: District:										_		_		
s	SUBTOTAL of Disbursements This Page (optional)					•				7		-	_	3221.0	
Т	OTAL This Period (last page this line number only	·)				•							Ţ		

S 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. ANAME OF COMMITTEE (in Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) A. Internal Revenue Services Mailing Address 324 25th Street City Odgen Purpose of Disbursement quarterly tax deposits - IRS Candidate Name Office Sought: House Disbursement For: Senate President State: District: Full Name (Last, First, Middle Initial) B. Internal Revenue Services Mailing Address 324 25th Street City Odgen Office Sought: House Disbursement For: Senate President Quarterly tax deposits - IRS Candidate Name Office Sought: House Disbursement For: Senate President Quarterly tax deposits - IRS Candidate Name Office Sought: House Disbursement For: Senate President Quarterly tax deposits - IRS Candidate Name Office Sought: House Disbursement For: Senate President Quarterly tax deposits - IRS Candidate Name Office Sought: House Disbursement For: Senate President Quarterly tax deposits - IRS Candidate Name Office Sought: House Disbursement For: Senate President Quarterly tax deposits - IRS Candidate Name Office Sought: House Disbursement For: Senate President Memo Item Memo Item FEC Identification Number Category/ Type Transaction ID: S8218.44333 Amount of Each Disbursement this Period Transaction ID: S8218.44333 Amount of Each Disbursement this Period Transaction ID: S8218.44333 Amount of Each Disbursement this Period Transaction ID: S8218.44333 Amount of Each Disbursement this Period	SCHEDULE B (FEC Form 3X)			FOR LIN	NE NUMBER: PAGE 250 OF 2										
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) A. Internal Revenue Services Mailing Address 324 25th Street City Office Sought: House Disbursement For: Gategory/ Type Office Sought: House Disbursement For: Full Name (Last, First, Middle Initial) B. Internal Revenue Services Mailing Address 324 25th Street City Office Sought: House Disbursement For: Full Name (Last, First, Middle Initial) B. Internal Revenue Services Mailing Address 324 25th Street City Office Sought: House Disbursement For: Full Name (Last, First, Middle Initial) Condition of the Middle Initial (Initial) B. Internal Revenue Services Mailing Address 324 25th Street City Office Sought: House Disbursement For: Cartegory/ Type Office Sought: House Disbursement For: Full Name (Last, First, Middle Initial) C. Internal Revenue Services Mailing Address 324 25th Street City Office Sought: House Disbursement For: Full Name (Last, First, Middle Initial) C. Internal Revenue Services Mailing Address 324 25th Street City Office Sought: House Disbursement For: Full Name (Last, First, Middle Initial) C. Internal Revenue Services Mailing Address 324 25th Street City Office Sought: House Disbursement For: Full Name (Last, First, Middle Initial) C. Internal Revenue Services Mailing Address 324 25th Street City Office Sought: House Disbursement For: Full Name (Last, First, Middle Initial) C. Internal Revenue Services Mailing Address 324 25th Street City Office Sought: House Disbursement For: Full Name (Last, First, Middle Initial) C. Internal Revenue Services Mailing Address 324 25th Street City Office Sought: House Disbursement For: Candidate Name City Office Sought: House Disbursement For: Candidat	ITEMIZED DISBURSEMENTS			(0110011 0											
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for committees. MAME OF COMMITTEE (In FLID) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) A. Internal Revenue Services Mailing Address 324 25th Street City Odgen Prinsident State: Distoursement Quarterly tax deposits - IRS Candidate Name City Odgen Prinsident State: Distoursement Quarterly tax deposits - IRS Candidate Name City Odgen Prinsident State: Distoursement Other (specify) Type Date of Disbursement Quarterly tax deposits - IRS Candidate Name Category' Type Date of Disbursement Quarterly tax deposits - IRS Candidate Name Category' Type Transaction ID : \$8218.44937 Amount of Each Disbursement Quarterly tax deposits - IRS Candidate Name Category' Type Transaction ID : \$8218.44938 Amount of Each Disbursement Quarterly tax deposits - IRS Candidate Name City Officer Sought: Full Name (Last, First, Middle Initial) City City Quarterly tax deposits - IRS Candidate Name City City City City City City City Cit															
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Paul) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Midde Initial) City Odgen Odgen Odgen Other (specify) Full Name (Last, First, Midde Initial) Category/ Type Office Sought: Full Name (Last, First, Midde Initial) B. Internal Revenue Services Mailing Address 324 25th Street Other (specify) Full Name (Last, First, Midde Initial) B. Internal Revenue Services Mailing Address 324 25th Street Other (specify) Office Sought: Full Name (Last, First, Midde Initial) B. Internal Revenue Services Mailing Address 324 25th Street Other (specify) Office Sought: Full Name (Last, First, Midde Initial) B. Internal Revenue Services Mailing Address 324 25th Street Other (specify) Office Sought: Full Name (Last, First, Midde Initial) City Odgen Office Sought: Full Name (Last, First, Midde Initial) City Office Sought: Full Name (Last, First, Midde Initial) City Office Sought: Full Name (Last, First, Midde Initial) City Office Sought: Full Name (Last, First, Midde Initial) City Office Sought: Full Name (Last, First, Midde Initial) City Office Sought: Full Name (Last, First, Midde Initial) City Office Sought: Full Name (Last, First, Midde Initial) City Office Sought: Full Name (Last, First, Midde Initial) City Office Sought: Full Name (Last, First, Midde Initial) City Office Sought: Full Name (Last, First, Midde Initial) City Office Sought: Full Name (Last, First, Midde Initial) City Office Sought: Full Name (Last, First, Midde Initial) City Office Sought: Full Name (Last, First, Midde Initial) City Office Sought: Full Name (Last, First, Midde Initial) City Office Sought: Full Name (Last, First, Midde Initial) City Office Sought: Full Name (Last, First, Midde Initial) City Office Sought: Full Name (Last, First, Midde Initial) City Office Sought: Full Name (Last, First, Midde Initial) City	Any information against from such Departs and Ole														
BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) City															
Full Name (Last First, Middle Initial) A Internal Revenue Services Mailing Address 324 25th Street City Odgen Office Sought: House Senate Primary General Purpose of Disbursement in Senate District Full Name (Last, First, Middle Initial) B. Internal Revenue Services Mailing Address 324 25th Street City Odgen Office Sought: House UT State District Full Name (Last, First, Middle Initial) Condidate Name Office Sought: House Disbursement For: Senate President UT State UT	NAME OF COMMITTEE (In Full)														
A Internal Revenue Services Mailing Address 324 25th Street City Odgen Purpose of Disbursement quarterly tax deposits - IRS Candidate Name Office Sought:	BORDER HEALTH FEDERAL PA	AC													
City City City City City City City City	• • • • • • • • • • • • • • • • • • • •				Date of Dielement										
City Odgen Purpose of Disbursement quarterly tax deposits - IRS Candidate Name Office Sought:					M II N	/ D	D / Y Y Y Y								
Code					07	2	2018								
Purpose of Disbursement quarterly tax deposits - IRS Candidate Name Office Sought: House Senate Primary General Office Sought: Disbursement For: Senate Primary General Office Sought: Disbursement For: Senate Primary General Office Sought: Disbursement For: Senate Primary General Office Sought: Disbursement Office Sought: Disbursement For: Senate Primary General Office Sought: Disbursement This Page (optional) Office Sought: Disbursement This Page (op	•		·		FEC Id	dentificatio	n Number								
Cardidate Name Category/ Office Sought: House Disbursement For: Senate President State: District: City Odgen UT Senate Primary General Quarterly tax deposits - IRS Candidate Name City Odgen UT Senate Primary General Quarterly tax deposits - IRS Candidate Name Office Sought: House Disbursement For: Senate President Quarterly tax deposits - IRS Candidate Name Office Sought: House Disbursement For: Senate President Other (specify) State: District: Full Name (Last, First, Middle Initial) Date of Disbursement We way 1 2018 FEC Identification Number Category/ Type 635,74 FEC Identification Number Category/ Type 635,74 Bate: Disbursement Disbursement For: Senate President Other (specify) Date of Disbursement We way 2 1 2018 FEC Identification Number Category/ Type 635,74 FEC Identification Number Category/ Type 635,74 FEC Identification Number Category/ Type 635,74 FEC Identification Number Category/ Type Category/ Type 635,74 FEC Identification Number Category/ Type Category/ Type Category/ Type General Other (specify) Memo Item FEC Identification Number Category/ Type FEC Identification Number Category/ Type Gaster Disbursement Category/ Type Gaster Disbursement Category/ Type FEC Identification Number Category/ Type Gaster Disbursement Gaster Disbursement Gaster Disbursement Gaster Disbursement Memo Item FEC Identification Number Category/ Type Gaster Disbursement Gaster Disbursement Disburseme	S .	1 01	04401												
Cartegory/ Office Sought: House	•			001											
Office Sought: House Senate President For: Senate President Other (specify) State: District: Full Name (Last, First, Middle Initial) B. Internal Revenue Services Mailing Address 324 25th Street City Odgen UT State Zip Code UT State VIT Senate VIT Senate Primary General UT Senate Primary General UT Senate President State: District: City Odgen UT State VIT Senate VIT Senate VIT Senate VIT Senate VIT Senate President Senate President Senate Primary General UT Senate VIT Senate	Candidate Name			Category/											
Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) B. Internal Revenue Services Mailing Address 324 25th Street City Odgen State UT 84401 Purpose of Disbursement quarterly tax deposits - IRS Candidate Name Disbursement For: Senate President State: District: Full Name (Last, First, Middle Initial) C. Internal Revenue Services Mailing Address 324 25th Street Category Type Office Sought: House Disbursement For: General Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Internal Revenue Services Mailing Address 324 25th Street City Odgen UT 84401 Category Type City Odgen UT 84401 Category Type Office Sought: House Office Sought: Other (specify) Category Type Category Type Office Sought: House Office Sought: Other (specify) Type Office Sought: House Office Sought: House Office Sought: Other (specify) Type Office Sought: House Office Sought: House Office Sought: Other (specify) Memoritem Transaction ID: SB21B.44394 Amount of Each Disbursement Office Sought: House Office Sought: House Office Sought: Other (specify) Memoritem Memoritem State: District: Other (specify) Memoritem Memoritem State: District: Internal Revenue Services Substate Office Sought: House Office Sought: House Office Sought: House Office Sought: House Office Sought: Other (specify) Memoritem Memoritem Memoritem State: District: Internal Revenue Services Internal Rev					7111001	it of Edon	Dispursonient this 1 ched								
State: District: Other (specify) ▼ Memo Item	- <u> </u>				7 L.		7.48								
State: District: Full Name (Last, First, Middle Initial) B. Internal Revenue Services Mailing Address 324 25th Street City Odgen Purpose of Disbursement quarterly tax deposits - IRS Candidate Name Office Sought: House Primary Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Internal Revenue Services Mailing Address 324 25th Street Disbursement For: Senate Primary General Other (specify) Memo Item Date of Disbursement FEC Identification Number Category/ Type 635,74 Memo Item Date of Disbursement Transaction ID: SB21B.44393 Amount of Each Disbursement this Period Transaction ID: SB21B.4393 Amount of Each Disbursement Date of Disbursement Date of Disbursement Odden Date of Disbursement Date of Disbursement Date of Disbursement Odden Transaction ID: SB21B.4394 Amount of Each Disbursement Odden Odgen Office Sought: House Primary General Office Sought: House Primary General Office Sought: House Primary General Office Sought: Primary General Office Sou															
B. Internal Revenue Services Mailling Address 324 25th Street City Odgen Purpose of Disbursement quarterly tax deposits - IRS Candidate Name Office Sought: House President State: District: City Odgen President Office Sough: City Odgen Purpose of Disbursement For: Senate President Other (specify) Date of Disbursement FEC Identification Number Category/ Type 635.74 Date of Disbursement FEC Identification Number C Transaction ID: SB21B.44393 Amount of Each Disbursement this Period Date of Disbursement C Transaction ID: SB21B.44394 Amount of Each Disbursement Office Sough:		Other (sp	decity) \blacktriangledown		Me	emo Item									
Mailing Address 324 25th Street City Odgen Purpose of Disbursement quarterly tax deposits - IRS Candidate Name Disbursement President State: District: City Odgen Primary General Other (specify) Mailing Address 324 25th Street Category/ Type Disbursement For: Senate President Other (specify) Mailing Address 324 25th Street City Odgen Purpose of Disbursement for: City Odgen Purpose of Disbursement quarterly tax deposits - IRS Candidate Name City Odgen Purpose of Disbursement quarterly tax deposits - IRS Candidate Name Category/ Type Date of Disbursement Date of Disbursemen															
Mailing Address 324 25th Street City Odgen Purpose of Disbursement quarterly tax deposits - IRS Candidate Name Category/ Office Sought:					Date o	of Disburse	ement								
City Odgen Purpose of Disbursement quarterly tax deposits - IRS Candidate Name Disbursement For: Senate President State: District: Full Name (Last, First, Middle Initial) Ct. Internal Revenue Services Mailling Address 324 25th Street City Odgen Purpose of Disbursement quarterly tax deposits - IRS Candidate Name Disbursement For: Senate Primary Qeneral Other (specify) Memo Item FEC Identification Number Category/ Type FEC Identification Number Category/ Transaction ID : SB21B.44393 Amount of Each Disbursement this Period Transaction ID : SB21B.44394 Amount of Each Disbursement this Period Transaction ID : SB21B.44394 Amount of Each Disbursement this Period Transaction ID : SB21B.44394 Amount of Each Disbursement this Period Transaction ID : SB21B.44394 Amount of Each Disbursement this Period Senate Primary Qeneral Other (specify) Memo Item Substortal of Disbursements This Page (optional)	Mailing Address 324 25th Street														
Odgen Purpose of Disbursement quarterly tax deposits - IRS Candidate Name Category/ Type Office Sought: House Primary General Persident Uther (specify) State: District: Full Name (Last, First, Middle Initial) C. Internal Revenue Services Mailing Address 324 25th Street City Odgen Purpose of Disbursement quarterly tax deposits - IRS Candidate Name Office Sought: House Disbursement For: Category/ Type Date of Disbursement Transaction ID: SB21B.44393 Amount of Each Disbursement tis Period Date of Disbursement The Mark of Disbursement Transaction ID: SB21B.44393 Amount of Each Disbursement The Mark of Disbursement Transaction ID: SB21B.44393 Amount of Each Disbursement Category/ Type Office Sought: House Disbursement For: Senate Primary General Office Sought: House Disbursement For: Senate Primary General Other (specify) Memo Item SUBTOTAL of Disbursements This Page (optional)					V0 21 2010										
Purpose of Disbursement quarterly tax deposits - IRS Candidate Name Office Sought: House Senate Primary General Disbursement For: House Senate Primary General City Odgen Purpose of Disbursement quarterly tax deposits - IRS Candidate Name City Odgen Category/ Type Date of Disbursement Date of Disbursement FEC Identification Number Category/ Type Office Sought: House Disbursement quarterly tax deposits - IRS Candidate Name Office Sought: House Primary General Office Sought: House Disbursement For: Senate Primary General Other (specify) Memo Item FEC Identification Number Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) Memo Item Subtrotal of Disbursements This Page (optional)					FEC Id	dentification	n Number								
Quarterly tax deposits - IRS Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Internal Revenue Services Mailing Address 324 25th Street City Odgen UT State Zip Code UT State Variety tax deposits - IRS Candidate Name Office Sought: House Disbursement For: Senate Primary General Other (specify) Office Sought: House Disbursement For: Gast.74 State: District: Memo Item FEC Identification Number Category/ Type Office Sought: House Disbursement For: Gast.74 Subtrotal of Disbursement This Page (optional)	· · · · · · · · · · · · · · · · · · ·	UI	84401												
Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Internal Revenue Services Mailing Address 324 25th Street City Odgen UT State Zip Code Odgen Purpose of Disbursement quarterly tax deposits - IRS Candidate Name Office Sought: House Senate Primary General Other (specify) Office Sought: House Senate Primary General Other (specify) State: District: State: District: Memo Item FEC Identification Number Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Memo Item SUBTOTAL of Disbursements This Page (optional)	•			001		ID 0004D 44000									
Office Sought: House Senate Primary General Other (specify) State: District: Memo Item Full Name (Last, First, Middle Initial) C. Internal Revenue Services Mailing Address 324 25th Street City Odgen UT State VIT Resident Quarterly tax deposits - IRS Candidate Name Office Sought: House Disbursement For: Senate Primary General Primary General President State: District: Substrict: Memo Item FEC Identification Number Category/ Type Office Sought: House Disbursement For: Gastate Primary General President Other (specify) Substrict: Memo Item 1278.96	Candidate Name			Category/											
Senate Primary Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Internal Revenue Services Mailing Address 324 25th Street City Odgen Purpose of Disbursement quarterly tax deposits - IRS Candidate Name Office Sought: House Primary General Other (specify) State: District: State: District: Memo Item Date of Disbursement Total Address 324 25th Street Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement The Date of Disbursement Date of Disbursement Date of Disbursement The Date of Disbursement Date of Disbursement The Date of Disbursement Date of Disbursement Date of Disbursement The Date of Disbursement The Date of Disbursement The Date of Disbursement Date of Disbursement Date of Disbursement The Date of Disbursement Da															
State: District: Other (specify) Memo Item		_				-	635.74								
State: District: Full Name (Last, First, Middle Initial) C. Internal Revenue Services Mailing Address 324 25th Street City Odgen Purpose of Disbursement quarterly tax deposits - IRS Candidate Name Office Sought: House President State: District: Substock															
C. Internal Revenue Services Mailing Address 324 25th Street City Odgen Purpose of Disbursement quarterly tax deposits - IRS Candidate Name Category/ Type Office Sought: House Senate President State: District: District: Date of Disbursement M M M / 21 / 2018 FEC Identification Number Category/ Type Category/ Type 635.74 Memo Item 1278.96		Other (sp	occiry)		Memo Item										
City Odgen Purpose of Disbursement quarterly tax deposits - IRS Candidate Name Office Sought: House Senate Primary President State: District: Substortal of Disbursements This Page (optional)	Full Name (Last, First, Middle Initial)														
City Odgen Purpose of Disbursement quarterly tax deposits - IRS Candidate Name Office Sought: House President State: District: Disbursements This Page (optional)	C. Internal Revenue Services														
Odgen Purpose of Disbursement quarterly tax deposits - IRS Candidate Name Office Sought: House Senate President State: District: Disbursement For: Senate Primary Other (specify) State: Substortal of Disbursements This Page (optional) Transaction ID: SB21B.44394 Amount of Each Disbursement this Period Memo Item 1278.96	Mailing Address 324 25th Street				_										
Odgen Purpose of Disbursement quarterly tax deposits - IRS Candidate Name Office Sought: House Senate President President State: District: Out Transaction ID: SB21B.44394 Amount of Each Disbursement this Period Memo Item 1278.96	City	State	Zip Code		FEC. Id	dentification	n Number								
quarterly tax deposits - IRS Candidate Name Office Sought: House Senate Primary General President Other (specify) ▼ State: District: Substrict: Transaction ID: SB21B.44394 Amount of Each Disbursement this Period Memo Item 1278.96	•	UT	84401			acritinoatio	Trumber								
Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)				001											
Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ SUBTOTAL of Disbursements This Page (optional)	Candidate Name				Amour	nt of Each	Disbursement this Period								
State: District: Other (specify) SUBTOTAL of Disbursements This Page (optional)	Office Sought: House Disbur	sement For:		71	T [635.74								
State: District: Memo Item SUBTOTAL of Disbursements This Page (optional)	Senate	Primary	General												
SUBTOTAL of Disbursements This Page (optional)		Other (sp	pecify) ▼		Me	emo Item									
SOBTOTAL OF DISDUISEMENTS THIS Fage (Optional)	State: District:														
TOTAL This Paried (lest page this line number only)	SUBTOTAL of Disbursements This Page (optional	l)		·····•		7	1278.96								
	TOTAL This Povind (last page this line much as	alv)													

17

S	CHEDULE B (FEC Form 3X)	lles	LINE	NE NUMBER: PAGE 251 OF										
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	I ` —	k only			00 '		☐ 26 ☐ 27				
			Summary Page	 	21b 28a	22 28b		23 28c		26 29	27 30b			
Λ.	ny information copied from such Reports and Stater	l nonte mass	not ho gold or	od by are:								one		
	for commercial purposes, other than using the nan													
\setminus	NAME OF COMMITTEE (In Full)													
$ \rangle$	BORDER HEALTH FEDERAL PAG													
_	Full Name (Last, First, Middle Initial)													
Α.	Internal Revenue Services					Date of	f Disb	ourser	nent					
	Mailing Address 324 25th Street					08	/	31		Y	2018	Y		
	City	State	Zip Code			FEC Identification Number								
	Odgen	UT	84401				OTILITIE	Jation	TVUIT	1001	-			
	Purpose of Disbursement quarterly tax deposits - IRS			001		C								
	Candidate Name								_		.44368 ent this P	ariad		
				Categor Type	y/	Amoun	l OI E	acii L	JISDU	rseme	אוו נוווא ר	enou		
	Office Sought: House Disburser	nent For:				L.	. 7				953.59)		
	Senate	Primary	General											
	President State: District:	Other (spec	city) 🔻			Me	mo It	tem						
_	Full Name (Last, First, Middle Initial)													
В.	Internal Revenue Services					Date of	f Disb	ourser	nent					
						M = M	/	D 1	D /	Υ	Y	Υ		
	Mailing Address 324 25th Street		08 31 2018											
	,	State UT	Zip Code			FEC Identification Number								
	Odgen Purpose of Disbursement	01	84401			С								
	quarterly tax deposits - IRS			001			.44409							
	Candidate Name			Categor Type	ry/				_		ent this P	eriod		
	Office Sought: House Disburser	nent For:		.,,,,,						_ :	953.59)		
	Senate	Primary	General				-			,	- 4			
	President	Other (spec	cify)			Me	mo It	tem						
_	State: District:													
C.	Full Name (Last, First, Middle Initial) Internal Revenue Services					Date of	f Disb	ourser	nent					
	Mailing Address 324 25th Street					09	′	26	_	Y	2018	Y		
	City	State	Zip Code											
	Odgen	UT	84401			FEC Id	entific	cation	Num	ber				
	Purpose of Disbursement				\neg	C								
	quarterly tax deposits - IRS			001		Transaction ID : SB21B.44362								
	Candidate Name			Categor	y/	Amount	t of E	ach [Disbu	rseme	ent this P	eriod		
	Office Sought: House Disburser	Type sement For:					379.31							
	Senate	Primary General					-			,	1 46	_		
	President	Other (spec	cify) 🔻			Me	mo It	tem						
	State: District:					Ц								
5	SUBTOTAL of Disbursements This Page (optional)				•						2286.4	9		
<u> </u>	OTAL Tide Desired //					-								
11	OTAL This Period (last page this line number only)					1 .								

S П

SCHEDULE B (FEC Form 3X)				INE	E NUMBER: PAGE 252 OF 259					
ITEMIZED DISBURSEMENTS	SBURSEMENTS Use separate schedule(s) (check o			•	only one)					
Detailed Summary Page			×	21b	22	23	20		27	
Γ		28a	28b	28c	29		30b			
Any information copied from such Reports and State or for commercial purposes, other than using the na										
NAME OF COMMITTEE (In Full)										
BORDER HEALTH FEDERAL PA	С									
Full Name (Last, First, Middle Initial)					5 .	. Б				
A. Internal Revenue Services						Date of Disbursement 09 29 2018				
Mailing Address 324 25th Street					09	<u>. L</u>	29		2016	
City							on Num	ber		
Odgen Purpose of Disbursement	UT	84401						_		
quarterly tax deposits - IRS			001		C					
Candidate Name			Categor	,,		nsaction	_		44402 nt this Pe	oriod
			Type	,, l	Amoun	OI Laci	Disbui	Seme	IL LIIIS FE	FIIOU
Office Sought: House Disburse	ment For:				Ι.				379.31	.
Senate	Primary	General				,		,		
State: District:	Other (spe	ecify) 🔻			Me	mo Item				
Full Name (Last, First, Middle Initial)										
B. Long Chilton LLP					Date of	Disburs	ement			
Long Chillon LLi					M = M	/ D	D /	Υ	Y Y Y	Y
Mailing Address 4100 N. 23rd					07		06		2018	
City	State	Zip Code			FEC Id	entification	on Num	ber		
McAllen TX 78504 Purpose of Disbursement						C				
paysmart payroll services	П	Transaction ID : SB21B.44374								
Candidate Name Category/									44374 nt this Pe	eriod
Type						0. 200.				
	ment For:								15.16	i .
Senate	Primary	General								
State: District:	President Other (specify) State: District:									
Full Name (Last, First, Middle Initial)										
C. Long Chilton LLP					Date of	Disburs	ement	V	Y . Y . Y	v .
Mailing Address 4100 N. 23rd					07		20		2018	
City	State	Zip Code			EEC Id	entification	n Num	hor		
McAllen	TX	78504				Citimoati	711 INGITI	DCI		
Purpose of Disbursement paysmart payroll services			001		C	nsactio	n ID : S	B21B.	44380	
Candidate Name			Category	y/					nt this Pe	eriod
Office Sought: House Disbursement For:									15.16	;
Senate Primary General						-			- 4	_
President Other (specify) ▼						mo Item				
State: District:										
SUBTOTAL of Disbursements This Page (optional).				•				,	409.63	3
TOTAL This Period (last page this line number only	<i>(</i>)			_				-		

S П

SCHEDULE B (FEC Form 3X)						PAGE	253	OF 259				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			•	only one)							
				21b 28a	22 28b	\vdash	23 28c		26 29	27 30b		
Any information copied from such Reports and Statem	l nents may n	ot he sold or use	ed by any			purn					ıtions	
or for commercial purposes, other than using the name												
NAME OF COMMITTEE (In Full)												
$ \hspace{.05cm} \rangle$ BORDER HEALTH FEDERAL PAC												
Full Name (Last, First, Middle Initial)												
A. Long Chilton LLP							Date of Disbursement					
Mailing Address 4100 N. 23rd					08	-	03	3		2018		
,	State	Zip Code			FEC Id	dentifi	cation	Nur	nber			
McAllen Purpose of Disbursement	TX	78504			FEC Identification Number							
paysmart payroll services			001		C							
Candidate Name			Categor	v/						.44389 ent this	Period	
			Туре	<i>y,</i>	-					-		
Office Sought: House Disbursem		General						_		15.	16	
	Primary Other (speci				п.,							
State: District:	` .				IVIE	emo	item					
Full Name (Last, First, Middle Initial)												
B. Long Chilton LLP							Date of Disbursement					
Mailing Address 4100 N. 23rd					08 17 2018					Y		
,	State TX	Zip Code 78504			FEC Id	dentifi	cation	Nun	nber			
Purpose of Disbursement	17.	70304		_	С							
paysmart payroll services			001			ansa	ction I	tion ID : SB21B.44395				
Candidate Name			Categor	y/						ent this	Period	
Office Sought: House Disbursem	Office Sought: House Disbursement For:									15.	16	
	Primary	General							7	- 4		
							Item					
State: District: Full Name (Last, First, Middle Initial)					_							
C. Long Chilton LLP					Date o	of Dis	bursei	ment				
					M = M	/	D	D /	Υ	Y	Υ	
Mailing Address 4100 N. 23rd					08	_	31		_	2018		
City	State	Zip Code			FEC Id	lontifi	ootion	Niun	nhor			
	TX	78504				enun	CallOII	I Nul	libei	-		
Purpose of Disbursement paysmart payroll services	Purpose of Disbursement paysmart payroll services						C					
Candidate Name Output Category/						Transaction ID : SB21B. Amount of Each Disbursemen					Period	
			Type	y/	Airiodi		Luoii	Diobe	aroome	JII 1110	1 01100	
Office Sought: House Disbursement For:					4					15.	16	
	Senate Primary General President Other (specify) ▼					Memo Item						
State: District:	(-	<i>,</i> •			Me	emo	Item					
·						-		-	-	.=	10	
SUBTOTAL of Disbursements This Page (optional)				•			,	_	7	45.	.48	
I and the second									-			

ľ

SCHEDULE B (FEC Form 3X)	Use separate schedule	(s) FOR LINE (check only	NUMBER: PAGE 254 OF 259		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Pag	e (check only	22 23 26 27		
		28a	28b 28c 29 30b		
Any information copied from such Reports and State or for commercial purposes, other than using the nar					
NAME OF COMMITTEE (In Full)	nie una address of any po	miliour committee to	o denote continuations from days committee.		
BORDER HEALTH FEDERAL PA	С				
Full Name (Last, First, Middle Initial)			Date of Disbursement		
A. Long Chilton LLP			M M / D D / Y Y Y Y		
Mailing Address 4100 N. 23rd			08 31 2018		
City McAllen	State Zip Code TX 78504		FEC Identification Number		
Purpose of Disbursement	76504		C		
paysmart payroll services		001	Transaction ID : SB21B.44410		
Candidate Name		Category/	Amount of Each Disbursement this Period		
Office Sought: House Disburse	ment For:	Туре	15.16		
Office Sought: House Disburse Senate	Primary General	I	10.10		
President	Other (specify) ▼		Memo Item		
State: District:			П		
Full Name (Last, First, Middle Initial)			Date of Disbursement		
3. Long Chilton LLP	M M / D D / Y Y Y Y				
Mailing Address 4100 N. 23rd			09 17 2018		
,	State Zip Code TX 78504		FEC Identification Number		
McAllen Purpose of Disbursement	TX 78504		C		
paysmart payroll services	Transaction ID : SB21B.44365				
Candidate Name		Category/	Amount of Each Disbursement this Period		
Office Sought: House Disburse	ment For:	Туре	28.15		
Senate	Primary General	I	7 7 7		
President	Other (specify)		Memo Item		
State: District:			L		
Full Name (Last, First, Middle Initial)			Date of Disbursement		
C. Long Chilton LLP			M M / D D / Y Y Y Y		
Mailing Address 4100 N. 23rd			09 17 2018		
City	State Zip Code		FEC Identification Number		
McAllen	TX 78504				
Purpose of Disbursement paysmart payroll services		001	Transaction ID : SB21B.44405		
Candidate Name		Category/ Type	Amount of Each Disbursement this Period		
Office Sought: House Disburse	ment For:	1,700	28.15		
Senate	Primary General	I	4 4		
President	Other (specify) ▼		Memo Item		
State: District:			_		
SUBTOTAL of Disbursements This Page (optional)		·····•	71.46		
TOTAL This David float search !!	Δ				
TOTAL This Period (last page this line number only	1				

ľ

s) FOR LINE (check on	E NUMBER: PAGE 255 OF 259					
21b	22 23 26 27					
used by any per	rson for the purpose of soliciting contributions to solicit contributions from such committee.					
Full Name (Last, First, Middle Initial) A. Long Chilton LLP						
	09 28 2018					
	FEC Identification Number					
001	Transaction ID : SB21B.44358 Amount of Each Disbursement this Period					
Category/ Type Sought: House Disbursement For: Senate Primary General						
	Memo Item					
Full Name (Last, First, Middle Initial) B. Long Chilton LLP						
	09 28 2018					
	FEC Identification Number					
paysmart payroll services Candidate Name Category/ Type						
	15.16 Memo Item					
	Date of Disbursement					
	07 17 2018					
	FEC Identification Number					
001 Category/ Type	Transaction ID : SB21B.44376 Amount of Each Disbursement this Period					
	157.25 Memo Item					
	L Mono Ion					
	Category/ Type					

S П

SCHEDULE B (FEC Form 3X)				FOR LINE NUMBER: PAGE 256 OF						259
ITEMIZED DISBURSEMENTS	DISBURSEMENTS Use separate schedule(s) (check of the separate schedule)				only one)					
	d Summary Page		21b	22 23 26			27			
				28a	28b	280		29	30b	
Any information copied from such Reports and Sta or for commercial purposes, other than using the n										
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	4C									
Full Name (Last, First, Middle Initial)										
A. Valley Alliance of Mentors for Opportunities						Date of Disbursement				
Mailing Address 5221 N McColl Rd					07		23		2018	
City	State TX	Zip Code			FEC Ide	entificati	on N	umber		
McAllen Purpose of Disbursement	17	78502		_ 1						
donation			012	יור	C					
Candidate Name			Cotogon	v/				: SB21B.	. 44381 nt this Pe	ariod
			Category Type	y/ '	Amount	OI Laci	I DIS	burserrier	11 1113 1 6	ilou
Office Sought: House Disburs	sement For:		I			- 40			30000.00	
Senate	Primary	General				,		,		
President	Other (sp	pecify) ▼			Mei	mo Item				
State: District:										
Full Name (Last, First, Middle Initial) B. Water Tower Village					Date of	Disburs	eme	nt		
5. Water rower village					M M	/ D	D D		Y Y Y	
Mailing Address 52211 N. McColl Road					08		02		2018	
City	State	Zip Code			FFO 14		NI			
McAllen TX 78504						entificati	on ivi	umber		
Purpose of Disbursement	_	C								
office lease expenditure 001						nsactio	ı ID :	: SB21B.	44385	
Candidate Name Category/						of Eacl	ı Dis	burseme	nt this Pe	riod
Office Sought: House Disbursement For:									1650.00	П
Senate	Primary	General		- 11		7	-	7	1 40	
President			Mod	mo Item						
State: District:					IVIE	illo itelli				
Full Name (Last, First, Middle Initial) C.					Date of	Disburs	eme	nt		
.					M = M		■ D		Y Y Y	_
Mailing Address								, L.		
City	State	Zip Code			FEC Ide	entificati	on N	umber		
Purpose of Disbursement										
						C				
Candidate Name			Category Type	y/	Amount	of Eacl	า Dis	bursemer	nt this Pe	riod
Office Sought: House Disburs	sement For:							45		
Senate Primary General										
	President Other (specify) ▼					mo Item				
State: District:										
SUBTOTAL of Disbursements This Page (optional)			•					31650.00	
3 (1111	-			_	_	7				一
TOTAL This Period (last page this line number or	nly)			•	Ι.				55721.50)

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 28a	22 X 23 26 27 28b 28c 29 30b			
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC						
Full Name (Last, First, Middle Initial) A. SHEILA JACKSON LEE FOR CON	IGRESS		Date of Disbursement			
Mailing Address 4412 ALMEDA ROAD			09 24 2018			
,	State Zip Code TX 77004		FEC Identification Number			
contribution Candidate Name		011	C C00287904 Transaction ID : SB23.44403 Amount of Each Disbursement this Period			
Office Sought: House Disbursem	SHEILA JACKSON LEE FOR CONGRESS Office Sought: House Disbursement For: 2018					
	(-1)					
Full Name (Last, First, Middle Initial) B. TEXAS FIRST PAC			Date of Disbursement			
Mailing Address 1519 WASHINGTON STREET SUITE 200	,		09 18 2018			
,	State Zip Code TX 78040		FEC Identification Number			
Purpose of Disbursement contribution	011	C C00439398 Transaction ID: SB23.44364				
Candidate Name		Category/ Type	Amount of Each Disbursement this Period			
Senate	nent For: 2018 Primary General		5000.00			
President State: District:	Other (specify)		Memo Item			
Full Name (Last, First, Middle Initial) C. VICTORY BY INVESTING BUILDING AN	ND EMPOWERING (V	IBE) PAC	Date of Disbursement			
Mailing Address ONE PARK ROW 5TH FLOOR			08 06 2018			
PROVIDENCE Purpose of Disbursement	State Zip Code RI 02903		FEC Identification Number			
contribution Candidate Name		O11 Category/ Type	Transaction ID: SB23.44390 Amount of Each Disbursement this Period			
Senate	nent For: 2018 Primary	1,700	5000.00 Memo Item			
State: District:			LI WOUND ROW			
SUBTOTAL of Disbursements This Page (optional)		·····	15000.00			
TOTAL This Period (last page this line number only).			15000.00			

SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

Excluding Loans

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

PAGE 258 OF 259 FOR LINE NUMBER: (check only one)

	9
X	10

NAME OF COMMITTEE (In Full) BORDER HEALTH FÉDERAL PAC

A. Full Name (Last, First, Middle Initial) of Debtor of AC Rentals	Nature of Debt (Purpose): rental space		
Mailing Address PO Box 2673			
City McAllen	State TX	Zip Code 78502	
Outstanding Balance Beginning This Period	1	1	Transaction ID : SD10.9553
900.00			
Amount Incurred This Period	Payn	nent This Period	Outstanding Balance at Close of This Period
0.00		0.00	900.00
B. Full Name (Last, First, Middle Initial) of Debtor of AC Rentals	Creditor		Nature of Debt (Purpose): rental space
Mailing Address PO Box 2673			
City McAllen	State TX	Zip Code 78502	
Outstanding Balance Beginning This Period	17	70002	Transaction ID : SD10.10053
900.00			17411Saction ID . 3D10.10033
Amount Incurred This Period	Paym	nent This Period	Outstanding Balance at Close of This Period
0.00	1 4	0.00	900.00
C. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor		Nature of Debt (Purpose):
Mailing Address			_
City	State	Zip Code	
Outstanding Balance Beginning This Period	1		
Amount Incurred This Period	Payn	nent This Period	Outstanding Balance at Close of This Period
		7	
) SUBTOTALS This Period This Page (optional)		>	1800.00
) TOTALS This Period (last page this line number or	nly))	>	1800.00
) TOTAL OUTSTANDING LOANS from Schedule C	0.00		
) ADD 2) and 3) and carry forward to appropriate lin	e of Summary	y Page (last page only) ▶	1800.00

: 97 'A = G7 9 @ G B9 CI G'H9 LH F 9 @ 5 H9 8 'HC '5 'F 9 DC F HZ G7 < 98 I @ 'C F '+ H9 A = N5 H= C B

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.